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EVENTS PUBLIC LIABILITY INSURANCE (ANNUAL) PROPOSAL FORM

Please ensure that all questions are answered fully and accurately.

Pursuant to Section 25(5) of the Insurance Act (Cap 142) you have a duty to fully and faithfully disclose to the insurer all the facts as you know them or ought to know them, otherwise, you may receive nothing from the policy.

SECTION 1 – YOUR DETAILS

1. Name of Proposer: <i>(Please show the trading name if different)</i>	
2. Correspondence Address:	
3. Full description of your business activities:	
4. How long has the business been established?	Year(s)
5. Estimated Turnover:	6. Limit of Indemnity required:
7. Period of Insurance	From: To:

SECTION 2 – EVENTS INFORMATION

1. Please list
- Events organised for the next 12 months in Singapore and/or
 - Events organised by you in the last 12 months in Singapore
- If there is insufficient space for completion, please attach a separate spreadsheet with the additional information.

Events in the next 12 months

Event Name	Event Duration	Event Type	Event Description	No. of Attendees

Events in the last 12 months

Event Name	Event Duration	Event Type	Event Description	No. of Attendees

2. Please list
- Any events organised for the next 12 months that will be conducted outside Singapore and/or
 - Any events organised in the last 12 months that were conducted outside Singapore
- If there is insufficient space for completion, please attach a separate spreadsheet with the additional information.

Events in the next 12 months

Country/Region	No. of Events	Event Type	Turnover	No. of Attendees
Singapore				
USA/Canada/Europe				
Rest of World				

Events in the last 12 months

Country/Region	No. of Events	Event Type	Turnover	No. of Attendees
Singapore				
USA/Canada/Europe				
Rest of World				

SECTION 3 – EVENT MANAGEMENT

1. Do the events involve the following activities?

- | | | | | | |
|--|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| a. Watercraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. Sales of alcoholic beverages | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Aircraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | f. Children's Rides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Motor vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | g. Inflatable playground | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Fireworks, pyrotechnics, explosives, flashes, smoke, flames | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

If 'Yes', please provide details.

2. Are you responsible for renting the event venues?

If 'Yes', please provide the following information:

Will you check if all participating third-party vendors have adequate public liability insurance in place?

Yes No

Yes No

3. Do you maintain a "Hold Harmless" agreement in contract with other parties?

If 'Yes', please provide details.

Yes No

4. Are you responsible for implementing security arrangements and crowd control measures?

If 'Yes', please advise the measures taken.

Yes No

5. Are you providing first aid facilities for all the events?

If 'Yes', please provide details.

Yes No

6. Is there an emergency evacuation plan in place for all the events?

If 'Yes', please provide details.

Yes No

7. Have all applicable licenses, permits been obtained from all relevant authorities?

If 'Yes', please provide details.

Yes No

SECTION 4 – SETTING UP AND/OR DISMANTLING OF EVENT VENUE

1. Do you want to include Setting Up and/or Dismantling of Event Venue (Examples: Setting Up of Chairs/Tables, Staging, Booth, Tentage, Banners)

If 'Yes', please complete Question 2.

If 'No', please go to Section 5.

Yes No

2. (a) Are the work done by:

Insured

Please list the type of works:

3rd party contractors

Please list the type of works:

(b) No. of Days:

(c) Contract Value:

SECTION 5 – UNMANNED AIRCRAFT SYSTEMS (DRONES)

Cover against third party bodily injury or property damage caused by Unmanned Aircraft Systems (Drones) used during the event at the event venue

Yes No

Sublimit: S\$150,000 per occurrence and in the aggregate

Deductible: S\$10,000 on each and every claim

Exclusions:

- Exclude any loss or damage to the drones
- Exclude non-compliance with the aviation authority regulations

Subjected that all relevant permit and approval by respective authorities are in place before the event

SECTION 6 – CLAIMS DETAILS

1. Have any incidents occurred during the last 3 years resulting in injury (including death, disease or illness) to members of the public or damage to their property, resulting in claims against you, whether successful or not? Yes No
If 'Yes', please provide the following information for the last 3 years:

Incident Year	Incident Details	Paid (S\$)	Outstanding (S\$)	Total (S\$)	Deductible Applicable (S\$)

2. Has any insurer in respect of the risks to which this proposal relates:
- (i) declined your proposal, refused renewal or cancelled insurance? Yes No
- (ii) required an increased premium or imposed special conditions for insurance? Yes No
- If 'Yes' to (i) or (ii), please provide details.

