



UNDERWRITING MANAGERS

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

ONCE-OFF EVENTS LIABILITY PROPOSAL

FULL LEGAL NAME OF THE INSURED: (No private individuals, This must be South African registered legal entity)					
REGISTERED PHYSICAL ADDRESS:				WEBSITE DETAILS:	
VAT NUMBER:				REGISTRATION OR NPO NUMBER:	
BUSINESS DESCRIPTION				EVENT ADVERTISING WEBSITE:	
IS THE INSURED THE EVENT ORGANISER?		YES	NO	IF NO, WHAT IS THE INSURED'S RESPONSIBILITY AT THE EVENT?	
NAME OF THE EVENT:					
DETAIL DESCRIPTION OF EVENT:					
ADDITIONAL SECURITY/ SAFETY MEASURES IN PLACE?					
NAME OF SECURITY COMPANY:				NAME OF FIRST AID COMPANY:	
COMPANY THAT IS RESPONSIBLE FOR JOC (VOC) and DISASTER MANAGEMENT PLAN					
DATE OF EVENT			VENUE		
From:	DAY / MONTH / YEAR	To:	DAY / MONTH / YEAR	1	
From:	DAY / MONTH / YEAR	To:	DAY / MONTH / YEAR	2	
TIME OF EVENT:		From:	:	AM PM	To:
PERIOD OF INSURANCE:		From:	DAY / MONTH / YEAR	To:	DAY / MONTH / YEAR
NUMBER OF PARTICIPANTS P/DAY (SPORTING EVENT ONLY)			NUMBER OF SPECTATORS P/DAY		
NUMBER OF EMPLOYEES & FREELANCERS P/DAY					
NUMBER OF TICKETS:		Printed		Sold:	
				Price per Ticket:	R
LIGHTING:	Temporary	Fixed	Who will be responsible:		
SEATING:	Temporary	Fixed	Who will be responsible:		
WHO IS BUILDING THE STAGE/ MARQUEES?					
WILL THERE BE:	KIDDIES SECTION - Please provide detailed Description of the activities	ANIMALS	MOTORIZED SPORTS -Please provide risk / safety report	MECHANICAL RIDES OR THE LIKE	
	PYROTECHNICS/ FIREWORKS / SPECIAL EFFECTS			OPEN WATER, DAM, RIVER, SWIMMING POOL	



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IF YES PLEASE PROVIDE DETAILS:			
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	
DO ALL PARTICIPANTS SIGN INDEMNITIES? PLEASE ATTACH A COPY		YES	NO
HAS THERE BEEN PAST CLAIMS? IF YES PLEASE PROVIDE DETAIL:		YES	NO
YEAR	AMOUNT	DETAIL	
	R		
WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS:		YES	NO
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: <u>(The venue should have their own Property Policy)</u>			R
EXHIBITORS: <u>(This is included under exhibitions automatically unless mechanically operating/ hazardous Activities)</u>			YES NO
PARTICIPANTS WHILST PARTICIPATING: <u>(This only applies to sporting events)</u>			R
SUB-CONTRACTORS: <u>(Must be specifically included, They should have their own insurance. Please provide a list of the Sub-Contractors and business description at event)</u>			R



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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

**** PLEASE SUBMIT ANY ADVERTISING MATERIAL THAT IS AVAILABLE OF THE INSURED EVENT. ****

INSURED		DATE	DAY / MONTH / YEAR	SIGNATURE	
NAME OF BROKING COMPANY				FSP NUMBER	