



Public/Employer's Liability Insurance Questionnaire Consent to Place Tables and Chairs on the Highway

This form must be completed by your insurance company or broker

Breckland Council, Elizabeth House, Walpole Loke, Dereham, Norfolk NR19 1EE

Part 1

Name and address of premises insured:

_____ Post code: _____

Name and address of insurance company::

_____ Post code: _____

Tel: _____ Email: _____

Policy no: _____

Limit of Liability

Public liability: £_____ Employer's liability: £_____

NOTE: A minimum limit of indemnity of £5,000,000 is required.

When does the current premium expire? _____

Please give details of any warranties, special terms or conditions imposed: _____

Does the policy specifically extend to include the provision of tables and chairs on the highway?

Please give details: _____

Part 2

We hereby confirm that we shall notify Breckland Council of any changes in the cover or if the policy is allowed to lapse or is cancelled.

Name and address of insurance company::

_____ Post code: _____

Tel: _____ Email: _____

Signed: _____ Date: _____

Name for/on behalf of: _____

Company stamp/seal

Please return this form and a copy of the Public Liability Insurance Certificate to:

Breckland Council, Elizabeth House, Walpole Loke, Dereham, Norfolk NR19 1EE

Tel: 01362 656876

Email: licensingteam@breckland.gov.uk