

## RDA Groups Non RDA recognised events

### Fact Find

### Summary of Insurances

<b>Insurer</b>	Pen Underwriting Ltd on behalf of RSA and Consortium underwriter's		
<b>Summary of Cover</b>	Non RDA Approved - Event Liability		
<b>Liability Cover</b>	Public Liability Including Advice Employers Liability	£5,000,000 £10,000,000	any one event any one event
<b>Excess</b>	£500 each and every claim in respect of Third Party Property Damage		

#### Core Cover Provided By

Pen Underwriting Ltd on behalf of RSA and Consortium underwriter's

Royal & Sun Alliance Insurance plc (No. 93793) is registered in England and Wales at St. Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XI

AIG Europe Ltd is registered in England: company number 1486260. Registered address: The AIG Building, 58 Fenchurch Street, London, EC3M 4AB.

Covea Insurance plc, Registered in England and Wales No. 613259. Registered office, Norman Place, Reading, RG1 8DA.

#### Basis of Cover

Public & 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.

A £500 excess will apply to each and every claim in respect of third party property damage.

A full copy of the policy wording is available upon request.

#### Administration Charge

There is no administration fee applied for arranging this insurance.

## Insurance Proposal Form

(Please complete all shaded areas)

General Information			
RDA Group Name			
Contact Name and Correspondence Address including Post Code:			
Day time telephone number		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 this is a 1 day event, please confirm the number of hours the will be running for
Has the event been held before?	YES		NO
Are RDA approved ponies being used for the event?	YES		NO
Are Risk Assessment carried out by your group prior to the event taking place? If yes, please provide copies.	YES		NO
Are riders able bodies or non-able bodied?			

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 as appropriate)			
All employees earn below PAYE threshold			
Business is registered outside England, Scotland, Wales or Northern Ireland			
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 the Directors, Governors, Officers, Trustees or Officials hold or have held office) in the last 5 years?		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.

I confirm that I have read the Perkins Slade Important Information, HUG Client agreement and agree to be bound by the terms therein.

Signature of proposer/insured

Date

Name (block capitals)

Status/position in organisation

Please tick the payment method you wish to use:

METHOD OF PAYMENT		Please select your preferred method of payment	Service Charge
BACS	<input type="checkbox"/>	Please remember to quote your name / client reference on the bank instruction	0%
	<input type="checkbox"/>	<b>Bank name:</b> Barclays Bank Plc <b>Sort Code:</b> 20-97-78 <b>Account Number:</b> 40093475	
Cheque	<input type="checkbox"/>	Please attach your cheque made payable to <b>Perkins Slade Ltd</b> Financial Conduct Authority legislation states that we are required to bank all cheques on the day of receipt; however this action does not conform that insurers have accepted your proposal.	0%
Direct Debit	<input type="checkbox"/>	Monthly instalment facilities are available – Please contact Perkins Slade Ltd for full details	5.3%
Credit Card	<input type="checkbox"/>	Please call Perkins Slade Ltd on 0121 698 8160 to make payment (Payment may be taken immediately on receipt of your card details)	2%
Debit card	<input type="checkbox"/>	Please call Perkins Slade Ltd on 0121 698 8160 to make payment (Payment may be taken immediately on receipt of your card details)	0%