

How to obtain Public Liability Insurance cover

Thank you for organising a fundraising event in aid of The Fire Fighters Charity.

To obtain Public Liability Insurance for your fundraising event, all sections of this Fundraising Event Notification Form (FEN) must be completed with as much detail as possible including signing the declaration. If you are Fire Service Personnel, it is your responsibility to seek the appropriate approval within your fire and rescue service for your event to take place.

To enable us to process your form please ensure that it is sent to our Customer Care Team at least **21 days** prior to your event.

Email: fundraising@firefighterscharity.org.uk

Post: Customer Care, The Fire Fighters Charity, Level 6, Belvedere House, Basing View, Basingstoke, Hampshire, RG21 4HG

Phone: 01256 366566

Public Liability Insurance cover – Conditions and Exceptions

The Fire Fighters Charity has in place Public Liability Insurance which provides cover up to £5,000,000 for the Charity. This Public Liability Insurance is extended to provide indemnity to the Organising Committee of any authorised and approved Event that may lead to injury or property damage to Third Parties.

To authorise an event the Charity require a completed Fundraising Event Notification Form (FEN). The Fire Fighters Charity will provide formal notification of the Event approval to the Contact Name contained within the FEN. You should not assume cover is in place until formal notification has been received and any conditions or requirements that may be made of You are accepted and implemented.

It is important that you read and understand any conditions or requirements. Failure to adhere to these may affect the insurance cover that has been arranged.

Many of the fundraising Events organised will involve third party suppliers and external contractors. This can range from catering contractors to hirers of marquees, fairground rides and bouncy castles. All suppliers and contractors must be competent and suitable. You should ensure you are satisfied they have undertaken the necessary risk assessments and have the appropriate controls to manage their contribution to the Event in a safe way.

Where an event involves third party suppliers and external contractors, evidence of Public Liability Insurance (of at least £5m) and confirmation that maintenance and inspection programmes are in place, must be submitted with your completed FEN.

Damage to equipment or hired-in property is not included in The Fire Fighters Charity's Public Liability insurance cover unless you are deemed legally liable for such damage and confirmation of cover has been provided.

It is not intended for the Charity's policy to provide Personal Injury cover for participants who have completed a risk assessment personally and are undertaking an event as an individual. Policy cover does not apply where injury occurs to the individual participant or in respect of any Injury or Property Damage to Third Parties caused. In these circumstances The Fire Fighters Charity would not be held responsible.

If this is the case, the individual involved needs to tick the box in section 1 of this form confirming that they have Personal Liability Insurance. A copy of the Personal Liability Insurance policy does not need to be provided.

Any back-up team supporting such an individual, participating in the event, would be covered by the Charity's insurance for Injury or Property Damage to Third Parties.

All risk assessments must be submitted on the FEN. We cannot accept Risk Assessments in any other format.

A minimum of 50% of the net proceeds raised from the Event for which Public Liability Insurance is being requested, must be donated to The Fire Fighters Charity.

Section 1 Contact

The Contact is the person who is organising the event as part of, or on behalf of, a team and to whom all correspondence regarding the insurance application should be directed.

Contact Name: Contact Address:

Contact Phone Number: Contact Email Address:

Fire Service Personnel: Yes No If 'yes', Fire and Rescue Service:

Please tick the appropriate box below:

I (the contact) am the sole organiser of this event and am taking part along with a support team. I confirm that I have taken out my own Personal Liability cover.

I (the contact) am the sole organiser of this event. I am organising the event on behalf of a team/committee and am not taking part.

I (the contact) am organising the event on behalf of a team/committee and am taking part.

Section 2 Event Details

Event Name / Type: Event Date: Event Location:

Number of visitors you expect to attend the event (approximate quantity of people you require public liability cover for):

Approximate amount of money you intend to raise:

Number of volunteers assisting at the event e.g. marshalls, store holders etc:

Will there be any participants under the age of 18?: Yes No If 'yes', please detail:

Will there be any participants with disabilities that need special consideration?: Yes No If 'yes', please detail:

Is this event raising money for any cause other than The Fire Fighters Charity? Yes No

