

Events Liability Proposal Form

The Pavilion | Wanderers Office Park
52 Corlett Drive | Illovo | 2196
Telephone: +27 11 731 3600
www.santam.co.za
Registration number: 1918/001680/06



Santam is an authorised financial services provider (FSP 3416),
a licensed non-life insurer and controlling company for its group companies.

DETAILS OF THE INSURED:

Full name of the Proposer

Company registration number

Company VAT number

Registered address
incl. postal code

Postal address
incl. postal code

Client's contact person

Client's contact telephone number

Clients contact e-mail address

Client's website address

Is the insured a Sole Proprietor,
Close Corporation or Private

Company or Public Company?

1. Due to Santam's FSCA Licensing status and in light of the requirements set out in the Protection of Personal Information Act 2013 (POPI) we are not strictly speaking allowed to contact you directly and would generally communicate with you via your broker. However there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy. Therefore please indicate below how you prefer to be contacted in the unlikely that we should need to contact you directly.

SMS

E-Mail

Phone

Mobile

Post

2. Please provide details of current/previous insurances

Insurer

Policy Period

Covers/Limits

- 1.2 Has the proposed coverage ever been purchased before, whether specifically or as a sub-section or addition to other coverage

NO YES

- 1.3 Has any insurer ever cancelled or not renewed this type of coverage?

NO YES

If **YES**, please provide details

Specialist | Liability

3. Description of Proposer's activities (Please provide a full business description as we need to understand what it is that the business does on a day to day basis.
4. Anticipated turnover per event (current year)
5. Anticipated number of events for the next 12 months
6. Estimated number of events hosted (past 12 months)
7. Are events hosted outside the borders of South Africa?
8. Does the insured use sub-contractors for any temporary construction? NO YES
9. Is the sub-contractor requested to supply proof of insurance? NO YES
10. Does the insured have a formal service supplier approval and vetting process in place applicable to all sub-contractor appointed? NO YES
11. Does the insured have a standard formal contract in place applicable to all appointed sub-contractors? NO YES
12. As per the formal contract, does the insured retain full rights of recourse against the appointed sub-contractors? NO YES
13. Please stipulate the minimum limits of indemnity the appointed sub-contractors must maintain?
14. Does the insured ever deviate from the standard formal contract or appoint contractors without establishing a formal contractual agreement? NO YES
15. In respect of the property leased or rented by the insured,
- 15.2 What measures does the insured implement to ensure that the property is compliant with the relevant regulations and/or legislation in terms of safety of the property
- 15.3 Does the insured obtain and vet the relevant certification of compliance from the owner of the property NO YES
16. Is your company a member of any association? NO YES
- If **YES**, please provide more details

CLAIMS AND INSURANCE HISTORY:

18. Please provide details of any claims / incidents made against the Proposer since the business was established

Date	Amount Claimed	Full Details

COVER	Option 1	Option 2	Option 3
Public Liability			
Products Liability/Defective Workmanship			
Employers Liability			
Wrongful Arrest and Defamation			
Damage to leased or rented premises (the venue)			
Statutory Legal Defence Costs			
Emergency Medical Expenses			
Claims Preparation Costs			
Collapse of Temporary Construction and Scaffolding			

DECLARATION

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected.

I confirm that the information and documentation submitted, is correct, to the best of my knowledge.

The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. Signing of this application does not bind the company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance form part of the policy should a policy be issued.

Name of proposer

Capacity

Signature

Date

PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Personal Information of Minors (Complete if Applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, _____ (full name of competent person),

relating to _____ (name of minor whose personal information is disclosed herein)

for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: complaints@santam.co.za
Telephone: 0860 102 725
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za
Postal address:

PO Box 31533
Braamfontein
Johannesburg
2017

Physical address:

JD House
27 Stiemens Street
Braamfontein
Johannesburg
2001