

England's Medieval Festival Brokers Insurance Questionnaire Urgent Request for Information

Important notes

- All questions must be completed in full – please use additional pages if necessary. Confirmation letters or “To Whom It May Concern” letters are only accepted in support of this questionnaire
- IMPORTANT – if the answer to any question below are marked * Yes, please specify details in the space provided or attached a copy of the applicable exclusion, limitation, condition or extension
- Please indicate if there is no current insurance in force

Contractor Name

(full company name including legal entity and trading name of the client)

Business Description

(as stated in the policy documentation)

Type of Policy	Public Liability
Limit of Indemnity	£
Name of Insurer	
Policy Number	
Renewal / Expiry Date / Policy Period	
Premium Paid	YES/NO
Indemnity to Principal	YES/NO
Type of Work Exclusion or Limitation*	YES/NO
Contractual Liability Exclusion	YES/NO
Other Exclusions, Conditions or Warranties Material to the business *	YES/NO
*if yes, please provide details – (please continue on separate sheet if necessary)	

INSURANCE COMPANY OR BROKER CONFIRMATION AND CONTACT DETAILS

<p>We confirm to the best of our knowledge that the above information is correct at this date.</p> <p>Signed:</p> <p>On behalf of (insurance Company or Broker)</p> <p>Date</p>	<p>Name & Address (Insurance Company or Broker)</p> <p>Contact Person</p> <p>Telephone Number</p> <p>Facsimile Number</p> <p>Email Address</p>
<p>Please place your company stamp in this box in order to validate this form. Thank you.</p>	