



The Liability Company.

LIABILITY MATTERS

PROPOSAL FORM EVENTS LIABILITY (ANNUAL)

CAUTIONARY NOTE

Please answer all questions FULLY. This Proposal Form will be read in conjunction with the Brokers Notes to Underwriters. Failure to answer all applicable questions accurately could result in a claim being repudiated due to a nondisclosure of material information. Signature of this Proposal does not bind the Proposer / Insurers to complete the Insurance.

1. Name of Applicant

2. Address.....

Telephone e mail..... website

3. Company Registration No. Company VAT No.

Principal / Partner / Director In Charge

4. How many years has the Applicant been operating as an Event Organiser?

5. Number of events hosted for the past 12 months

Number of events anticipated for the next 12 months.....

6. Does the Applicant use Sub-Contractors for any Temporary Construction such as stages, lights, and the like? YES/NO

If Yes, are Sub-Contractors required to have their own Insurance YES/NO

Please provide list of Sub-Contractors most often used

7. Do you require cover in respect of Sub-Contractors under this insurance policy? YES/NO

If Yes, kindly provide details below

The Liability Company (Pty) Ltd

35 Oxford Office Park, 3 Bauhinia Street

Highveld Techno Park, Centurion

PO Box 17541, Lyttleton, Pretoria, Gauteng, 0140

The Liability Company is an authorised financial services provider (FSP 50828)

Our Risk Carriers

All our policies are underwritten by Old Mutual Insure Limited (FSP12) and

Mutual & Federal Risk Financing Limited (FSP 49551) on a co-insurance

basis. Both OMI and MFRF are authorised financial services providers of

short term insurance products

Contact Us

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Underwritten by



OLDMUTUAL
INSURE

MUTUAL & FEDERAL

**risk
financing**

A member of the  **OLDMUTUAL** Group

8. Are you a member of any Association? YES/NO

If Yes, please provide detail

9. Are any events hosted outside the border of South Africa? YES/NO

10. Give details of present insurance:

Limit of Indemnity: Date of expiry:

Insurers:

Excess: Premium: Retroactive Date

11. Please give details (including the loss amount) of any claims in the past 5 Years, whether insured or not:-

.....
.....
.....

12. Turnover:

Date of Financial Year End:

	Immediate Past Financial Year (20)	Estimated for Current Financial Year (20)
TOTAL		

13. Quotations Required:-

LIMIT OF INDEMNITY	EXCESS

14. Events to be Hosted in the next 12 Months:

Name of Event

Date of Event

Location of Event

Number of Attendees.....

Description of Event

Event Indoors or Outdoors

Name of Event

Date of Event

Location of Event

Number of Attendees.....

Description of Event

Event Indoors or Outdoors

Name of Event

Date of Event

Location of Event

Number of Attendees.....

Description of Event

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Location of Event
Number of Attendees.....
Description of Event
Event Indoors or Outdoors

DECLARATION

I/ we hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I/we have no reason to anticipate any claim being brought against me / us, that might constitute a claim under the insurance now being requested. I / we agree that this Proposal and Declaration be the basis of the contract between me/us and the Insurers.

Signature of Principal / Partner / Director

Name of Signatory (Please Print)

Date_____