

INSURED DETAILS

Insured Name			
Preferred Contact No.		Email	
Address			

Please provide the following details regarding your three main Crowd Control venues:

VENUE 1

What percentage (%) of your total Crowd Control turnover is derived from this venue?																					
Name				Address																	
Discos / Nightclubs	%	Hotels / Taverns	%	Clubs	%	Entertainment / Sports Venues	%	Other	%												
What nights do you work? (please tick)				<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat											
Usual start time:				Usual finish time:				Average no. of guards:													
Do you have a signed client contract?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ave. crowd/audience attending:															
No. restrained evictions / week						Do you record evictions?				Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Details of duties (door duties, glass collection, patron eviction etc)																					

VENUE 2

What percentage (%) of your total Crowd Control turnover is derived from this venue?																					
Name				Address																	
Discos / Nightclubs	%	Hotels / Taverns	%	Clubs	%	Entertainment / Sports Venues	%	Other	%												
What nights do you work? (please tick)				<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat											
Usual start time:				Usual finish time:				Average no. of guards:													
Do you have a signed client contract?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ave. crowd/audience attending:															
No. restrained evictions / week						Do you record evictions?				Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Details of duties (door duties, glass collection, patron eviction etc)																					

VENUE 3

What percentage (%) of your total Crowd Control turnover is derived from this venue?																					
Name				Address																	
Discos / Nightclubs	%	Hotels / Taverns	%	Clubs	%	Entertainment / Sports Venues	%	Other	%												
What nights do you work? (please tick)				<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat											
Usual start time:				Usual finish time:				Average no. of guards:													
Do you have a signed client contract?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ave. crowd/audience attending:															
No. restrained evictions / week						Do you record evictions?				Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Details of duties (door duties, glass collection, patron eviction etc)																					

CLAIMS

Please detail any circumstances over the past five years which you think may give rise to a crowd control claim?

SIGNATURE OF INSURED

Name		Signature	
Position		Date	