



# EXHIBITORS INSURANCE FORM

## For all parties wishing to hold an event on MIC property:

Please have your insurance broker/company complete this form to confirm that you hold Public, Products & Employer's Liability Insurances in respect of your participation as an exhibitor at the.....on..... and the incidental days before and after the event which may be required for the setting up and removal of the exhibitors stand from the Campus.

Exhibitors Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Business Description as per Policy Schedule:

\_\_\_\_\_

### A. Public/Products Liability Insurance:

Name of Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Period of Cover From: \_\_\_\_\_ To: \_\_\_\_\_

Limit of Indemnity: \_\_\_\_\_

**(Mary Immaculate College require a minimum indemnity limit of €6,500,000 Any One Event)**

Please confirm specific indemnity is provided to Mary Immaculate College or that the

Policy contains an Indemnity to Principles Clause      Yes       No

### B. Employers Liability Insurance:

Name of Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Period of Cover From: \_\_\_\_\_ To: \_\_\_\_\_

Limit of Indemnity: \_\_\_\_\_

**(Mary Immaculate College require a minimum indemnity limit of €13,000,000 Any One Event)**



Please confirm specific indemnity is provided to Mary Immaculate College or that the Policy contains an Indemnity to Principles Clause      Yes       No

Form must be completed, signed and stamped by the Insurance Broker/Company

I/We declare that the above information is accurate and correct and hereby undertake to notify you in the event that any of these policies are cancelled, not renewed or restricted in any way.

Signed by: \_\_\_\_\_

Name (BLOCK): \_\_\_\_\_

On Behalf of: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Broker/Company: \_\_\_\_\_

Insurance Broker/Company Stamp:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed forms to be returned by email to the relevant person at Mary Immaculate College, details below:**

**Name:** \_\_\_\_\_

**Dept:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_