



UNDERWRITING MANAGERS

Tel: 0861-00-0090  
 E-mail: [info@keu.co.za](mailto:info@keu.co.za)  
 Website: [www.keu.co.za](http://www.keu.co.za)

## ANNUAL EVENTS LIABILITY PROPOSAL

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



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| ALL CLAIMS OR INCIDENTS THAT MIGHT HAVE GIVEN RISE TO A POSSIBLE CLAIM IN THE PAST FIVE YEARS  |                                    |                       |                                    |  |                                    |
|--|------------------------------------|-----------------------|------------------------------------|--|------------------------------------|
| YEAR   | INCIDENT                           |                       |                                    | 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                                 |
| IF NO PLEASE ADVISE THE REASON?  |                                    |                       |                                    |  |                                    |
|  |                                    |                       |                                    |  |                                    |
| WILL THERE BE THIRD PARTY SECURITY AT ALL EVENTS?  |                                    |                       |                                    | YES  | NO                                 |
| IF NO PLEASE ADVISE THE REASON?  |                                    |                       |                                    |  |                                    |
|  |                                    |                       |                                    |  |                                    |
| 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)  |                                    |                       |                                    |  |                                    |
| SUM INSURED AND POLICY LIMIT   |                                    |                       |                                    | 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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## ANNUAL EVENTS LIABILITY PROPOSAL

### 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 |          |                  |                      |                   |
|               | 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.

Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). KEU holds preference shares in Centriq Insurance Company Limited.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

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