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EVENTS PUBLIC LIABILITY INSURANCE (EVENT SPECIFIC) 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 or ought to know them, otherwise, you may receive nothing from the policy.

Pre-Underwritten Criteria:

- Type of Event: Refer to the Type of Events Covered List below
- Event Venue: Singapore only ; Limited to one venue only
- Duration of the event: Not more than 10 days *(Inclusive of setting up and dismantling of event venue)*
- Total Number of Attendees: Not more than 5,000
- No claims for the past 3 years *[New start-ups established less than 3 years ago will be accepted]*

Type of Events Covered:

(1) Static Events (Indoor and Outdoor Setting)

Meetings, Conference, Seminars, Music Event (Blues Classical, Folk, Jazz, or Orchestra only), Corporate Events (example: Dinner and Dance, Training, Opening Ceremony, Award Ceremony, Product Launch), Press Conference, Networking Event, Theatre Events (Musicals, Movie Premiere, Theatre Play)

(2) Dynamic Events (Indoor Setting)

Exhibition, Team Building (with incidental outdoor activities), Trade Show, Atrium Sales and Roadshows

Please contact your **Allied World Representative** if our Events Public Liability Insurance does not meet your requirements.

SECTION 1 – YOUR DETAILS

1. Name of Proposer:

(Please show the trading name if different)

2. Correspondence Address:

3. Full description of your business activities:

4. How long has the business been established?

Year(s)

SECTION 2 – YOUR EVENT DETAILS

1. Event Title:

2. Event Venue:

3. Period of Insurance *(Refer to underwriter if the period of insurance exceeds 10 days including setting up and dismantling the event)*

From:

To:

4. Total Number of Attendees:

(Refer to underwriter if the total number of attendees exceeds 5,000)

5. Do you require cover for any additional insured?

If 'Yes', please provide details.

☐

Yes

☐

No

SECTION 3 – EVENT MANAGEMENT

1. Do the events involve the following activities? (Refer to underwriter if there are any 'Yes')

- | | | | |
|--|--|---------------------------------|--|
| 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 implementing security arrangements and crowd control measures?

☐ Yes ☐ No

(Refer to underwriter if "No")

3. Are you providing first aid facilities for the events?

☐ Yes ☐ No

(Refer to underwriter if "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 and refer to underwriter.
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 – CLAIMS DETAILS

(Refer to underwriter if there are any 'Yes')

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 (\$\$)	Outstanding (\$\$)	Total (\$\$)	Deductible Applicable (\$\$)

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 6 – YOUR EVENT COVER (A)

Choose your coverage (Please tick accordingly)

Limit per occurrence		S\$1,000,000	S\$2,000,000	S\$3,000,000	S\$5,000,000
Any one period		Unlimited			
Deductible		S\$750 each and every claim			
Event Type/Duration		Premium (excluding 7% GST)			
Static Events (Indoor and Outdoor Setting)	1 – 5 days	<input type="checkbox"/> S\$425	<input type="checkbox"/> S\$650	<input type="checkbox"/> S\$860	<input type="checkbox"/> S\$1,280
	6 – 10 days	<input type="checkbox"/> S\$550	<input type="checkbox"/> S\$765	<input type="checkbox"/> S\$980	<input type="checkbox"/> S\$1,400
Dynamic Events (Indoor Setting Only)	1 – 5 days	<input type="checkbox"/> S\$580	<input type="checkbox"/> S\$800	<input type="checkbox"/> S\$1,020	<input type="checkbox"/> S\$1,460
	6 – 10 days	<input type="checkbox"/> S\$720	<input type="checkbox"/> S\$950	<input type="checkbox"/> S\$1,180	<input type="checkbox"/> S\$1,600

SECTION 6 – YOUR EVENT COVER (B)

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

Additional Premium: S\$150 + GST

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 – YOUR EVENT COVER (A & B)

Premium Computation

Total Premium: (A) + (B) =

GST (7%):

Total Premium Payable (inclusive of GST):

SECTION 7 – SUMMARY OF COVERAGE

Territorial Limit/Jurisdiction:

Singapore

Extensions*:

- 1) Sudden and Accidental Pollution (72 hours)
- 2) Care, Custody and Control Extension (Sublimit: S\$100,000 per occurrence and in the aggregate; Deductible: S\$2,500 on each and every claim)
- 3) Food Poisoning Clause (Sublimit: S\$100,000 per occurrence and in the aggregate)
- 4) Host Liquor Liability (Sublimit: S\$100,000 per occurrence and in the aggregate)
- 5) Guest Effects (Sublimit: S\$1,500 per guest and S\$150,000 in the aggregate)
- 6) Premises Medical Payment (Sublimit: S\$1,500 per person; S\$150,000 in the aggregate)
- 7) Loading and Unloading
- 8) Non-Owned & Hired Automobile Liability (Sublimit: S\$1,000,000 per occurrence and in the aggregate)

Key Exclusions:

- 1) Exclude any claims arising from volunteers, performance artist and 3rd party vendors/contractors
- 2) Exclude any liability to volunteers, performance artist and 3rd party vendors/contractors
- 3) Exclude any liability arising from the use of any explosives, flashes, smoke, flames, fireworks or any other pyrotechnics driven effects
- 4) Products Liability and/or Completed Operations Exclusion
- 5) Exclude setting up and/or dismantling of event venue

***Subjected to applicable deductibles**

Please note: This summary serves as a guide only. Please refer to the Policy for full details of the terms, conditions and exclusions of the cover.

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.

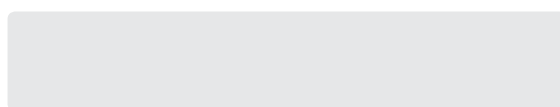
I/We consent to Allied World collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://alliedworldinsurance.com/singapore/> including disclosing my personal data to Allied World's third party service 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: