



PROPOSAL FORM

ANNUAL EVENT ORGANISERS PROPOSAL FORM

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM

1. The Proposal, together with other information requested by or provided to the Insurers, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. "Not Applicable" and "N/A" are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.
11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.
12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood.



REQUIRED INFORMATION

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, please give details: _____

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? Yes ☐ No ☐
 If YES, indicate which one. _____

9. Please describe your experience in handling Events, including a list of last five Events:



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? R_____

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

15. Name of Event Cover is required for: _____

16. Prior to the event occurring, to you obtain evidence of liability insurance from all Third Party Venues?
Yes ☐ No ☐



17. 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 |



| 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 | | |



| | Have you obtained a license for this event? | Has this event been held before? | Have you hosted this event before? | Is First Aid available during the event? | Is Security Present during the event? | If Security is present, is it sub-contracted? | Is Alcohol and / or food supplied during the event? | If Alcohol and / or food is supplied, is it sub-contracted? | In regards to seating, is there any temporary stands? | Are you responsible for the safety of the spectators? |
|----|---|----------------------------------|------------------------------------|--|---------------------------------------|---|---|---|---|---|
| 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

18. Kindly state the Generated Turnover for the last 12 months R_____

19. Kindly state the Estimated Turnover for the forthcoming 12 months R_____

20. 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 |
|------|--------|---------|
| | | |
| | | |
| | | |
| | | |

21. 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:

22. 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:

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

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 Insurers/underwriters 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 _____