PROPOSAL FORM

Prize Indemnity Insurance Proposal

IMPORTANT INFORMATION

The Proposer(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Proposer knows or ought to know. **A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium)**. For these purposes, the Proposer knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Proposer also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Proposer should therefore conduct a reasonable search of such information. The Proposer must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Proposal Form and any appendices ('Proposal Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Proposal Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Proposal Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Proposer(s) should contact their insurance broker.

Proposer's details

Name of Proposer(s) _____

Contact details of Proposer(s) _____

Registered address _____ Postal code _____

Telephone number _____ Email _____

What is the usual business of the Proposer(s) and how long engaged therein? _____

_____

_____

Risk details

Title or name of promotion(s) or event(s) to be insured.

_____

Type of promotion(s) or event(s) to be insured. Please provide full details of the promotion(s) or event(s) including mechanics, rules and regulations.

_____

_____

Has this type of promotion(s) or event(s) been held before? Yes ☐ No ☐ N/A ☐

If Yes, give full details, including, but not limited to, any occurrence that could have resulted or did result in financial loss.

_____

_____

What is the involvement(s) of the Proposer(s) in the promotion(s) or event(s)?

_____

_____

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

What is the experience of the Proposer(s) in this capacity?

Scheduled date(s) of promotion(s) or event(s). From To

Scheduled venue of promotion(s) or event(s).

How will the promotion(s) or event(s) be overseen or supervised and who will provide such oversight and supervision?

Insurers may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by the Proposer/ Insured in addition to the premium unless specifically agreed otherwise by the insurers.

Participants

How many participants?

How many attempts may each participant have?

Budget details

What limit of indemnity is required? R

Do these sums represent the full extent of your financial responsibilities? Yes ☐ No ☐

If No, give details

Loss Payee (if other than proposer stated in Question 1)?

Contractual arrangements

Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the Insured promotion(s) or event(s)? Yes ☐ No ☐ N/A ☐

Have you sought legal advice, whether in-house or independent, on the legality of the proposed promotion(s) or event(s)? Yes ☐ No ☐

If Yes, give details

Please note that you must observe and comply with all applicable laws and regulations whether, where applicable, national, or local.

Additional information

Do you know of any other matter, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss under this proposed Insurance? Yes ☐ No ☐

If Yes, please list

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Privacy

In accordance with the applicable laws, we may be required to 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

/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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