

NEEDS & DEMANDS.

Information Capture Form.

Date : / /

Due Date : / /

Target : £ _____

Review Date : / /

Name of person arranging covers :

TEL NO :

FAX NO:

Event / Venue Address :

Post Code :

Nature of event:

Number of persons attending :

Number of days running :

Cancellation Expenses / Net Profit : £

Event property : £

Employers Liability : Yes / No

If yes nature of duties :

Public Liability : Yes / No

Limit of Indemnity : £1 Million / £2 Million / £5 Million

Non- appearance of performers : Yes / No

Limit of Indemnity required : £

Will one performers non-appearance cause cancellation of the event : Yes /No

Detail all activities to take place during stay (Hazardous, Sporting or otherwise) :

Will alcohol be sold : Yes / No

Will the consumption of cannabis be allowed : Yes / No

Have the local authority given permission : Yes / No

Number of stewards on duty : 999999

Qualified 1st Aid presence at event : Yes / No

Have police given approval : Yes / No

Will any hazardous activities, sports, live interactive entertainment or other events happen within the context of the main event for which cover is required?

Additional Information, declarations, material facts, demands & needs

Please advise us how found NG Insurance Services: