

**SPECIAL EVENTS**  
**ANNUAL LIABILITY PROPOSAL FORM**

NAME OF APPLICANT & VAT NUMBER: -----

POSTAL ADDRESS OF APPLICANT: -----

YEARS IN BUSINESS: -----

BUSINESS DESCRIPTION: -----

PLEASE SUPPLY LIST OF MOST OFTEN USED SUB-CONTRACTORS

ANNUAL TURNOVER: R-----

PREVIOUS YEAR TURNOVER: R-----

CURRENT YEAR TURNOVER: R-----

IS YOUR COMPANY A MEMBER OF ANY ASSOCIATION -----YES -----NO IF YES  
PROVIDE DETAILS

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Will you be involved in any potentially hazardous events? For instance, pyrotechnics, motor racing, sky diving or extreme sports? If yes, please provide details

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How many events do you host any given year?

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Who is normally responsible for the erecting and construction of stages, seating platforms and stages?

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Are you responsible for security at the events?

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Do you provide any medical services or first aid services at events?

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Please provide us with details of your 5 largest events? Details should include your client, type of event and estimated number of people attending the event

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Please provide us with details of any claims made against you in the last 5 years.

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**Limits of indemnity:** Please complete the information requirements as listed in the table below:

<b>COVERS</b>	<b>Limit of Indemnity</b>
Public Liability	R
Products Liability/Defective Workmanship	R
<b>Extensions</b>	
Wrongful Arrest and Defamation	R
Damage to leased or rented premises (the venue)	R
Statutory Legal Defence Costs	R
Emergency Medical Expenses	R
Claims Preparation Costs	R
Collapse of Temporary Construction and Scaffolding	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 company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

**DATE:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_(NAME)

**SIGNATURE:**  
\_\_\_\_\_

**TITLE:** \_\_\_\_\_