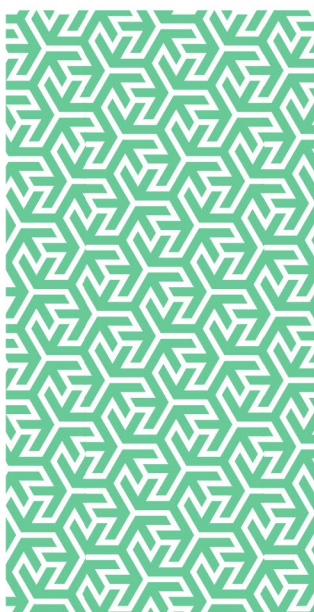


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# Firework Risk Management Questionnaire



# 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 <b>category 4</b> under BS 7114?	Yes <input type="checkbox"/> No <input type="checkbox"/>  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 <b>who will conduct the firework element</b> 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 <input type="checkbox"/> No <input type="checkbox"/>  Comments:
9	Does the event require you to have a license? E.g. from local authority, fire brigade, coastguard etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>  Comments:
10	If yes above, then have you both obtained the licence and complied with any instructions given.	Yes <input type="checkbox"/> No <input type="checkbox"/>  Comments:
11	Have you a competent responsible person for the overall event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Have you competent, trained persons for setting up and igniting the fireworks.	Yes <input type="checkbox"/> No <input type="checkbox"/>  Names:

13	Have you provided us with your risk assessment specific for this year's event and location?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
14	Confirm that you have adequate first aid cover as identified by your risk assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
15	Confirm that you have adequate fire cover as identified by your risk assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: Name:
16	Confirm that you have adequate marshal cover as identified by your risk assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
17	Confirm your risk assessment has considered and mitigated the risk presented to the property of others.	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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.

[contact@mpartners.co.uk](mailto:contact@mpartners.co.uk)



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