



## ANNUAL EVENT PROPOSAL FORM

### EVENT ORGANISERS PROPOSAL FORM

This Proposal Form, together with the information provided, has been compiled in such a manner as to provide the Underwriters with as much information as possible with regard to the evaluation of the insurance requirements of the Proposer as named herein. Completion of the Form does not bind the Proposer or the Underwriters to complete the insurance transaction.

To assist Underwriters in accurately assessing liability for rating purposes, The Proposer is requested to answer all questions. Should there be insufficient space provided herein, please provide balance of information on additional pages.

**All Questions must be answered and this Proposal signed, dated and initialled on all pages**

Tradeforth 6 (Pty) Ltd trading as Abelard Underwriting Agency  
Reg No 1996/008912/07  
Manor House, 6 Conrad Drive, Blairgowrie, Johannesburg  
P.O. Box 2155 Pinetown 2193  
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Web Site [www.aua.co.za](http://www.aua.co.za)  
Directors: D J C Cox (Managing), C E Diederiks, C P Norrington (British)

**F.A.I.S Compliance Details**  
FSP Licence Number: 28  
Compliance Practice: Intelligent Compliance and Education (Pty) Limited  
FSB Practice No. 554  
Compliance Officer: Peter Veal

Member of  
SAUMA





1. Organisers's / Proposer's Name: \_\_\_\_\_  
(FULL Legal Entity to be advised) \_\_\_\_\_  
\_\_\_\_\_

2. Contact Person & Numbers: Person \_\_\_\_\_  
Tel No. (\_\_\_\_) \_\_\_\_\_  
Fax No. (\_\_\_\_) \_\_\_\_\_  
Web Site Address \_\_\_\_\_

3. Have you ever been engaged in a similar activity under a different name? Yes  No

If yes, why was the name changed?  
\_\_\_\_\_  
\_\_\_\_\_

4. Principal Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Principal Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. When was company established: \_\_\_\_\_

7. Please provide the Company: Registration Number \_\_\_\_\_ Vat Number \_\_\_\_\_

8. Are you a member of EXSA or an Associated Organisation? \_\_\_\_\_  
If yes, indicate which one. \_\_\_\_\_  
\_\_\_\_\_



9. Please describe your experience in handling Events, including a list of the last five Events (measured by attendance)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Details of all your Subsidiary & Associated Companies to be included:

Name of Company	Activity	Reason for Inclusion (eg Management Control)

11. Details of all sub-contractors to be included (if known)

Name	Activity	Fee

12. Have you maintained rights of recourse with all your sub-contractors? Yes  No

13. Do you insist that all sub-contractors carry their own liability insurance? Yes  No

If yes, what is the minimum limit of indemnity? \_\_\_\_\_

14. Are all your sub-contractors members of EXSA? Yes  No

15. Prior to the event occurring, to you obtain evidence of liability insurance from all Third Party Venues?

Yes  No





16. It should be noted that the Policy will only respond to the events detailed on the proposal form, unless advised and agreed subsequent to this.

	Event Name	Event Location	Event Details / Website Address	Period Of Event (In Days) – Incl. Installation & Dismantling	Are there any known / unusual hazards at the Event?
1					Yes / No If yes, please detail in the comments box
2					Yes / No If yes, please detail in the comments box
3					Yes / No If yes, please detail in the comments box
4					Yes / No If yes, please detail in the comments box
5					Yes / No If yes, please detail in the comments box
6					Yes / No If yes, please detail in the comments box
7					Yes / No If yes, please detail in the comments box
8					Yes / No If yes, please detail in the comments box
9					Yes / No If yes, please detail in the comments box
10					Yes / No If yes, please detail in the comments box



17.

Are there any Special Effects?		Comments Box	Estimated Attendance	Is the Event Indoors?	Maximum Venue Attendance / Capacity	Budgeted Gross Revenue for the Event
1	Yes / No If yes, please detail in the comments box			Yes / No		
2	Yes / No If yes, please detail in the comments box			Yes / No		
3	Yes / No If yes, please detail in the comments box			Yes / No		
4	Yes / No If yes, please detail in the comments box			Yes / No		
5	Yes / No If yes, please detail in the comments box			Yes / No		
6	Yes / No If yes, please detail in the comments box			Yes / No		
7	Yes / No If yes, please detail in the comments box			Yes / No		
8	Yes / No If yes, please detail in the comments box			Yes / No		
9	Yes / No If yes, please detail in the comments box			Yes / No		
10	Yes / No If yes, please detail in the comments box			Yes / No		



18.

	<b>Have you obtained a license for this event?</b>	<b>Has this event been held before?</b>	<b>Have you hosted this event before?</b>	<b>Is First Aid available during the event?</b>	<b>Is Security Present during the event?</b>	<b>If Security is present, is it sub-contracted?</b>	<b>Is Alcohol and / or food supplied during the event?</b>	<b>If Alcohol and / or food is supplied, is it sub-contracted?</b>	<b>In regards to seating, is there any temporary stands?</b>	<b>Are you responsible for the safety of the spectators?</b>
1	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
2	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
4	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
5	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
6	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
7	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
8	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
9	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
10	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No



**IN RESPECT OF ALL EVENTS**

19. Kindly state the Generated Turnover for the last 12 months R\_\_\_\_\_

20. Kindly state the Estimated Turnover for the forthcoming 12 months R\_\_\_\_\_

21. Has any Event in which you have been involved had a loss which would have been covered by this insurance? Yes  No   
 If yes, please give full details:

Year	Amount	Details

22. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the Event and might result in a loss under this Insurance? Yes  No

If yes, please give full details: \_\_\_\_\_  
 \_\_\_\_\_

23. a) Has any application for this type of insurance ever been: Declined?  Yes No   
 Cancelled?  Yes No   
 b) Special restrictions or conditions?  Yes No   
 c) Has any previous Insurer terminated or refused to renew any insurance?  Yes No

d) If the answer to either of the above is YES, please give full details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



24. Please provide any other information which may be relevant to Insurers understanding of the insurance being proposed eg. Any unusual or significant liability risk factors

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25. Please state Limit of Indemnity required: R \_\_\_\_\_

26. Please state any alternative Limits of Indemnity required for quotes:

R \_\_\_\_\_

R \_\_\_\_\_

**DECLARATION**

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

I/We agree that this Proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.

I/we undertake to inform the Underwriting Managers of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Authorised Signatory on behalf of Entity to be Insured \_\_\_\_\_

Capacity \_\_\_\_\_

**General Exclusions**

- Events with an attendance of more than 5 000 per day
- Rock / Rave Concerts
- Marine Events / Activities (Including Beach Events)
- Extreme Sports / Demonstrations
- Mechanical or amusement rides, bouncing castles / inflatables, or pyrotechnics.