



## SCOTTISH BEEKEEPERS' ASSOCIATION

### **PUBLIC AND PRODUCTS LIABILITY INSURANCE - NOTIFICATION OF CLAIM OR POTENTIAL CLAIM**

Name:

Address:

Contact Telephone Number:

SBA Membership Number:

*- found on your SBA membership card and/or the address label of your copy of the Scottish Beekeeper*

Affiliated Beekeeping Associations only -

Name of local association:

Secretary's name and contact details:

Name and address of person seeking damages from you:



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Details, including dates, of the incident giving rise to a claim or potential claim against you:  
(Continue on separate sheet if required.)

Signature (or e-signature):

*This form should be forwarded to the SBA Insurance trustee:*  
[insurance@scottishbeekeepers.org.uk](mailto:insurance@scottishbeekeepers.org.uk)