



EXHIBITORS INSURANCE FORM

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 €6,500,000Any 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: _____