



CHARITY FLAT RACE INSURANCE PROPOSAL FORM

1. PROPOSERS DETAILS

Race Venue:
Address:
Postcode.....
Point of Contact:
Position Held:

2. RACE DAY DETAILS

Name of Race:	Date:/...../.....
Maximum Number of Riders:			<input type="text"/>
Please describe the requirements Participants must satisfy to race: e.g. Licences held, pre-race medical check ups etc.			
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3. COVER REQUIREMENTS (cover from weigh-in to weigh out)

Please tick the appropriate box to indicate if cover is required or not.		
Public Liability	Limit of Indemnity £1,000,000	<input type="checkbox"/>
Personal Accident	Limits £100,000 in respect of Death & Permanent Total Disability.	<input type="checkbox"/>
Full Schedule of benefits will be issued with quotation.		

4. GENERAL QUESTIONS

In respect of any of the risks proposed:

- | | | |
|----|--|--------|
| 1. | Have you sustained any loss or damage in the past 5 years? | YES/NO |
| 2. | Has any insurer ever declined to provide a quotation | YES/NO |
| 3. | Is any other insurance in force in respect of this Event? | YES/NO |

If the answer is 'YES' to 1, 2 or 3 above please give details below:

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PROPOSER'S DECLARATION

I/We declare that to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Underwriters and that I/we have not withheld any material information.

Signed

Position Held:

Date/...../.....