

Please return to Suffolk ACRE  
2 Wharfedale Rd., Ipswich,  
Suffolk IP1 4JP



**ZURICH  
MUNICIPAL**

**SPECIAL EVENTS**

**PUBLIC LIABILITY PROPOSAL**

Name of organisation

Correspondence address

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Contact Name

Daytime telephone number/e-mail and address

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Type of event e.g. Fete, street party etc.

Current Policy number

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Premises/location of event

Date of the event

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Attendance last year / estimated if new event .....

Please attach any promotional material for either this year`s or last years event.

What gross receipts do you expect to be raised by your organisation ? £ .....

Will there be a procession including motorised floats? Yes/ No

If yes, how many floats do you expect to participate? .....

Please specify what first aid facilities will be provided.

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How many marshals will you provide and what will their duties be?

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Will the police be in attendance? Yes/ No

*Please specify what stalls, attractions and catering facilities etc you will be managing yourselves, e.g tug-of-war, provision of non alcoholic refreshments, tombola, bouncy castle, bonfire only, bonfire and fireworks, etc. If you are responsible for erecting or dismantling hired equipment e.g. marquees, staging, tiered seating, etc, tell us here*

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**Please specify what voluntary organisations or commercial operators will be attending the event and what they are planning to do.**

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**Will your event include fireworks Yes/ No**

**If yes,**

**(a) Is a commercial organisation letting off the fireworks? Yes/ No**

**If yes are they insured with public liability? Yes/ No**

**If you are letting off the fireworks, who will be doing this and what experience do they have?**

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**(b) Will members of the public be allowed to let off their own fireworks? Yes/ No**

**If yes, what conditions will you apply and what supervision will you provide to minimise the risk of an accident?**

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**(c) Will you be complying with the DTI guidelines for organisers of public firework displays? Yes/No**

**If no, please specify in what areas you will not be complying.**

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**Have you made any claims arising from previous events? Yes/ No**

**If yes, please provide full details.**

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**I declare that to the best of my knowledge and belief, the statements and beliefs made in this proposal are true and complete and no material fact (being a fact likely to influence an insurer in his assessment or acceptance of a risk) has been omitted.**

**Signed**

**Date**

**Position**

<b>Office use</b>	<b>Premium advised</b>	<b>Received</b>	<b>Certificate</b>

