

# Public Liability Report Form

Once complete return to;  
Marshall Wooldridge Ltd, 14 – 16 Ivegate, Yeadon, Leeds, LS19 7RE  
Tel No. 0113 250 6614 Fax No. 0113 387 9799



UNDERWRITTEN BY



Please complete all relevant sections. If any are not applicable please add N/A

## CLUB INFORMATION (must be completed)

Name of club \_\_\_\_\_ Club ID \_\_\_\_\_  
Contact \_\_\_\_\_ Tel No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email address \_\_\_\_\_

## EVENT (must be completed)

Date of Incident \_\_\_\_\_ Time of Incident (if known) \_\_\_\_\_  
State in full the cause and circumstances of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PUBLIC LIABILITY

Damage by cricket balls or club equipment/machinery:-

a) Where damage occurs within the ground

For what purpose was the claimant (or his property) on the club grounds? \_\_\_\_\_

Approximately how far from the club's boundary did the damage/injury take place? \_\_\_\_\_

Give approximate distance from the wicket to the boundary at this point \_\_\_\_\_

Are any disclaimer notices displayed on the ground? YES / NO

b) Where damage occurs outside the ground

How far from the wicket is the perimeter of the grounds? \_\_\_\_\_

What protections exist at this point? \_\_\_\_\_

How far beyond the perimeter of the ground did the ball travel? \_\_\_\_\_

How often in the past few seasons has the ball been hit into this area? \_\_\_\_\_

## PARTICULARS OF INJURY

Name and address of injured person(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation(s) \_\_\_\_\_

Nature of injury \_\_\_\_\_

Name of hospital to which person taken \_\_\_\_\_

Was the injured person admitted? \_\_\_\_\_

Continued...

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## PUBLIC LIABILITY continued

### PARTICULARS OF DAMAGE TO PROPERTY

Description of damage \_\_\_\_\_

Is the property capable of repair? \_\_\_\_\_

Name/Address/Telephone Number of owner \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of user/occupier if different from above \_\_\_\_\_

**A rough sketch would be helpful**

Claims for each incident of damage to Third Party Property exclude the first £100.  
Please contact the office for details of how to provide the policy excess.

## Please read and sign the following declaration

### Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

**VERY IMPORTANT – FRAUD AND EXAGGERATED CLAIMS** Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it. FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM WILL NOT BE MADE.**

I/We declare the forgoing particulars to be correct to the best of my knowledge and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

### SIGNED FOR & ON BEHALF OF:-

Signature of Insured _____	Date _____
Name _____	Position _____