



**COMBINED LIABILITY INSURANCE PROPOSAL FORM
(MARKET/CRAFT FAIR/CAR BOOT/ COMPUTER FAIR OPERATORS)**

- 1. Proposers' Name
 - 2. Company Name
 - 3. Full Time Occupation
 - 4. Business Address
 -
 - Post Code
 - Email Address
 - Website
 - Employer Reference Number
 - Date Established
 - if less than 12 months do you have other experience in business of this nature?
.....
 - 5. Business Description
 - 6. Period of Insurance From To
 - 7. Tel No..... Fax No..... Email.....
 - 8. Do you require: (delete as applicable)
 - i) Employers' Liability Yes/No £10,000,000 Limit of Indemnity
 - ii) Public Liability Yes/No Limit of Indemnity any one accident/unlimited
- Limit of Indemnity required, please tick
- £1,000,000 £2,000,000 £5,000,000

9. Details of Wage Payments. No. of Employees Estimated Wages
- Clerical/Administration
- Directors
- All Other Employees

10. Gross Annual Turnover £.....

11. Details of Locations

Address	No. of stalls/ Pitches	Indoor/ outdoor	No. of days per week
1).....
2).....
3).....
4).....
5).....

If over 5 locations please use additional sheet

12. A) Do you supply any stalls? Yes/No
- i) for events operated by you Yes/No
- ii) for any other events. Yes/No
- B) Do you erect and/or dismantle any stalls? Yes/No
- If yes, please give brief details including number of stalls and frequency hired, erected or dismantled.
13. a) Do you use marquees? Yes/No
- b) Are they
- a) hired in? Yes/No
- b) owned by you? Yes/No
- c) Who erects and/or dismantles them
14. Have you ever insured against any of the risks now proposed? Yes/No
(delete as applicable)
- If yes, state the name of Insurers
15. Do you require any property/equipment cover? Yes/No

16. Previous Insurance History

In respect of the risks now proposed has any Insurer ever

- a) Declined your proposal? Yes/No
- b) Cancelled or refused to renew your policy? Yes/No
- c) Increased your premium or required special terms? Yes/No

If yes, give details including the name of the Insurer.

- d) Have you ever been prosecuted for breach of any statutory requirement or regulations relating to health or safety? Yes/No

If yes, give full details

- 17. Has the proposer, or any other person who is to be insured hereunder, sustained any loss or damage or been made aware of any incident/s during the last six years which may give rise to or would have been covered by this type of insurance had it been in force? Yes/No

If yes, give full details

DECLARATION: To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle the Insurer to void the Insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by the Insurer: if you are in any doubt as to what constitutes a material fact you should consult G.M. Imber & Sons Ltd.)

Dated this day of20.....

FOR AND ON BEHALF OF

Signature of partner, Director or Principal

.....

Would you prefer for us to send everything to you by email or post where possible? YES/NO

Tel: 01342 327250 Fax: 01342 323826 Email: info@gmisl.co.uk

77a High Street, East Grinstead, West Sussex, RH19 3DD

G M Imber & Sons are authorized and regulated by the Financial Conduct Authority (ref 448476)