



UNDERWRITING MANAGERS

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

ANNUAL EVENTS LIABILITY PROPOSAL

FULL LEGAL NAME OF THE INSURED (No private individuals, this must be South African registered legal entity)			
REGISTERED PHYSICAL ADDRESS		VAT NUMBER	
COMPANY REGISTRATION NUMBER OR NPO NUMBER			
WEBSITE ADDRESS	www.	HOW MANY YEARS HAS THE APPLICANT BEEN OPERATING	
DETAILED BUSINESS DESCRIPTION			
PERIOD OF INSURANCE:	From	DAY / MONTH / YEAR	To DAY / MONTH / YEAR
ESTIMATED ANNUAL TURNOVER	R	PREVIOUS YEAR TURNOVER	R
ANTICIPATED TURNOVER PER EVENT	R	ANTICIPATED NUMBER OF EVENTS	
ARE ANY EVENTS HOSTED OUTSIDE THE BORDERS OF SOUTH AFRICA? IF YES PLEASE PROVIDE DETAILS	YES		
	NO		
DOES THE INSURED EMPLOY ANY ARTIST FOR ANY OF THE EVENTS? IF YES PLEASE PROVIDE DETAILS	YES		
	NO		
HAS ANY INSURER EVER CANCELLED AN INSURANCE POLICY AND IF YES PROVIDE REASONS?	YES		
	NO		
IS YOUR COMPANY A MEMBER OF ANY ASSOCIATION? IF YES PLEASE PROVIDE DETAILS	YES		
	NO		
HAS THE COMPANY TRADED UNDER ANY OTHER NAME DURING THE PAST THREE YEARS? IF YES PLEASE PROVIDE DETAILS	YES		
	NO		
HAS THE INSURED EVER BEEN REFUSED INSURANCE COVER? IF YES PLEASE PROVIDE DETAILS?	YES		
	NO		
DOES THE INSURED USE SUB-CONTRACTORS FOR ANY TEMPORARY CONSTRUCTION SUCH AS STAGES, LIGHTS ETC?			YES NO
PLEASE PROVIDE LIST OF SUB-CONTRACTORS MOST OFTEN USED			
NAME LEGAL ENTITY:		ACTIVITY USED FOR:	



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ALL CLAIMS OR INCIDENTS THAT MIGHT HAVE GIVEN RISE TO A CLAIM IN THE PAST FIVE YEARS					
YEAR	INCIDENCE		AMOUNT CLAIMED / SETTLED		
			R		
			R		
WHO ARE BUILDING THE STAGES/ MARQUEES?					
DOES THE ABOVE COMPANY HAVE LIABILITY INSURANCE?			YES	NO	
WILL LARGE STRUCTURES BE BUILT FOR THE EVENTS?			YES	NO	
WILL ALL LARGE STRUCTURES BE SIGNED OFF BY A THIRD-PARTY ENGINEER?			YES	NO	
DO ALL PARTICIPANTS SIGN INDEMNITIES?			YES	NO	
WILL THERE BE THIRD PARTY MEDICAL ASSISTANCE AT ALL EVENTS?			YES	NO	
WILL THERE BE THIRD PARTY SECURITY AT ALL EVENTS?			YES	NO	
CATEGORIES OF EVENTS HOSTED THROUGH THE YEAR					
MUSIC CONCERTS	Average number of events per annum	CORPORATE CONFERENCES	Average number of events per annum	LIFESTYLE FOOD FESTIVALS	Average number of events per annum
EXHIBITIONS	Average number of events per annum	SPORTING EVENTS	Average number of events per annum	PERSONAL EVENTS IE. WEDDINGS, BIRTHDAY PARTY	Average number of events per annum
WILL THERE BE	KIDDIES SECTION	ANIMALS	MOTORISED SPORT	PYROTECHNICS	MECHANICAL RIDES
	JUMPING CASTLES	SWIMMING/ OPENWATER	LARGE STAGE/ SIMILAR CONSTRUCTION		
If yes, please provide details					
LIMITS REQUIRED: (ALL LIMITS ARE PROVIDED IN THE AGGREGATE)					
GENERAL LIMIT IN THE AGGREGATE			R		
EMPLOYERS LIABILITY (noted as cast and crew, but does not include sub-contractors)			YES	NO	
DAMAGES TO VENUE- OPTIONAL <i>(The venue should have their own Property Policy)</i>			R		
EXHIBITORS <i>(Please provide a list of exhibitors)</i>			YES	NO	
PARTICIPANTS WHILST PARTICIPATING <i>(This only applies to sporting events)</i>			YES	NO	
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		



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EXAMPLES OF EVENTS HOSTED BY THE INSURED DURING THE NEXT 12 MONTHS

NAME OF EVENT	DATE OF EVENT	LOCATION	NO. OF ATTENDEES	DESCRIPTION OF EVENT	INDOORS/ OUTDOORS
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				
	Day / Month / Year				

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 warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

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

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on www.centriq.co.za

INSURED FULL NAME		DATE	DAY/MONTH/ YEAR	SIGNATURE:	
NAME OF BROKING COMPANY				FSP NUMBER	
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:					
CONTACTING DETAILS OF BROKER / BROKING COMPANY:					