# Short-term Insurance Form

#### Please complete this for and email it so [su.activities-reception@ucl.ac.uk](mailto:su.activities-reception@ucl.ac.uk) **at least one week in advance** of the event that you require it for.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Contact Information:**   |  |  | | --- | --- | | Club/Society Name: |  | | Name of Organiser: |  | | Contact Number: |  | | Email Address: |  | |
| **Section 2: Insurance Information**  What type of insurance do you require?  All Risks  Public Liability  Other  **Period of Cover:**   |  |  |  |  | | --- | --- | --- | --- | | From: |  | Until: |  |   **Details of Equipment/Event\*:**   |  |  | | --- | --- | |  | | | Value of Equipment: |  | | Location of Equipment use/Event: |  | | Location Equipment will be stored in when not in use: | | |  | |   \*if necessary please email a separate sheet or the quote to su.activities@ucl.ac.uk |
| **Section 3: Declaration:**  Please tick this box to confirm that you understand that you are responsible for ensuring that the equipment is locked securely away when not in use and for ensuring that any conditions to which the above cover is subject to is adhered to. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For Office use only: | | | Application Date: | | |
| Cover agreed by: | | | Debit Note No: | | |
| On behalf of endsleigh insurance | | |
| Processed by: | | | | | |
| On behalf of Students’ Union UCL | | |  | | |
| Premium: |  | Tax (IPT): |  | Amount Due: |  |