IMPORTANT

The questions in this form and any other details Allied World Assurance Company, Ltd (Singapore branch), (the "Insurer"), may request in connection with the proposal for insurance relate to facts which the Insurer considers material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider if there is any other material information relevant to this proposal, which could influence the Insurer's assessment and acceptance of the proposal, and advise the Insurer accordingly.

Pursuant to Section 25(5) of the Insurance Act (Cap 142) you have a duty to fully and faithfully disclose to the Insurer all the facts as you know them or ought to know them, otherwise, you may receive nothing from the policy.

It is emphasised that prior to entering into a contract of insurance with the Insurer, you are under a duty to disclose to the Insurer, every fact you know, or could reasonably be expected to know, that may influence the Insurer's assessment and acceptance of the risk and the terms of such acceptance. If you are uncertain as to whether or not particular information is material, these facts should be disclosed to the Insurer. Your duty does not require disclosure of any fact:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That the Insurer knows or, in the ordinary course of its business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of insurance.

All information provided by you in support of your application for insurance must be correct, as you will be bound by the answers and by the information you have provided. If you do not comply with your duty of disclosure or make a misrepresentation, the Insurer may be entitled to reduce its liability under the policy in respect of a claim or may cancel or avoid the policy from its inception. If the non-disclosure or misrepresentation is fraudulent, the Insurer may also have the additional option of avoiding the policy from its inception and retaining the premiums paid.

If your proposal is accepted, it is a condition precedent to the Insurer's liability under the policy that the premium must be paid to and received by the Insurer within 60 days from the inception of the insurance, failing which the policy shall be deemed to be automatically terminated and a pro-rated premium will be charged from the period that the Insurer is on risk.

DECLARATION

I/We warrant that:

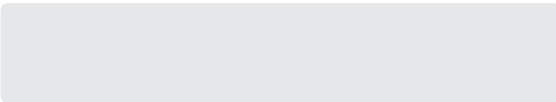
1. all material factors affecting the assessment of the risks have been disclosed;
2. the answers given in this proposal and all other information supplied in connection with this proposal are true, complete and accurate;
3. the total wages and turnover are fairly estimated; and
4. no insurer has terminated any of my/our insurances.

I/We agree that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I/We will give immediate notice thereof. I/We agree that this proposal, together with any other information supplied by me/us, shall be the basis of the contract of insurance policy between me/us and Allied World Assurance Company, Ltd (Singapore Branch) ("Allied World") and shall be deemed to be incorporated in such policy, subject to the terms and conditions of the policy. I/We agree to accept a policy in the Allied World's usual form for this class of insurance. No policy will be in force until this proposal has been accepted by Allied World, and the premium fully paid.

I/We consent to Allied World collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://alliedworldinsurance.com/singapore/> including disclosing my personal data to Allied World's third party service providers and agents and transferring my personal data outside of Singapore. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose their personal data and also give this consent on both my/our and their behalf.

I/We consent to Allied World sending me marketing, promotional or other messages via telephone: Voice call Text message

Please note if you decide you no longer wish to receive offers from Allied World via telephone, you can opt out at any time by submitting a request via Allied World's website at <https://alliedworldinsurance.com/singapore>. For further information, please contact Allied World's Data Protection Officer via sg.customerservice@awac.com or on (65) 6423 0888.

Name of Proposal:	Signature:	
Name of Authorised Signatory(s):	Title of Authorised Signatory:	Date of Signing: