

Liability: Special Event Liability Proposal Form

Insured details

Company name:

Trading as:

Type of business: Registration:

VAT number:

Full business description:
(including company operations and activities)

Have you previously traded under a different name? Yes: No:

If yes, specify name:

Contact details

Telephone: Cellphone:

Email: Website:

Physical address

Street name and number: City / town:

Province: Area code:

Postal address

P.O. Box number: City / town:

Province: Area code:

Additional information

Brokerage: Broker name:

Insurer information

Previous / current: Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

Voided your policy? Yes: No:

If yes, why and who?

Quote to be placed on cover, details to be completed by Client

Quote number: Inception date:

Quote number: Inception date:

Initial

Details of loss / damage in the past 3 years

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Describe role at event:

Describe responsibility at event:

List any additional insureds:

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Interest:	<input type="text"/>	Interest:	<input type="text"/>

Please note that it is not a requirement to have all the information for Additional Insured prior to quoting/binding. Once coverage is bound we can add Additional Insured to the policy upon written request to our office. Please note that there are certain entities we cannot add to the policy; if you have a specific question about acceptable Additional Insured, please contact our office.

Event information

Full schedule / description of event:

Is this part of a larger function? Yes: No:

Initial

If yes, give details:

Is there an admission charge? Yes: No:

If yes, cost per person: Date of event:

Desired coverage dates: Date of event:

Include set up and teardown dates under desired coverage. Event lasts from:

Location name: City:

Province: Area code:

Location is:

Private residence: Liquor licensed establishment: Indoors:

Outdoors: Covention centre: Stadium:

Arena: Fair grounds:

Other:

Does the location have bodies of water (dams, lakes, swimming pools, rivers)? Yes: No:

If yes, Please describe them and the safety measures put in place around them?

If the event outdoors, is the area fenced off or otherwise enclosed? Yes: No:

Does facility require a contract for usage? Yes: No:

If yes, a copy of the contract may be required.

Does the Location carry its own Liability Insurance? Yes: No:

Limit:

Insurer name: Estimated attendance per day:

Average age of attendee: Maximum capacity of facility:

Is parking controlled? Yes: No: If yes, by whom?

Attendance is: Invitation only: Public: Will there be temporary lighting? Yes: No:

If yes, who is responsible for the set-up / break-down?

If a person other than the applicant is responsible, does this person have their own cover? Yes: No:

If yes, who is the Insurer? Will there be Tents or Marquees? Yes: No:

If Yes, Who is responsible for the set-up/break-down?

If a person other than the applicant is responsible, does this person have their own cover? Yes: No:

If yes, who is the Insurer? Will there be a stage(s) Involved? Yes: No:

If, yes: Permanent: Temporary:

If the stage is temporary, who is responsible for the set-up/break-down?

If a person other than the applicant is responsible, does this person have their own cover? Yes: No:

If yes, who is the Insurer?

Attendance is: Reserved: General: Both:

Describe the type of seating:

If there are any Other Sub-Contractors that have not been listed above please provide a detailed list separately.

Initial

Past information

Has this event been held before? Yes: No: Has this event been insured before? Yes: No:

If yes, who is the Insurer? Number of years event has been previously held?

Actual total attendance for previous year's event:

Have you ever had an insurance claim at an event similar to this? Yes: No:

If yes, give details:

Has any carrier ever cancelled or refused to renew similar insurance coverage? Yes: No:

If yes, give details:

Liability information

Required limits of liability:

Coverage Requirements: Please complete the information requirements as listed in the table below:

Cover:	Limit of indemnity:
Public liability:	
Products liability / defective workmanship:	
Wrongful arrest and defamation	
Damage to leased or rented premises (the venue)	
Statutory legal defence costs	
Emergency medical expenses	
Claims preparation costs	
Member to member liability	
Collapse of temporary construction / scaffolding	

Weather Insurance Limits:

Hours of Coverage – consider peak hours of coverage (i.e., starting 1 to 2 hours prior to the featured entertainment and ending 1 hour prior to completion or select times of highest ticket sales and/or maximum gate fees, etc)

Limit of Insurance – consider either the daily unrecoverable expenses (i.e., entertainment, venue fees, set-up costs) and/or revenues (i.e., ticket sales, concessions, sponsorships, etc.)

Date(s) of event:	Event hours:		Hours of coverage:		Limit per day:
	Start:	Finish:	Start:	Finish:	

Location is

Snow: Lighting: Fog:

Cyclone: Tornado: Temperature MAX:

Wind: Adverse weather temperature MIN:

Other:

Require non-owned/hired vehicle coverage? Yes: No:

If yes, explain use of vehicle:

Initial

If any, name of operator:

Commercial general liability

Will the event feature rides or mechanical devices? Yes: No: If yes, how many?

Will the event feature inflatables or other rebounding devices? Yes: No: If yes, how many?

Will the event feature slides? Yes: No: If yes, what height?

Will the event feature animal rides or a petting zoo? Yes: No:

Will the event feature fireworks or pyrotechnics? Yes: No:

Are vendors, attraction owners, and performers required to carry their own insurance? Yes: No:

Will concessionaires provide you with certificate evidencing products liability with your organisation named as additional Insured? Yes: No:

No concessionaires: Yes: No:

Security is provided by

Independent contractors: Employees of the contractors: Employees of the applicant:

On-duty police: Off-duty police: Guard dogs:

Emergency evacuation plan in place? Yes: No: Unknown:

Qualified medical personnel in attendance? Yes: No: Unknown:

Ambulance service in attendance? Yes: No: Unknown:

Liquor liability

Liquor liability is: Required: Not required:

Is applicant responsible for the sale of alcohol: Yes: No:

If Yes, please provide total estimated liquor receipts expected from the sale of alcohol for the event:

Estimated total food sales for the event:

Estimated number of attendees consuming alcohol daily:

Will alcohol be dispensed by a certified professional bartender? Yes: No:

If No, please describe how and by whom alcohol will be dispensed:

What measures are in place to prevent service of alcohol to minor and/or intoxicated persons?

Does Applicant have a valid liquor license? Yes: No:

Number of bars or areas at which alcohol will be dispensed at the event?

Is alcohol consumption confined to this (these) areas? Yes: No:

Will there be an open bar? Yes: No:

Will alcohol be sold by the drink? Yes: No:

Average cost per drink:

Will there be BYOB? Yes: No:

Please note: We cannot offer coverage for BYOB (bring your own bottle) events.

Initial

Declaration

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

_____	_____	_____	_____
Full name	Capacity	Date	Signature

Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer? Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

If yes, name of Insurer? Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature
-----------	----------	------	-----------

Debit Order Authority

Account holder full name:

Name of bank: Account type:

Branch code: Name of branch:

Account number: Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature
-----------	----------	------	-----------