



PI & LIABILITY UNDERWRITING MANAGERS

A C and E PI & Liability Underwriting Managers (Pty) Ltd

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2013/145635/07

VAT Registration Number: 4090266018

Tel: 011 615 7529 Fax: 011 615 9360

Website: www.engineeringace.co.za

Licensed Financial Service Provider 45553

PROPOSAL FORM

EVENTS LIABILITY (ANNUAL)

CAUTIONARY NOTE

Please answer all questions FULLY. This Proposal Form will be read in conjunction with the Brokers Notes to Underwriters. Failure to answer all applicable questions accurately could result in a claim being repudiated due to a non-disclosure of material information.

Signature of this Proposal does not bind the Proposer / Insurers to complete the Insurance.

1. Name of Applicant

2. Physical Address

.....
.....

Telephone Fax

e mail

website.....

Postal Address

.....
.....

3. Company Registration No.

Company VAT No.

Principal / Partner / Director In Charge

4. Date of Commencement of Business

As initially established

As currently constituted

Managing Director: Anne-Marie Fourie



5. Does the Applicant use Sub-Contractors for any Temporary Construction such as stages, lights, and the like? YES/NO

If Yes, are Sub-Contractors required to have their own Insurance YES/NO

Please provide list of Sub-Contractors most often used

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.....

6. Do you require cover in respect of Sub-Contractors under this insurance policy? YES/NO
If Yes, Kindly provide detail below

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7. Number of events hosted for the past 12 months

Number of events anticipated for the next 12 Months

8. Are you a member of any Association ? YES/NO

If Yes, please provide detail

9. Are any events hosted outside the Border of South Africa YES/NO

10. Give details of present insurance:-

Amount of Indemnity

Date of Expiry

The Insurers

The First Amount Payable

Annual Premium

Retroactive Date

11. Are you aware, after enquiry, of any incidents that may give rise to a claim under this policy? YES / NO

If Yes, please provide a full disclosure of the circumstances and potential costs of settlement.

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12. Please give details of any claims in the past 5 Years, whether insured or not:-

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.....

13. Turnover:-

Date of Financial Year End :

Please state the annual Turnover (Excluding Vat):-

	Immediate Past Financial Year (20.....)	Prior Financial Year (20.....)
Total		

Estimated Annual Turnover for Current and Forthcoming Financial Year

	Current Financial year (20.....)	Future Financial Year (20.....)
Total		

14. Quotations Required:-

Limit of Indemnity

Deductible / Excess (Minimum R10,000)

15. Detailed Business Description

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.....
.....

16. Events Hosted in the 12 Past Months:

Name of Event
Date of Event
Location of Event
Number of Attendees
Description of Event
Event Indoors or Outdoors

Name of Event
Date of Event
Location of Event
Number of Attendees
Description of Event
Event Indoors or Outdoors

Name of Event
Date of Event
Location of Event
Number of Attendees
Description of Event
Event Indoors or Outdoors

Name of Event
Date of Event
Location of Event
Number of Attendees
Description of Event
Event Indoors or Outdoors

17. Events to be Hosted in the next 12 Months:

Name of Event

Date of Event

Location of Event

Number of Attendees

Description of Event

Event Indoors or Outdoors

Name of Event

Date of Event

Location of Event

Number of Attendees

Description of Event

Event Indoors or Outdoors

Name of Event

Date of Event

Location of Event

Number of Attendees

Description of Event

Event Indoors or Outdoors

Name of Event

Date of Event

Location of Event

Number of Attendees

Description of Event

Event Indoors or Outdoors

DECLARATION

I/ we hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I/we have no reason to anticipate any claim being brought against me / us, that might constitute a claim under the insurance now being requested. I / we agree that this Proposal and Declaration be the basis of the contract between me/us and the Insurers.

Date _____

Signature of Principal / Partner / Director

Name of Signatory (Please Print)