



## SINGLE 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  
Tel +27 11 326-2951, Fax 0866 351 124 (Local) +27 326 2952 (Int)  
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







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

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

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

| Name | Activity | Fee |
|------|----------|-----|
|      |          |     |
|      |          |     |
|      |          |     |
|      |          |     |

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

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

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

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

**14.** Name of Event Cover is required for: \_\_\_\_\_

**15.** Description of Event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



16.

|   |              |             |                 |
|---|--------------|-------------|-----------------|
| Event Location  |              |             |                 |
| Venue   |              |             |                 |
| Town  |              |             |                 |
| Province  |              |             |                 |
| Indoor / Outdoor?   |              |             |                 |
| Purpose Built Venue? (Tick)   | Yes          | No          |                 |
| Will CCTV be in use? (Tick)   | Yes          | No          |                 |
| Period of Tenancy   | From:        | (inclusive) | To: (inclusive) |
| Installation  | No. of days: |             |                 |
| Open Days of Event  | No. of days: |             |                 |
| Dismantling   | No. of days: |             |                 |
| No. in Organising Committee   |              |             |                 |
| No. of Staff Setting up Event   |              |             |                 |
| No. of volunteers helping   |              |             |                 |
| Type of Event   |              |             |                 |
| Conference with exhibits (Tick)   | Yes          | No          |                 |
| Trade show open to public (Tick)  | Yes          | No          |                 |
| Teleconference or Event using phone, radio or Satellite communication link (Tick) | Yes          | No          |                 |
| Other – Please provide details:   |              |             |                 |
|   |              |             |                 |
|   |              |             |                 |
|   |              |             |                 |

17.

|   |                  |
|---|------------------|
| Budgeted gross revenue from all sources | R                |
| Budgeted expenses                       | R                |
| Budgeted net profit                     | R                |
| Expected number of                      | Exhibitors:      |
|   | Trade Visitors:  |
|   | Delegates:       |
|   | Paying visitors: |



18.

|  |                       |
|--|-----------------------|
| Are there a restricted number of tickets Issued?   | Y/N If Yes, how many? |
| What is the price of the tickets?  | R                     |
| Are any tickets issued free?   | Y/N                   |
| Are seats of a temporary or permanent structure?   |                       |
| Is seating reserved or general admission?  |                       |
| Describe the type of seating provided (bleacher, stadium, grandstand, theatre, folding chairs etc) |                       |

19.

|  |  |
|--|--|
| Who has final day-to-day responsibility for the safety of the set-up workers, volunteers, participants and spectators?                 |  |
| Who has final day-to-day responsibility for keeping the venue clean during the event?  |  |
| Who has final responsibility for organising the closure of the event, including vacation and handover of the venue in clean condition? |  |

20. Are there any known or unusual potential hazards associated with this Event? Yes  No

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

\_\_\_\_\_

21. Are there any amusement rides or special events at the event? Yes  No

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

\_\_\_\_\_

22. What are the emergency procedures / disaster plans for missing persons?

\_\_\_\_\_

\_\_\_\_\_



23. What are the emergency procedures / disaster plans for fires etc?

---

---

24. Are the key personnel qualified to perform first aid?

Yes  No

25. Are Food and/or Alcoholic drinks sold or supplied?

Yes  No

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

---

26. Is any part of the Event to be held in the open air, under canvas, or in a temporary structure?

Yes  No

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

---

27. Has the Event been held before? Yes  No

If yes, where and how often? \_\_\_\_\_

---

By yourselves? Yes  No

If no, please give experience of new organisers with events of similar type /size: \_\_\_\_\_

---



**IN RESPECT OF ALL EVENTS**

**28.** 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 |
|------|--------|---------|
|      |        |         |
|      |        |         |
|      |        |         |
|      |        |         |

**29.** 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: \_\_\_\_\_  
 \_\_\_\_\_

**30.** 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



31. 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

---

---

---

---

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

33. 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 \_\_\_\_\_