Insurance Information and Risk Assessment Form

This must be completed for your application to be accepted

Details of Public Liability Insurance	Insurance Company	Policy Number	Value of Policy
Name of Policy Holder			Date of Expiry
I hereby confirm that the details of the Insurance Cover are correct and that the cover provided by this policy will include our activities at the Sturminster Newton Cheese Festival Signed	Print name		Date
Risk Assessment Company name	Name of Assessor		Date
Name of the person who will be in charge of the stand during the Festival and their contact mobile phone number Saturday:			Sunday:

Risk Assessment

Hazard	**Persons at risk**	**Controls to minimise risk**

Fire Assessment

Hazard	**Persons at risk**	**Controls to minimise risk**