



PUBLIC LIABILITY INSURANCE FOR TRACK DAYS

Please complete, sign and return to:

MSA - Sports Team

JLT Specialty Limited
6 Crutched Friars
London EC3N 2PH

Tel: 0845 618 9646
Fax: 020 7528 4280
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Proposal Form for MSA member clubs

Liability Insurance for Track Days

1) Title of Insured:

Address:

Telephone and Fax number:

E-mail:

2) How long has the Insured been established?

3) Full Description of the event to be insured?

4) Has the Insured had previous experience at organising event as in (3) above?

5) Have there been past incidents at such events?

6) Will spectators (family, friends, etc) be present? If so how will they be controlled?

7) Do you allow non- participating attendance? If so how will they be controlled?

8) If applicable, will aviation activities be suspended?

9) How will the event be organised?

10) Will there be instruction, tuition at the event?

11) What age groups will participate?

12) What first aid facilities will be provided?

13) What fire protection facilities will be provided?

14) What, if any, vehicles and equipment will the Insured provide?

15) What safety devices are provided with the vehicles?

16) What type of helmets are provided?

17) Please list each of the activities/services you offer?

18) Will the track/circuit be marshalled enabling total visibility of the whole track/circuit?

19) Do you have a nominated Safety Officer in attendance?

20) Are your officials in radio contact?

21) What are the minimum training/experience of your officials?

22) Who has insured similar events in the past? Has insurance ever previously been declined?

23) How many participants are expected to participate at the event?

24) What qualifications are participants required to have prior to participating?

25) Is alcohol available to anyone attending your activity?

26) Has a risk assessment been carried out? If so please attach a copy.

I/We declare that according to my/our knowledge and belief the answers given in the proposal form are true and complete and I/we have disclosed all material facts. I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose. I/We understand that non-disclosure or misrepresentation of a material fact may entitle the Insurer to void the insurance.

Print Name: _____

Signed: _____

On Behalf of: _____

Dated: _____

IMPORTANT: Please in addition list any further detail that may be material for Insurers to know before offering terms for the insurance. It is important that all material facts are disclosed to insurers. Should you be uncertain a fact is material it should nevertheless be disclosed. Failure to disclose a material fact(s) could jeopardise the indemnity under the policy.

