

# Conferences, Meetings, Incentives, Conventions and Exhibitions Package

## Proposal Form



### **Important Notices to the Applicant**

---

#### Your duty of Disclosure

Before you enter into a contract of general insurance with Chubb, you have a duty to disclose to Chubb every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

Your duty however does not require disclosure of any matter:

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

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

#### Non-Disclosure

If you fail to comply with your duty of disclosure, Chubb may be entitled to void the contract from its beginning.

If your non-disclosure is fraudulent, Chubb may also have the option of voiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

#### Change of Risk or Circumstances

You should advise Chubb as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

#### Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

## Insured Information

---

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_ Contact Person \_\_\_\_\_

Business Description \_\_\_\_\_ Years in Business \_\_\_\_\_

Insured(s) role  Event Producer / Organiser  Event Sponsor  Contractor  Other: \_\_\_\_\_

## Event Information

---

Event Name \_\_\_\_\_

Type of Event  Conference  Trade Exhibition  Public Exhibition  
 Meeting  Other If other, please describe: \_\_\_\_\_

Has Event been held by you before?  Yes  No

If No, please provide full details of your experience in organizing events:

\_\_\_\_\_  
Venue Name & Full Address:

Event Set-Up Date \_\_\_\_\_ Event Move Out Date \_\_\_\_\_

Event Period \_\_\_\_\_ to \_\_\_\_\_ Expected Attendance in Total \_\_\_\_\_

Event Location  Indoors  Outdoors  
 Under Temporary Structures  Indoors with some Outdoor elements

## Event Budget

---

Please provide a copy of the detailed budget and complete the following.

	Amount (\$)
Currency	
Expenses (the total of everything spent organizing the event(s))	
Contingency expense allowance (an amount of money allocated to cover costs from unexpected contingencies)	
Revenue (the total anticipated income from all sources for the event(s))	
Anticipated Profit or Loss	

## Insurance Requested

---

Event Cancellation	<input type="checkbox"/> Costs & Expenses	<input type="checkbox"/> Gross Revenue	Limit of Insurance	\$ _____
Extensions:	<input type="checkbox"/> Non-Appearance*	<input type="checkbox"/> Adverse Weather*	<input type="checkbox"/> National Mourning	
	<input type="checkbox"/> Terrorism	<input type="checkbox"/> Communicable Disease		
Event Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$	_____
Description of Property	_____			
Event Money	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$	_____
Event Liability*	<input type="checkbox"/> HK\$10,000,000	<input type="checkbox"/> HK\$20,000,000	<input type="checkbox"/> HK\$50,000,000	<input type="checkbox"/> Other Amount: \$ _____
Personal Accident*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

\* Please complete additional questionnaire(s) for Event Liability, Personal Accident, Non-Appearance and / or Adverse Weather at end of this Form. Adverse weather questionnaire is applicable for outdoor events only.

## Insurance and Loss History

---

Has the Insured ever suffered a loss covered under the requested types of insurance, whether covered by insurance or not, in respect of their involvement in any type of event(s)?  Yes  No

If **Yes**, please provide details: \_\_\_\_\_

## Necessary Arrangements

---

Can the Insured confirm that all necessary arrangements for the successful fulfilment of the Insured Event(s) will be made in a prudent and timely manner?  Yes  No

**These, for the avoidance of doubt, shall include, but not be limited to, the provision of sufficient allowances for travel time, set up and/or rehearsal time.**

## Contractual Arrangements

---

Can the Insured confirm that all necessary contractual arrangements will be put in place in a timely manner and that these will be valid for the period of the Insured Event(s)?  Yes  No

**These should be confirmed in writing by the Insured and for the avoidance of doubt shall include, but not be limited to, obtaining of licenses, permits, visas, copyrights and patents.**

## Material Facts

---

Are there any material facts or items of information with regards to the proposed event(s) which should be disclosed?  Yes  No

**A material fact is one likely to influence acceptance or assessment of this proposal by insurers; if you are in any doubt as to what constitutes a material fact you should consult your broker.**

If **Yes**, please list the material facts or items of information below.

## Declaration and Signature

---

The undersigned authorised officer of the Insured declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Insured, to effect insurance, the undersigned authorised officer agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

This proposal must be signed by a Principal, Director or Chief Executive Officer of the Insured.

## Commission Disclosure

The Applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he or she is authorised to do so.

The Applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

The above disclosure statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

If Adverse Weather cover is required, please complete the following questions.

