



# Insurance Questionnaire

CRAIGAVON CIVIC & CONFERENCE CENTRE

Name and Address of Applicant/organisation: .....

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Post Code: .....

Contact Telephone No: .....

Business Description/Occupation: .....

Purpose of Hire: .....

**NB:** If the information requested below is not readily available to you, written advices from your Insurer/ Insurance Broker and attached to this form will suffice. **You should still sign this form where indicated.**

## PUBLIC/PRODUCTS LIABILITY INSURANCE

Name of Insurer: .....

Policy No: .....

Operative Date: .....

Business Description as shown on Policy: .....

Limit of Indemnity: .....

Is Indemnity to Principal provided? Yes/No \*delete as appropriate

Policy Exclusions or Limitations: .....

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I/we hereby consent to Craigavon Borough Council and/or its Insurers or Insurance Advisors seeking such additional information in relation to my/our Insurances as they may reasonably require in relation to this application.

I/we hereby authorise my/our Insurers to release the information requested.

Signature of Applicant: .....

Position (if applying on behalf of a Body or Firm): .....

Date: .....

**THIS QUESTIONNAIRE MUST BE RETURNED WITH THE BOOKING FORM**