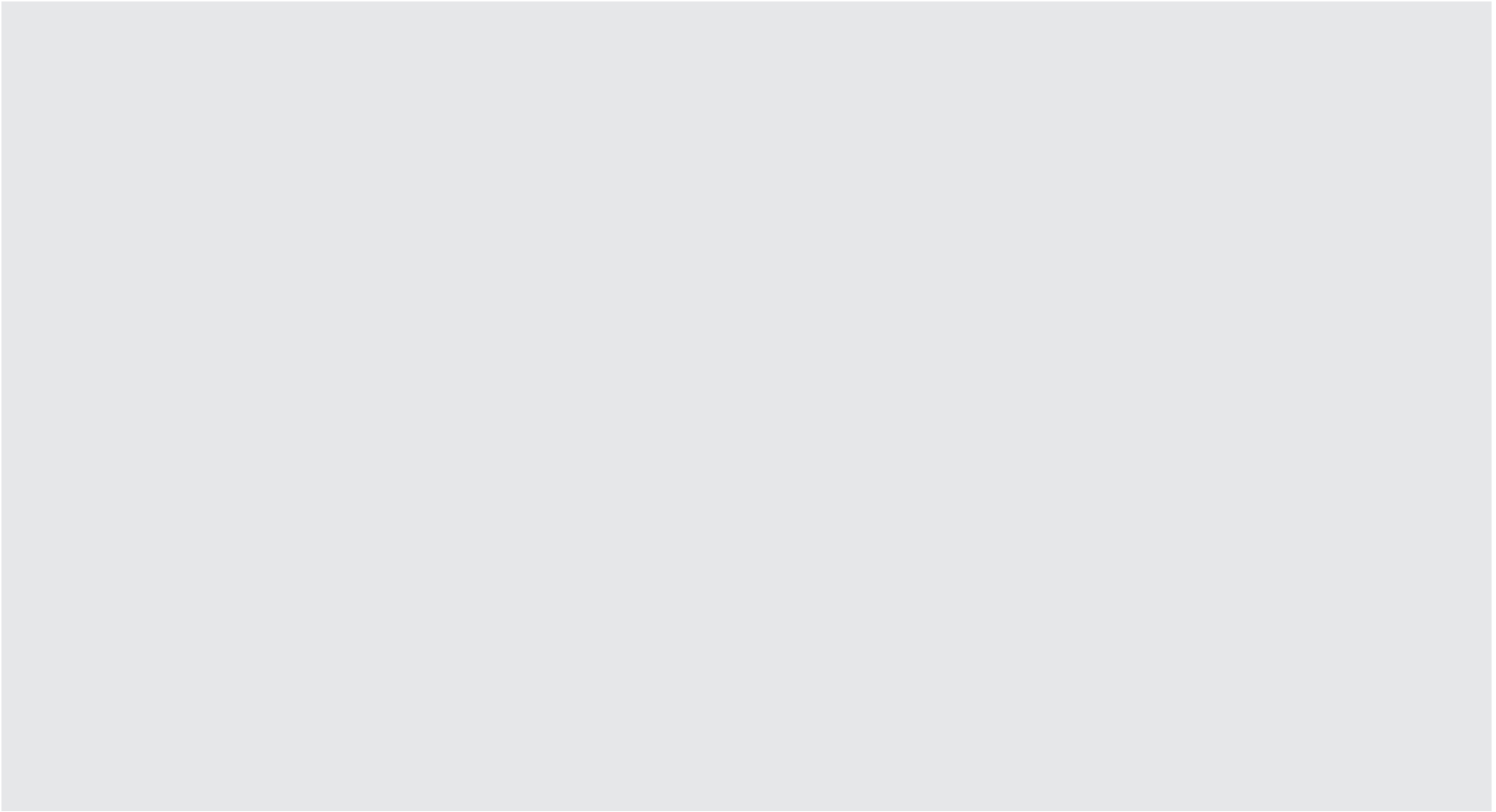
If 'yes', please name the other benefitting cause(s) below, their charity registration number(s) if applicable and the percentage of the net proceeds you will be donating to them.

Note: A minimum of 50% of the net proceeds raised from the event must be donated to The Fire Fighters Charity. The Fire Fighters Charity's policy insures the Charity's legal liability; it does not extend to other charities or causes who may benefit from any monies raised.

Section 2 Event Details (continued)

Event Overview

Please give a full description of the event including details of ALL activities taking place and equipment being used at the event. Do not include details about safety precautions here – this should be detailed in the next section.



Section 3 Safety Precautions

Please list all safety precautions in place during the event.

Safety Instruction

Detail the number of safety instructors present and qualifications they hold relevant to the event (e.g. 7 x abseil instructors with certified instructor certificates).

