Pennant Insurance Services

Event /Stallholder Insurance

Inception Date:	

Proposer Details:

Title:		**Correspondence Address:**
Forename:		
Surname:		
D.O.B		
Phone:		
Email:		

Business Details:

Company Status (Circle as appropriate)	Partnership / Limited / Sole Proprietor / Club / Individual Trading as / Charity /Company Trading as / Limited Partnership / Public Limited / Religious Organisation / Society / Company Trading as/ Residents Association
Trading Name (List all Partner names if Partnership): Trading as (If Applicable):	
Business Address: (If different to correspondence address)	
Date Business Established:	
Number of Years' Experience:	
Business Description:	
Event held in the open?	Yes / No
Use of a gazebo?	Yes / No
Number of employees: Inc temp staff, volunteers, helpers. Protects your legal liability in respect of compensation and claimants and expenses for accidental bodily injury to anyone you employ at an event , inc temp staff, volunteers, helpers, whether paid or unpaid.	

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Limits of Cover

Public Liability:
Level of Cover Required (Circle as appropriate)

£1million	£2million	£5million	£10million

Employers Liability:

****Included at £10million for limited companies or if there is at least 1 employee****

Optional Cover:

Property Cover : Covers your liability in respect of the accidental loss of or damage to event equipment for which you are legally responsible, both at your event and in transit to or from the venue during the period of the insurance.	Yes / No
	If yes – Value required £
Money Cover: Money – means current notes and coins cheques (other than pre-signed blank cheques whether crosses or un-crossed) belonging to YOU for which YOU are responsible and reacting to the Event.	Yes / No
	If yes – Value required £
Stock Cover: This is stock belonging to you (or) for which you are legally responsible.	Yes / No
	If yes – Value required £

Estimated Annual Turnover (Gross):	£	
Annual Wage Roll:	**Manual**	**Clerical**
	£	£

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History

Claims:

Please give details of any claims in the last 5 years:

Date	Type of Loss	Settlement Figure	Settled? Y / N	Brief Description

Additional Information

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Please confirm the following:

THE PROPOSER(S) / DIRECTOR or PARTNER IN THE BUSINESS:	**I Agree**
You have lived at a permanent address within the UK and have done so for the last 36months.	
You have not had any insurance declined or cancelled or special terms imposed.	
You have never been convicted of or charged but not yet tried for an offence other than driving offences.	
The insurance cover is for events based in the UK only.	
If any dangerous or hazardous activities are going to be undertaken at the event this activity is organised and carried out by suitably qualified professionals with their own public liability insurance for a limit of indemnity of at least £1million.	
Adequate First Aid cover will be provided.	
The turnover will not exceed £30,000 within the year.	
You comply with the Governments Covid-19 secure guidelines relevant to your business.	
You have reviewed and updates where necessary, your Risk Assessments and method statements which ensure that your business is Covid secure.	

By signing below, you agree that all the information provided is true and accurate to the best of your knowledge and no attempt has been made to provide false information in order to influence the price of your quotation. You also agree that no action can be taken against Pennant Insurance Services in the event the information disclosed is not accurate or correct.

If your circumstances change after a quotation has been offered, it is important that you provide us with these changes as it may affect your quotation premium.
You MUST also notify us of any changes to your circumstances once a policy has gone on cover.
Failure to do so may result in your insurance becoming invalid.

Name:	**Date:**
Signature:	