

**EVENTS PUBLIC LIABILITY INSURANCE (EVENT SPECIFIC) PROPOSAL FORM**

Please ensure that all questions are answered fully and accurately.

Statement pursuant to the Insurance Act 1966 or any amendments thereof: You have a duty to fully and faithfully disclose every fact you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.

SECTION 1 – INSURED DETAILS

1. Name of Insured:
2. Correspondence Address:
3. UEN Number:
4. Business Description:
5. Years in Business:
6. Insured's Role in the Event:
☐ Event producer/organiser ☐ Contractor
☐ Event sponsor ☐ Others, please specify:
What are your prior experience acting in capacity of the role indicated above?

SECTION 2 – EVENT DETAILS

1. Event Title:
2. Event Dates:
Period of Insurance: ☐ same as Event Dates No. of Days:
Dates that guests will attend the event: ☐ same as Event Dates
3. Event Description and list of planned activities:
4. Will the event involve any audience participation? If yes, please describe the activity in which the audience will participate:
5. Will the event feature any of the following:

<input type="checkbox"/> inflatable play equipment, fairgrounds or electrical rides, circus acts or stunt acts of any kind	<input type="checkbox"/> watercraft
<input type="checkbox"/> trampolines, acrobatics, gymnastics, or any activity requiring the use of harness	<input type="checkbox"/> aircraft
<input type="checkbox"/> shooting, archery, or use of projectiles	<input type="checkbox"/> motor vehicles
<input type="checkbox"/> any activity taking place in or on water	<input type="checkbox"/> fireworks, pyrotechnics, explosives, flashes, smoke, flames
<input type="checkbox"/> strongman/competitive/endurance/extreme games, activities or sports	<input type="checkbox"/> sale of alcoholic beverages
<input type="checkbox"/> any activity designed to deliberately scare	<input type="checkbox"/> children's rides

If any of the above is ticked, please provide more details:

SECTION 2 - EVENT DETAILS (CONTINUED)

6. Event Venue Address:

☐ Indoor ☐ Outdoor ☐ Both

- ☐ Indoor ☐ Outdoor ☐ Both

7. Maximum number of attendess at any one time:

SECTION 3 – EVENT MANAGEMENT

1. Will any temporary structures be erected at the event? If yes, please tick the box for which of the following will be at your event:

<input type="checkbox"/> Marquee/gazebo	<input type="checkbox"/> Staging
<input type="checkbox"/> Tiered Seating	<input type="checkbox"/> Others, please specify:

- ☐ Marquee/gazebo ☐ Staging
- ☐ Tiered Seating ☐ Others, please specify:

2. Is the Insured responsible for the following?

<input type="checkbox"/> Security arrangement and crowd control measures	If not, please advise who is responsible: _____
<input type="checkbox"/> First aid facilities	If not, please advise who is responsible: _____
<input type="checkbox"/> Setting up and/or dismantling of the venue	If not, please advise who is responsible: _____

- | | |
|--|---|
| <input type="checkbox"/> Security arrangement and crowd control measures | If not, please advise who is responsible: _____ |
| <input type="checkbox"/> First aid facilities | If not, please advise who is responsible: _____ |
| <input type="checkbox"/> Setting up and/or dismantling of the venue | If not, please advise who is responsible: _____ |

3. Do you need to name additional Insured? If yes, please specify below:

4. Will you ensure that all contractors engaged for your event have satisfactory public liability cover in place? ☐ Yes ☐ No

- ☐ Yes ☐ No

5. Will your event be marshalled and/or is there a traffic management plan in place for the attendees? ☐ Yes ☐ No

- ☐ Yes ☐ No

6. Describe other safety/security measures in place.

SECTION 4 – 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 Applied (S\$)

2. Has any insurer in respect of the risks to which this proposal relates:

(i) declined your proposal, refused renewal or cancelled insurance policy?

☐ Yes☐ No

(ii) required an increased premium or imposed special conditions for insurance?

☐ Yes☐ No

If 'Yes' to (i) or (ii), please provide details:

SECTION 5 – EVENT COVER

1. Limit of Indemnity: S\$ per occurrence and unlimited any one period
2. Any other specific cover required:

☐ Claims Arising from Volunteers

No. of volunteers:

☐ Setting Up and/or Dismantling of Event Venue

No. of days:

☐ Use of Unmanned Aircraft Systems (Drones)

Others, please specify:

IMPORTANT NOTICES

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.

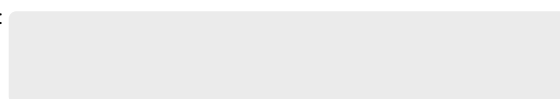
I/We consent to Allied World collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://alliedworldinsurance.com/singapore/> including disclosing my personal data to Allied World's third party service 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 that if you decide you no longer wish to receive offers from us via telephone by voice call and/or text message, you can opt out at any time by submitting a request via our website at <https://alliedworldinsurance.com/singapore/>. For further information, please contact our Data Protection Officer at DataProtection@awac.com or +(65) 6423 0888.

Name of Proposer:

Signature:



Name of Authorised Signatory(s):

Title of Authorised Signatory:

Date of Signing: