



The Liability Company.

LIABILITY MATTERS

PROPOSAL FORM EVENTS LIABILITY (ONCE-OFF)

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. Name of Event

6. Dates of Event: From: To:

Dates cover required: From: To:

7. Description of Event

.....

.....

8. 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

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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

A member of the  **OLDMUTUAL** Group

**risk
financing**



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

If Yes, kindly provide details below

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

If Yes, please provide detail

11. Details of facility (Venue) where the Event will take place

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a) What Limit of Indemnity is the Venue insured for?

b) Is the Applicant responsible for any damages to the venue?

(Please supply copy of terms and conditions)

12. Is the Event Indoors or Outdoors?

If Outdoors, is the area fenced off or otherwise enclosed?

13. Seating Capacity: (Maximum number the venue can hold).....

a) Are seats Temporary or Permanent?.....

b) Describe type of seating (stadium, grandstand, theatre, folding chairs etc?

14. If there is a Stage involved, is it a Permanent or Temporary Structure?

a) If Temporary, is the Applicant responsible for the construction of the stage, or is this outsourced to a subcontractor and are they required to have their own Liability insurance?

15. Estimated number of Attendees per Day:

Number of Participants..... Number of Spectators Number of Employees

16. Will any Temporary and/or Portable shelters be erected including tents, marquees etc. YES/NO

If Yes, please provide details, and advise if the Applicant is responsible for the construction of the shelter, or is this outsourced to a sub-contractor and are they required to have their own Liability insurance?

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17. Will Food and/or Drink be supplied at the Venue? YES/NO

If Yes, is this outsourced to a catering company and/or third party and are they required to have appropriate insurance cover in place?

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18. Will Medical Assistance and/or First Aid be provided at the Venue? YES/NO

If Yes, is this outsourced to a third party and are they required to have their own insurance cover in place? YES/NO

19. Will any of the following activities be taking place at the event

Pyrotechnics YES/NO

Amusement / Carnival Rides YES/NO

Ballooning and/or flying of any description YES/NO

Shooting ranges for guns and/or archery YES/NO

Water related events YES/NO

If Yes to any of the above, please provide details

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20. Please give details of any claims in the past 5 Years, whether insured or not:-

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21. Will there be any Exhibitions, Demonstrations, Parades or Pageants? YES/NO

a) Do you require the Exhibitors and/or Demonstrators to have their own Liability insurance? YES/NO

b) If Yes, What Limit of Indemnity

22. Estimated Income / Turnover for Event

23. Quotations Required:-

LIMIT OF INDEMNITY

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 _____