

PROPOSAL FORM

Once Off Events Liability

Please answer **ALL** questions completely.

Should any question or part thereof not be applicable, please state "N/A".

Should insufficient space be provided, please continue on your company letterhead.

1. Company to be Insured _____
2. Physical address _____
_____ Post code _____
3. VAT number _____
4. Company website _____

Event Details

1. Name of event _____
2. Description of the event _____

List of activities happening at event

3. Date of event

Y	Y	Y	Y	M	M	D	D
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4. Date coverage requested – from _____ 12:01 am to _____ 12:01 am
5. Name and location of event venue _____
6. Does the venue carry Liability Insurance? Yes No
7. Is this event indoors or outdoors? Indoors Outdoors
8. If the event is outdoors, is the area fenced in or otherwise enclosed? Yes No
9. Venue capacity _____
10. Estimated attendance per day _____
11. Will there be any exhibitions, demonstrations or parades? Yes No

If Yes, please give details

12. Are seats temporary or permanent construction? Temporary Permanent
13. Is seating Reserved or General Admission? Reserved General
14. Describe type of seating provided (bleacher, stadium, grandstand, theatre, folding chairs, etc.)

15. If stage is involved, is it permanent or temporary stage Temporary Permanent

16. If temporary, who is responsible for set up (Applicant or other name)?

17. If other than the applicant, do they have Liability Insurance? Yes No

18. If a tent is involved, who is responsible for set up (Applicant or other name)?

19. Do they have Liability Insurance? Yes No

20. Is temporary lighting involved? Yes No

21. Who is responsible for hook-up (Applicant or other name)?

22. If other than the applicant, do they have Liability Insurance? Yes No

23. In the region where the event is being staged are there any dams, lakes, rivers or swimming pools? Yes No

24. Are any of the events water or aviation related? Yes No

If Yes, please give details

25. Are any of the events potentially dangerous, e.g. paintball/ skydiving/motor racing/pyrotechnics/ fairground rides/animal rides/shooting/archery? Yes No

If Yes, please give details

26. Do the participants sign an indemnity form? Yes No

If Yes, please send us the indemnity form with the completed proposal form

27. In the area in which the event is being held, are there issues which could lead to the disruption of the event, such as socio-economic strife, political, ethical, religious or other tension? Yes No

If Yes, please give details

Limit of Indemnity

The Extensions below are added at no extra cost at the following limits. Should you require higher limits there will be additional premium. The included limit may be subject to change at any time.

Claims Preparation Costs	R500 000
Collapse of Temporary Construction and Scaffolding	R1 000 000
Damage to Leased or Rented Premises	R1 000 000
Emergency Medical Expenses	R500 000
Statutory Legal Defence Cost	R500 000
Wrongful Arrest and Defamation	R500 000

	Option 1	Option 2	Option 3
Public Liability			
Products Liability/Defective Workmanship			
Employers Liability			
Wrongful Arrest and Defamation			
Damage to leased or rented premises (the venue)			
Statutory Legal Defence Costs			
Emergency Medical Expenses			
Claims Preparation Costs			
Collapse of Temporary Construction and Scaffolding			

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Name (duly authorised)

Designation

Signature

Date

Y	Y	Y	Y	M	M	D	D
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