Please read the following questions carefully and answer them all before signing this form.

If you tick any shaded boxes, please provide further information. You may wish to provide additional information to this form. If you do not understand how to answer any of the questions, please speak to your insurance broker.

Policyholder(s) name(s)

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Full address and postcode of the property where the event/s are taking place

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Policy number

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1. The date on which the event takes place

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1. The nature of the event.

Private  Charitable  Commercial  Other

If ‘Other’, please provide further information:

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1. Please provide a description of the event:

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1. How many people are due to attend this event?

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1. Will you be charging an attendance fee?

Yes  No

1. Will visitors / guests have access to your main home (for toilet facilities etc.)?

Yes  No

If Yes, how will access be restricted to areas that you wish to remain private?

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1. Please provide details of any temporary structures to be erected at the premises (e.g. Marquees, Bouncy Castles).

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1. If car parking is being allowed on your land, please confirm the number of vehicles expected and whether marshals will be used to direct visitors / guests vehicles.

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1. Will food and/or drink be available to visitors / guests?

Yes  No

If Yes, please confirm if you are producing / supplying the food and/or drink, or if you are using an outside caterer.

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**If using an outside caterer, please ensure that you obtain a copy of their public liability insurance certificate and forward a copy to your broker.**

1. If you are hiring entertainers for the event (e.g. live band, DJ, fairground rides, fireworks etc.) please provide details of their activities.

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**If using a hired entertainer, please ensure that you obtain a copy of their public liability insurance certificate and forward a copy to your broker.**

1. If hiring an **outside caterer, entertainment** or **any equipment,** please advise if your hire agreement requires you to purchase additional insurance.

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1. Please advise if any **hazardous activities** are taking place at the event, which may carry an increased risk of injury or illness to any guest or visitor?

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1. Please complete this box with any additional information (if any).

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**Information you have given us**

We have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information we will treat this insurance as if it never existed and decline all claims.

If we establish that you carelessly provided us with false or misleading information it could adversely affect your insurance and any claim. For example we may:

* treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if we provided you with insurance cover which we would not otherwise have offered; or
* amend the terms of your insurance. We may apply these amended terms as if they were in place from the start; or
* reduce the amount we pay on a claim in the proportion the premium you have paid bears to the premium we would have charged you; or
* cancel your insurance in accordance with “Other Important Information – How to cancel this insurance” found within your policy wording.

We or your broker will write to you if we:

* intend to treat this insurance as if it never existed; or
* need to amend the terms of your insurance; or
* require you to pay more for your insurance.

**Data Protection Notice**

Information you provide to us may contain personal information as defined under the Data Protections Act. By providing this information, you consent to the processing of your personal information by Markham Private Clients and affiliated companies. You should be aware that some of these organisations may be located outside the European Economic Area. Please be assured Markham Private Clients has taken appropriate steps to safeguard your information according to relevant data privacy laws. Please contact Markham Private Clients, emailing the [info@markhambrokers.com](mailto:info@markhambrokers.com), if you require further information on measures undertaken to protect your data. An explanation detailing how Markham Private Clients uses your information can be found within the Privacy Notice on policy wordings.

**Declaration**

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| I / We declare that to the best of my / our knowledge and belief the information I / we have provided in connection with this questionnaire, whether in my / our own hand or not, is true and complete and I / we have not withheld or misrepresented any information.  I / We ask Markham Private Clients to act upon the information provided and issue a contract of insurance between us and I / we agree to accept Markham Private Client’s policy terms, conditions and exclusions.  I / We consent to the seeking of information from other insurers to check the answers I / we have provided and I / we authorise the giving of such information for such purposes.  I / We understand that if I / we have withheld or misrepresented any of the information contained in this proposal,Markham Private Clients may be entitled to void the insurance**.** |

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| **Signature**        **Date** Click here to enter a date. |