Safety Equipment

Detail all the safety equipment to be used, stating who it is owned and maintained by. If applicable, please also state maximum weight and height restrictions for the equipment and whether it complies with EC and national standards.

Public Safety

Detail all public safety precautions in place during the event (e.g. 6ft barrier around the event zone so public cannot cross etc).

Accident and Emergency

List all first aid personnel onsite and the procedure in case of an emergency. Any back-up / support vehicles should also be detailed below.

Section 4 Risk Assessment

Completing the Risk Assessment Form

To carry out a risk assessment for your fundraising event, you must understand what might cause harm to people and decide whether you are taking reasonable steps to prevent that harm. Once you have decided that, you need to identify and prioritise putting in place, appropriate and sensible control measures.

To complete the Risk Assessment Form for your fundraising event, please follow these steps:

1. Identify the hazards at your fundraising event. A hazard is anything that may cause harm, such as chemicals, electricity, climbing a ladder etc.
2. Identify the categories of **Persons Exposed (PE)**
E = Employees, C = Contractors, PU = Public, V = Visitors, YP = Young Persons, SC = Sub-contractors, PW = Pregnant Women, O = Other.
3. Identify the number of Persons Exposed in each category.
N = Number of people (3 = Large numbers of people, 2 = Several people, 1 = Single person)
4. Identify how the Persons Exposed may be harmed.
5. Evaluate the risks at your fundraising event following the grid below to grade the likelihood of an event and the consequences. A risk is the likelihood, high or low, that somebody could be harmed by the hazards, together with an indication of how serious the consequences could be.

L = Likelihood (3 = Definite, 2 = Probable, 1 = Unlikely)

C = Consequence (3 = Fatal, 2 = Major, 1 = Minor e.g. cut, bumps, bruises)

LIKELIHOOD	3 Definite	High	High	High
	2 Probable	Medium	High	High
			Medium	
	1 Unlikely	Low	Medium	High
	1 Minor	2 Major	3 Fatal	
	CONSEQUENCE			

6. Decide on the appropriate control measures. Control measures include actions that can be taken to reduce or remove the potential of exposure to the hazard.
7. Record your findings on your risk assessment form.
8. Review and update your risk assessment.

Section 4 Risk Assessment (continued)

Activity details:

Site / location: Assessment date (dd/mm/yy):

Assessment reason:

Assessed by:

Persons exposed (please tick relevant box):

Employees Contractors Public Visitors Young persons Sub-contractors Pregnant women Other

Hazards which create potential for harm (please tick relevant boxes):

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Adverse weather | <input type="checkbox"/> Vehicle overturning | <input type="checkbox"/> Lifting operations | <input type="checkbox"/> Manual handling | <input type="checkbox"/> Confined spaces |
| <input type="checkbox"/> Electrical supply (Vdc) | <input type="checkbox"/> Electrical supply (Vac) | <input type="checkbox"/> Overhead services | <input type="checkbox"/> Buried services | <input type="checkbox"/> Fire/explosion |
| <input type="checkbox"/> Lighting levels | <input type="checkbox"/> Electrical equipment | <input type="checkbox"/> Office environment | <input type="checkbox"/> DSE workspace – workspace activity | |
| <input type="checkbox"/> Flying particles | <input type="checkbox"/> Contaminated ground | <input type="checkbox"/> Soft ground | <input type="checkbox"/> Demolition | <input type="checkbox"/> Work on/adjacent to water |
| <input type="checkbox"/> Falls from height | <input type="checkbox"/> Falls on level ground | <input type="checkbox"/> Chemicals – COSHH | <input type="checkbox"/> Heat – exposure burns | <input type="checkbox"/> Vehicle damage/failure |
| <input type="checkbox"/> Cash handling/security | <input type="checkbox"/> Noise | | | |

Other items / comments:

Section 4 Risk Assessment (continued)

