



UNDERWRITING MANAGERS

Tel: 0861-00-0090
E-mail: info@keu.co.za

ONCE-OFF EVENTS LIABILITY PROPOSAL

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--------------|-----------------------------|-----------|----|
| FULL LEGAL NAME OF THE INSURED (No private individuals, unless Sole Proprietor) This entity must be South African | | | | | | |
| REGISTERED PHYSICAL ADDRESS | | | | | | |
| VAT NUMBER | | | | | | |
| COMPANY REGISTRATION NUMBER OR NPO NUMBER | | | | | | |
| WEBSITE DETAILS | | | | | | |
| DETAILED BUSINESS DESCRIPTION | | | | | | |
| HOW MANY YEARS HAS THE APPLICANT BEEN OPERATING | | | | | | |
| IS THE INSURED THE EVENT ORGANISER? | | YES | NO | | | |
| IF NO, WHAT IS THE INSUREDS RESPONSIBILITY AT THE EVENT? | | | | | | |
| NAME OF THE EVENT | | | | | | |
| NAME OF SECURITY COMPANY TO BE CONTRACTED | | | | | | |
| COMPANY THAT IS RESPONSIBLE FOR JOC (VOC) and DISASTER MANAGEMENT PLAN | | | | | | |
| CO-INSUREDS/ SUB-CONTRACTORS THAT SHOULD BE NAMED ON THE POLICY (I.E SPONSORS) | | | | | | |
| NAME | | ACTIVITY | | REASON FOR INCLUSION | | |
| | | | | | | |
| | | | | | | |
| DATE OF EVENT | | | VENUE | | | |
| From | | To | | 1 | | |
| From | | To | | 2 | | |
| From | | To | | 3 | | |
| TIME OF EVENT | | From | | AM | To | AM |
| | | | | PM | | PM |
| PERIOD OF INSURANCE: | | From | | To | | |



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|--------------------------------------------------|--|-------------------------------------------|--|----------------|-------------------------|-------------------------|---------|----------------------------------|-------|-------------------------------------------|--|
| DETAILED DESCRIPTION OF EVENT | | | | | | | | | | | |
| IS THE EVENT: | | Indoors | | | | Outdoors | | | | | |
| ESTIMATED ATTENDANCE PER DAY | | Participants: (Sporting Events) | | | Spectators: | | | Employees: Freelance included | | | |
| NUMBER OF TICKETS: | | Printed | | | Sold: | | | Price per Ticket: R | | | |
| LIGHTING: | | Temporary | | YES | NO | Who will be responsible | | | | | |
| | | Fixed | | YES | NO | | | | | | |
| SEATING: | | Folding Chairs | | YES | Theatre | YES | Stadium | YES | Fixed | YES | |
| | | | | NO | | NO | | NO | | NO | |
| | | Temporary | | YES | Who will be responsible | | | | | | |
| | | | | NO | | | | | | | |
| WHO IS BUILDING THE STAGE? | | | | | | | | | | | |
| DOES THE ABOVE COMPANY HAVE LIABILITY INSURANCE? | | | | | | | | | | | |
| WHO IS SETTING UP MARQUEES? | | | | | | | | | | | |
| DOES THE ABOVE COMPANY HAVE LIABILITY INSURANCE? | | | | | | | | | | | |
| WILL THERE BE: | | EXHIBITIONS | | DEMONSTRATIONS | | FOOD AND DRINK | | TENTS | | PYROTECHNICS/ FIREWORKS / SPECIAL EFFECTS | |
| | | KIDDIES SECTION | | ANIMALS | | MOTORIZED SPORTS | | USHERS | | OPEN WATER, DAM, RIVER, SWIMMING POOL | |
| IF YES TO THE ABOVE PLEASE PROVIDE DETAILS | | | | | | | | | | | |
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| HAS THE INSURED EVER BEEN REFUSED COVER? IF YES PLEASE PROVIDE DETAILS? | YES | |
| | NO | |
| HAS THE EVENT BEEN HELD BEFORE, IF YES WHERE AND HOW OFTEN? | YES | |
| | NO | |
| HAS THERE BEEN PAST CLAIMS? IF YES PLEASE PROVIDE DETAIL | YES | NO |
| YEAR | AMOUNT | DETAIL |
| | R | |
| | R | |
| LIMITS REQUIRED: (ALL LIMITS ARE PROVIDED IN THE AGGREGATE) | | |
| GENERAL LIMIT IN THE AGGREGATE | | R |
| LIMIT FOR ANY ONE OCCURRENCE (IF DIFFERENT TO AGGREGATE LIMIT) | | R |
| EMPLOYERS LIABILITY (Noted as cast and crew, but does not include sub-contractors) | | R |
| FOOD AND DRINK | | R |
| SPREAD OF FIRE | | R |
| DAMAGES TO VENUE- OPTIONAL <i>(The venue should have their own Property Policy)</i> | | R |
| EXHIBITORS <i>(Please provide a list of exhibitors)</i> | | R |
| PARTICIPANTS WHILST PARTICIPATING <i>(This only applies to sporting events)</i> | | R |
| TEMPORARY CONSTRUCTION <i>(This is in respect of the liability only, not own damage)</i> | | R |
| SPREAD OF FIRE | | R |
| SUB-CONTRACTORS <i>(Must be specifically included, They should have their own insurance. Please provide a list of the Sub-Contractors and business description at event)</i> | | R |

DECLARATION

Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.

I/we have read the above and agree that to the best of my / our knowledge and belief same fully represents the true statements of facts.



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PLEASE SUBMIT ANY ADVERTISING MATERIAL THAT IS AVAILABLE.

| | |
|-------------------------------------------------------------------------------------|--|
| INSURED NAME | |
| DATE | |
| SIGNATURE | |
| NAME OF BROKING COMPANY | |
| FSP NUMBER | |
| NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION: | |
| CONTACT DETAILS | |