

Chubb Event Liability Proposal Form

Important Notices

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Completing This Proposal Form

- Please read the “Important Notices” before completing this proposal form.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that whenever used in this proposal form, the terms ‘You’ and ‘Your’ shall mean the Named Insured and all of its Subsidiaries.

Insured Information

Name of Insured _____

Address _____

Website _____ Contact Person _____

Business Description _____ Years in Business _____

Previous industry experience if less than five (5) years in business

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

What prior experience do you have acting in capacity of the role indicated above?

Event Information

Event Name _____

Event Description _____

Has Event been held before? Yes No

If **Yes**, how many times: 1. in total? _____ 2. at this / these location(s)? _____ 3. at this time of year? _____

Is the event(s) part of a larger production, promotion, series or tour? Yes No

If **Yes**, please provide details:

Please provide the following details for the event(s) to be covered by this insurance.

Venue Name & Location	Event Date	Venue Capacity	Est. Participants

Event Revenue

What is your total estimated turnover / revenue from event(s) to be insured? S\$ _____

Insurance Requested

Event Liability S\$1,000,000 S\$2,000,000 S\$5,000,000 Other Amount: S\$ _____

Personal Accident Yes No

Personal Accident	Individual Benefit Limit of Accidental Death and Permanent Disablement	Individual Medical Expense Limit	
Plan 1	S\$25,000	S\$600	
Plan 2	S\$15,000	S\$600	
Plan 3	S\$10,000	NA	
Cover all participants / audience: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3		Number of Event day(s)	Number of Insured Persons attending each event day
Cover all workers, production crews, volunteers, etc: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3			

Risk Controls - Event Liability, Personal Accident

Will any contractors be hired for the performance(s) or event(s)? Yes No

If **Yes**, for what activities?

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

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

Will the insured, or the insured's contractors:

1. Supply, install or dismantle temporary seating, lighting, public address system or staging? Yes No

2. Supply any alcohol? Yes No Supplied by venue or others

3. Supply any food or non-alcoholic drinks? Yes No Supplied by venue or others

Will the event(s) involve any:

1. Pyrotechnics or fireworks? If **Yes**, name of contractor(s) _____ Yes No

2. Fairground rides? If **Yes**, name of contractor(s) _____ Yes No

3. Participant / 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 first aid / paramedics be attending the event(s)? Yes No

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 Not Applicable

Are site inspections made to ensure no obvious hazardous or dangerous conditions exist? Yes No Not Applicable

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 _____

Insurance and Loss History

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

If **Yes**, please provide details:

Supporting Documents

Please attach the following documents to this proposal:

Security management plan (if available) Event management plan (if available)

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.

Signature

Date

Title

Name

Data Protection

Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request.

Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.

If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Address: Chubb Data Protection Officer
138 Market Street,
#11-01 CapitaGreen,
Singapore 048946
E dpo.sg@chubb.com

About Chubb in Singapore

Chubb is the world’s largest publicly traded property and casualty insurer. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides underwriting and risk management expertise for all major classes of general insurance. The company’s product offerings include Financial Lines, Casualty, Property, Marine, Industry Practices as well as Group insurance solutions for large corporates, multinationals, small and medium-sized businesses. In addition, to meet the evolving needs of consumers, it also offers a suite of tailored Accident & Health and Personal & Specialty insurance options through a multitude of distribution channels including bancassurance, agency and affinity partnerships.

Over the years, Chubb in Singapore has established strong client relationships by delivering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/sg.

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