INSURANCE INFORMATION & RISK ASSESSMENT FORM - To be completed by all Exhibitors.

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 Insurance Cover are correct and that the cover provided by this policy will include our activities at the Gillingham & Shaftesbury Agricultural Show

Signature Print Name Date / /

RISK ASSESMENT Company Name	Name & Signature of Assessor	Date / /2010
Name of Responsible person/s who will be in charge of the Stand on Showday		
Mobile phone number of contact on the stand on Showday		

RISK ASSESSMENT

Hazard	Persons at Risk	Controls to minimise risk

FIRE ASSESMENT

Hazard	Persons at Risk	Controls to minimise risk
Generator - Must be silent running We will use a generator **YES / NO** *(Please circle)*	**Generator** Location of unit **Built into Unit / Free standing** *(Please circle)*	**Generator** Date of last test due before Showday Generator_____ Safety Trip/device_____
Liquefied Petroleum Gas (LPG) We will be using LPG **YES / NO** *(Please circle)*	**LPG Cylinders** Size_____ number of cylinders _____ Location/storage_____	**LPG Equipment** Date of last inspection due before Showday. LPG Test date_____