

Event Insurance

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01254 355 159

Insuring the UK's events



STATEMENT OF FACTS

What You Have Told Us

Please read the following Statement of Facts information carefully. It is a record of the latest information you have provided to us or has been assumed. If you disagree with any of the statements then you must contact us immediately.

Client contact name	Jonathan Milner
Event name	Public Schools Fencing Championships 2017
Client organisation name	PSFC Organising Committee
Employers Reference Number (ERN)	Exempt
Address	43 Circle Gardens Merton Park London
Postcode	SW19 3JX
Phone	0208 542 5431
Email	jonmilner@blueyonder.co.uk
Event type	Fencing Competition
Please see 'Rating notes and acceptable events' for approved list	
Event start date	13/03/2017
Policy duration (days)	4
Maximum number of guests to attend any one event	2500
Event(s) Address	Crystal Palace National Sports Centre, Ledrington Road, London, SE19 2BB
What is the gross annual turnover for these events?	<£100,000
Public Liability You have elected to take following level of cover (£1million, £2 million, £5 million or £10 million)	£10,000,000
Employers Liability How many staff, volunteers and helpers require employers liability?	35
Event Property Cover You have elected to take cover up to? (£2500, £5000, £7500, £10000, £15000, £20000) Maximum Single article limit is £2,000	Nil

If you require multi-event cover please complete the following:

1. The number of events you have elected to cover per annum are (15, 45)

Nil

2. What is the gross annual turnover for these events?

Nil

3. What is the maximum number of visitors at any one event?

Nil

Cancellation Cover

You have elected to take Cover up to (£1000, £2500, £5000, £7500, £10000)

Nil

Other Information

- The organisation does not have a turnover of more than £100,000 for this event or per annum if a multiple event policy has been purchased
- No dangerous activities being undertaken at the event
- Adequate first aid and other suitably qualified staff be in attendance
- The permission of the local authority has been sought and granted and their conditions adhered to, including any recommendations for police and/or fire authority to be in attendance
- Any staging or seating erected has been carried out by suitably qualified professionals that have their own insurance
- No work will be carried out above 2.5 metres by any person insured under this policy

Whilst organising or participating in an event, no official, committee member, you or co-organiser:

- Has sustained any loss or damage or liability during the last 5 years, whether insured or not
- Has had any insurance declined, cancelled or had special terms imposed
- Has been convicted or charged, but not yet tried for an offence other than a driving offence

Data Protection Act 1998

Please note that any information provided to Us, will be processed by Us and Our agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. We may also send the information in confidence for process to other companies acting on their instructions including those located outside the European Economic Area.

Declaration - Please read the declaration carefully and then sign below.
I have read the Statement of Fact and the Policy Schedule supplied.

I understand that any material fact, which is information that may influence the Company in the acceptance and terms provided, has been disclosed and recorded.

I understand that if true answers have not been given that this insurance may not protect me in the event of a claim.

The information taken on this or any subsequent form, including a claim form, may be supplied to other bodies including the police to prevent and detect fraud

I agree that the Policy, Policy Schedule and Statement of Fact shall be the basis of the contract between me and the company.

I declare that to my knowledge and belief the answers and particulars given on this Statement of Fact, whether made by me or on my behalf are true and complete, and that I have not withheld any material information. Failure to disclose such information may result in claims not being met.

Name	_____	Position	_____
Signature	_____	Date	_____