



**ACTION FOR MARKET TOWNS  
APPLICATION FOR INSURANCE**

This Insurance is underwritten by:

Zurich Municipal  
Community Insurance Centre  
Mountbatten House  
Grosvenor Square  
Southampton  
SO15 2RP

Full name of organisation: .....

Type of organisation: .....

Charitable status: Yes/No

Contact name: .....

Correspondence address: .....  
.....  
.....  
.....

Telephone number: ..... Date organisation formed: .....

Description of activities (up to 50 words or enclose publicity literature)

Number of employees: ..... Salary Bill: .....

Number of volunteers: .....

Annual projected income: .....

Please answer each of the following questions to assist with risk assessment. If you answer yes to any of these questions please provide full details on a separate sheet of paper.

- 1 Do you run any fund raising events Yes/No
- 2 Do you have any manual activities (inc leaflet drops) Yes/No
- 3 Are you aware of any situation which has given rise to or could have given rise to a claim in the past 3 years Yes/No

Signed: ..... Dated: .....

*Please post the completed form to: AMT, PO Box 299, Bury St Edmunds, Suffolk IP33 1UU  
Upon acceptance we will send your organisation an invoice*