PUBLIC LIABILITY DECLARATION FORM

EXHIBITOR / TARDE / VENDOR DETAILS

COMPANY NAME	
ADDRESS	
TEL / MOBILE	
EMAIL	
	nsurance is and will be in force which covers all aspects of public, product and pility for all activities we are engaged in during Cotswold fest.
Current insurer	
Period of insurance	
Current limit of indemnity (must be £3,000,000) or over)	
Policy Number	
NAME	
SIGNED	
DATE	
	OFFICIAL USE ONLY

NAME SIGNATURE