Descriptions / Details		Existing Current Risk					Actions & Residual Risk					
Ref	Hazards	Risk Details	Risk Factor LxC					Control Measures Comments / Actions	Residual Risk			
			PE	N	L	C	RR		N	L	C	RR
<i>Example</i>	<i>Car wash - wet surfaces</i>	<i>Slips, trips and falls</i>	E PU	2	1	2	2	<ul style="list-style-type: none"> • Wear non-slip footwear • Ensure soapy surfaces are regularly rinsed down • Use grit if necessary 	2	1	1	1
1	<i>Moving vehicles</i>	<i>Hit by moving vehicles or vehicles creeping forward causing injury to feet</i>						<ul style="list-style-type: none"> • Vehicles to secure handbrake • Signs for max speed of 5mph • Traffic marshall • Single lane (one way) 				
2	<i>Wet surfaces</i>	<i>Slips, trips and falls</i>						<ul style="list-style-type: none"> • Wear non-slip footwear • Ensure that soapy surfaces are regularly swilled down • Use grit if necessary 				
3	<i>Car doors</i>	<i>Trapped fingers</i>						<ul style="list-style-type: none"> • Gloves to be worn at all times 				

KEY
 PE = Persons Exposed (i.e. E = Employees, C = Contractors, PU = Public, V = Visitors, YP = Young Persons, SC = Sub-contractors,
 PW = Pregnant Women, O = Other) N = Number of people, L = Likelihood, C = Consequence, RR = Risk rating

Section 4 Risk Assessment (continued)

Descriptions / Details		Existing Current Risk					Actions & Residual Risk					
Ref	Hazards	Risk Details	Risk Factor LxC					Control Measures Comments / Actions	Residual Risk			
			PE	N	L	C	RR		N	L	C	RR
4	Moving materials	Hit by moving materials						<ul style="list-style-type: none"> Take precautions to ensure that equipment is secured between washes 				
5	Pedestrians	Pedestrian injury						<ul style="list-style-type: none"> People to remain inside their vehicles 				
6	Weather	Adverse weather conditions						<ul style="list-style-type: none"> Review predicted weather conditions just prior to the event Take appropriate action according to weather conditions 				
7	Manual handling	Lifting hose						<ul style="list-style-type: none"> Designated individual to have sole use of hoses Safety brief to ensure personnel using hoses have a controlled spray - jet 				

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Section 4 Risk Assessment (continued)

Descriptions / Details		Existing Current Risk					Actions & Residual Risk					
Ref	Hazards	Risk Details	Risk Factor LxC					Control Measures Comments / Actions	Residual Risk			
			PE	N	L	C	RR		N	L	C	RR
8	Cash handling	Theft, physical attack						<ul style="list-style-type: none"> • Security seals to be used on collection bucket / goblet • Minimum of two people to handle / count cash 				
9												
10												
11												

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Section 4 Risk Assessment (continued)

Descriptions / Details		Existing Current Risk					Actions & Residual Risk						
Ref	Hazards	Risk Details	Risk Factor LxC					Control Measures Comments / Actions	Residual Risk				
			PE	N	L	C	RR		N	L	C	RR	
12													
13													
14													
15													

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Section 4 Risk Assessment (continued)

Descriptions / Details		Existing Current Risk					Actions & Residual Risk						
Ref	Hazards	Risk Details	Risk Factor LxC					Control Measures Comments / Actions	Residual Risk				
			PE	N	L	C	RR		N	L	C	RR	
16													
17													
18													
19													

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Section 5 Declaration and Data Protection

I hereby confirm the following:

- I have read and understood the conditions and exceptions to insurance from The Fire Fighters Charity.
- The details in the Risk Assessment have been provided specifically and comprehensively for the site as detailed in Section 2 – Event Location.
- The Fundraising Event Notification Form (including the Risk Assessment), has been completed by the Event Organiser / Regional Fundraiser who is fully competent to assess and detail all the potential risks relevant to this event.
- **FOR FIRE SERVICE PERSONNEL ONLY:** I hereby confirm for all events being held on-station or during work time that my fire service is fully aware of this event and has given approval for it to take place. I have followed all necessary procedures within my Service prior to submitting this Fundraising Event Notification form.

Contact Name (as in Section 1):

.....

Name of person responsible on the day of the event (if different from Contact Name):

.....

Date:

.....

The information you have provided will be used by the Charity to fulfil your request. We would also like to use your information to enable us to contact you with news and information about The Fire Fighters Charity and ways to support us.

I would like to hear from The Fire Fighters Charity about: News and Information Ways to Support us

Please let us know which methods of communication you are happy to receive information from The Fire Fighters Charity by (tick all that apply)

Email Phone SMS Post If you don't want to be contacted by third parties please tick here.

Thank you for completing the FEN form. Please await confirmation that your event is insured before you proceed. Until you have confirmation that insurance is in place your event will not be covered under the public liability insurance of The Fire Fighters Charity.