

## RDA Groups Non RDA Approved – Event Liability

### Fact Find

#### Summary of Insurances

<b>Insurer</b>	Pen Underwriting Ltd on behalf of RSA and Consortium Underwriters
<b>Summary of Cover</b>	Non RDA Approved – Event Liability
<b>Liability Cover</b>	Public Liability including Advice £5,000,000 any one event Employers Liability £10,000,000 any one event
<b>Excess</b>	£500 each and every claim in respect of third party property damage
<b>Cover Provided By</b>	<p>Pen Underwriting Ltd on behalf of RSA and Consortium Underwriters</p> <p>Royal &amp; Sun Alliance Insurance plc (registered in England and Wales No. 93793) St Mark's Court Chart Way Horsham West Sussex RH12 1XI</p> <p>AIG Europe Ltd (registered in England and Wales No. 1486260) The AIG Building 58 Fenchurch Street London EC3M 4AB</p> <p>Covea Insurance plc (registered in England and Wales No. 613259) Norman Place Reading RG1 8DA</p>
<b>Basis of Cover</b>	Public and Employers Liability cover is written on a claims-occurred basis. This means that the policy is designed to cover claims arising from incidents as a result of your business that occur during the period shown in your schedule
<b>Policy Wording</b>	Available on request

## Insurance Proposal Form

Please complete all grey shaded areas

General Information	
RDA Group name	
Contact name and correspondence address including postcode	
Day time and mobile telephone numbers of proposer	
Email address	

Event Details			
Name of event / fundraiser			
Address/Location of event			
Number of participants/competitors involved in the event			
Please state all activities that you require insurance cover for			
Start and end date of the event	Start Date	End Date	If a one day event please confirm number of hours the event will be running
Has the event been held before?	Yes		No
Are RDA approved ponies being used for the event?	Yes		No
Are risk assessments carried out by your Group prior to the event taking place? If yes, please provide copies	Yes		No
Are riders able bodied?	Yes		No
Are riders non-able bodied?	Yes		No

### Employers Liability

Do you have any paid employees involved in this event?	Yes		No	
If yes, please confirm how many				
Do you have any RDA volunteers involved in this event?	Yes		No	
If yes, please confirm how many				
If you pay any one employee more than the PAYE threshold please provide your ERN reference				
If you do not have an ERN please indicate the reason below (please tick box as appropriate)				
<input type="checkbox"/> All employees earn below PAYE threshold				
<input type="checkbox"/> Business is registered outside England, Scotland, Wales or Northern Ireland				
<input type="checkbox"/> Organisation has no paid employees				

### Claims Information

Have any accidents or claims arisen in past 5 years whether insured or not?	Yes		No	
Are you aware of any circumstances that could give rise to a claim in respect of the risks to which this insurance relates?	Yes		No	
Are you aware, after enquiry, of any claim having been made or being made or prosecution brought against any Director, Governor, Officer, trustee or Official (whether in relation to the activities of the proposer, or any other entity in which they hold or have held office) in the last five year?	Yes		No	
If yes, please give details below or attach insurers confirmed claims experience if presently or previously insured				
Date of Accident	Brief Details			Amount of Claim

### Declaration

I confirm that the answers given and statements made in this application are true and complete. I confirm that I have disclosed all the facts which could be regarded as material and I understand that failure to do so may invalidate my insurance or result in claims being rejected or reduced.

Signature of proposer/insured		Date	
Name (block capitals)			
Status/position in organisation			