**Please note: If event is indoors the policy automatically covers cancellation due to adverse weather conditions. Please only complete this section if part of the event takes place outdoors or under temporary structures and cover is needed for cancellation due to adverse weather.**

## Appendix A: Adverse Weather Questionnaire

- What proportion of the event (in monetary terms) takes place outside or under temporary structures? \$ \_\_\_\_\_
- Can the event proceed in continuous moderate rainfall and wind speeds of up to 50kmh?  Yes  No
- Does any event venue have any history of flooding or exposure to strong winds?  Yes  No
- Can the outdoor elements of the event(s) be relocated indoors in the event of bad weather?  Yes  No
- If outdoor elements of the event(s) have to be cancelled due to weather, will the indoor elements still proceed?  Yes  No
- Has the event(s) been held at the same time of year and location in the past?  Yes  No
- Is the event(s) location within 100 metres of a lake, river or watercourse?  Yes  No
- Can the event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?  Yes  No
- Will any stages, marquees or temporary structures be covered on three sides and above, with all electrical equipment weatherproofed to comply with national industry standards?  Yes  No
- If **No**, please provide details of the setup and weather resilience of these structures

\_\_\_\_\_  
Will the event take place on tarmac, concrete or similar hard surface?  Yes  No

If Non-appearance cover is required, please complete the following questions.

## Appendix B: Non-Appearance Questionnaire

For the purposes of any insurance granted as a result of this proposal cover shall be limited to the individual(s) or group(s) named in the schedule attached to the policy.

Please provide details of all person(s) to be insured.

Name	Age	Role

Has any person(s) to be insured any history of non-appearance?  Yes  No

Is / are the person(s) to be insured suffering from any physical, psychological or other medical conditions?  Yes  No

Is / are the person(s) to be insured undergoing any prescribed medical regime, any form of medical or other treatment?  Yes  No

If **Yes** to any of the above questions please provide details:

---

**Note: Answers to the questions above should only be made after consultation with the person(s) to be insured. Insurers may require this person(s) to undertake a medical examination.**

Has the proposer received permission in writing from any Insured Person(s) allowing access to medical information on the Insured Person(s) in the event of a claim?  Yes  No

How long before the event commences are they due to arrive? \_\_\_\_\_

If **Event Liability and / or Personal Accident Cover** is required, please complete the following questions.

### Appendix C: Event Liability, Personal Accident Questionnaire

---

Will any contractors be hired for the event?  Yes  No

If **Yes**, for what activities?

---

Will the insured require contractors carry their own liability insurance?  Yes  No

If **Yes**, what is the limit of insurance? \$ \_\_\_\_\_

Will the insured or the insured's contractors:

1. Supply any alcohol?  Yes  No  Supplied by venue

2. Supply any food or non-alcoholic drinks  Yes  No  Supplied by venue

Will the event(s) involve any:

1. Pyrotechnics or fireworks? If **Yes**, name of contractor(s) providing these \_\_\_\_\_  Yes  No

2. Participants / audience participation?  Yes  No

If applicable, please describe all activities in which participants / audience will participate.

---

Will the event(s) involve the use of any motorised vehicles, watercraft, aircraft or drones?  Yes  No

If **Yes**, please provide details:

---

What security arrangements are being put in place?

---

Who will provide security ?  Venue Operator  Insured-contracted security firm  Insured-own staff

Will any volunteers be working at the event(s)?  Yes  No

If **Yes**, how many and what activities will they be doing?

---

Are volunteers/participants required to sign a waiver or hold harmless agreement?  Yes  No

Is there an emergency evacuation procedure in place?  Yes  No

Who is responsible for starting and managing an emergency evacuation?

Insured or insured's contractors  Venue operator  Others, please describe \_\_\_\_\_

Personal Accident	Individual Benefit Limit of Accidental Death and Permanent Disablement	Individual Medical Expense Limit
Plan 1	HK\$200,000	HK\$5,000
Plan 2	HK\$150,000	HK\$5,000
Plan 3	HK\$100,000	N/A
Cover all participants / audience: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3		Number of Event day(s)
Cover all workers, production crews, volunteers, etc: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3		Number of Insured Persons attending each event day

## Personal Information Collection Statement

Chubb Insurance Hong Kong Limited (“**We/Us**”) want to ensure that Our Insured Persons (“**You**”) are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** (“**Personal Data**”), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

### A. Purposes of Collection of Personal Data

**We** will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering **your** application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing your and our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of **Our** respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

### B. Direct Marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

### C. Transfer of Personal Data

**Personal Data** will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- i. third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- ii. our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- iii. the insurance intermediary through which **You** accessed the system;
- iv. provided to others for the purposes of public safety and law enforcement; and
- v. other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

#### **D. Access and correction of Personal Data**

Under the **Personal Data** (Privacy) Ordinance (“PDPO”), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer  
39/F, One Taikoo Place,  
979 King’s Road,  
Quarry Bay, Hong Kong  
O +852 3191 6222  
F +852 2519 3233  
E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of our receipt of your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

#### **About Chubb in Hong Kong SAR**

---

Chubb is the world’s largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company’s product offerings include property, casualty, marine, financial lines and consumer lines designed for large corporates, mid-sized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at [www.chubb.com/hk](http://www.chubb.com/hk).

#### **Contact Us**

---

Chubb Insurance Hong Kong Limited  
39/F, One Taikoo Place,  
979 King’s Road,  
Quarry Bay, Hong Kong  
O +852 3191 6800  
[www.chubb.com/hk](http://www.chubb.com/hk)

**Chubb. Insured.™**