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Firework Risk Management Questionnaire

The following questionnaire has been compiled with the aim to gain a better understanding of your approach to risk management with respect to the upcoming fireworks event for which we have been requested to extend insurance cover. Please complete the questionnaire as fully as possible and return to your Account Director.

| 1 | Name of Policyholder: | |
|----|---|--|
| 2 | Date of proposed event: | |
| 3 | Location of proposed event: | |
| 4 | Estimated number of spectators: | |
| 5 | Does your event involve fireworks classified as category 4 under BS 7114? | Yes No No I If yes, we will require confirmation as to the bona fide sub-contractor who will conduct the firework element of the event – see 6. |
| 6 | Identity of the bona fide sub-contractor who will conduct the firework element of the event. | |
| 7 | Confirmation as to the public liability insurance cover of the above and your subrogation rights against the same. | |
| 8 | Confirmation as to the public liability insurance cover of any other third parties involved in the event and your subrogation rights against the same. | Yes □ No □ Comments: |
| 9 | Does the event require you to have a license? E.g. from local authority, fire brigade, coastguard etc. | Yes □ No □ Comments: |
| 10 | If yes above, then have you both obtained the licence and complied with any instructions given. | Yes □ No □ Comments: |
| 11 | Have you a competent responsible person for the overall event? | Yes 🗆 No 🗆 |
| 12 | Have you competent, trained persons for setting up and igniting the fireworks. | Yes 🗆 No 🗆 Names: |

| 13 | Have you provided us with your risk assessment specific for this year's event and location? | Yes D No D Comments: |
|----|---|----------------------------------|
| 14 | Confirm that you have adequate first aid cover as identified by your risk assessment. | Yes D No D Comments: |
| 15 | Confirm that you have adequate fire cover as identified by your risk assessment. | Yes I No I Comments: Name: |
| 16 | Confirm that you have adequate marshal cover as identified by your risk assessment. | Yes D No D Comments: |
| 17 | Confirm your risk assessment has considered and mitigated the risk presented to the property of others. | Yes □ No □ Comments: |
| 18 | Confirm that the public will not participate other than as spectators and will not be allowed to let off their own fireworks. Confirm there will be a notification to adults as to their responsibility for those in their charge. | Yes □ No □ Comments: |
| 19 | Other supporting information: | |
| | Information provided by: | (Person's name) |
| | Position within the organisation: | (Job Title) |

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your RMP consultant or account director.

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