



EVENTS LIABILITY INSURANCE (NON PRE-UNDERWRITTEN)

Important Notice

1. Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.
2. AIG may request further information.

To:	Liabilities Department	Email Address:	agt.lia@aig.com
Date of Submission:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)		
Name of Producer:		Email Address:	
Producer Code:		Contact No.:	

PLEASE COMPLETE ALL RELEVANT SECTIONS TO ENABLE US TO PROVIDE YOU WITH A QUOTATION

GENERAL INFORMATION

Named Insured (Event Organiser):			
Address:			
Telephone No.:		Fax No. / Email Address:	
Nature of Business:			
No.of Years in Operation:			
Website (if any):			

SECTION 1: EVENT DETAILS

(Please tick the applicable box and provide additional information where required.)

1	Event Title:	
2	Event Dates and Duration (hours / days / weeks):	
3	Event Venue:	

4	Description of the Venue:	
5	Types of Events (e.g. Conferences, Musical Events, Exhibition):	
6	Estimated Number of Attendees:	
7	Profile of the Attendees: a. Average Age Group : b. Nationality:	
8	Full Details of Activities to be provided, catered for or organized:	
9	Does the insured engage 3 rd party vendors / contractors for the event? If Yes, please advise their respective nature of work undertaken:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Does the insured impose any insurance requirement to 3 rd party vendors / contractors and ensure that they have satisfactory liability coverage in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: ANNUAL POLICY

1	Estimated total annual turnover of the company:
2	Typical types of events organized by the insured:
3	Please provide list of events organized and/or produced in the past year and upcoming events:
4	Typical event venues:
5	Estimated number of events per year:
6	Average and maximum duration of the events organised: a. Average duration: b. Average:
7	Average and maximum number of attendees: a. Maximum duration: b. Maximum:

8	Details to emergency preparedness and response plan:	
9	Event security and safety measures implemented by the insured:	
10	Does the insured engage 3rd party vendors / contractors for the event? If Yes, please advise their respective nature of work undertaken:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Does the insured impose any insurance requirement to 3rd party vendors / contractors and ensure that they have satisfactory liability coverage in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Are there any overseas event? If Yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: INSURANCE REQUIREMENTS

1	Limit of Liability:	
2	Preferred Deductible:	
3	Period of Insurance:	

SECTION 4: LOSS EXPERIENCE

1	<p>Has any insurance company declined, cancelled or not renewed any of the company's insurance cover in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please furnish details and name of insurer:</p>																								
2	<p>Has the company had any prior losses either insured or uninsured involving liabilities to third parties in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide the following information:</p> <p>(If more space is required, please provide details on the sheet provided at the end of this document.)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 15%;">Insurance Period</th> <th style="width: 15%;">Policy</th> <th style="width: 15%;">Date of Claims</th> <th style="width: 15%;">Paid Amount</th> <th style="width: 15%;">Outstanding Amount</th> <th style="width: 30%;">Details of Claims</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Insurance Period	Policy	Date of Claims	Paid Amount	Outstanding Amount	Details of Claims																		
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PLEASE NOTE: INCOMPLETE PROPOSAL FORM WILL NOT BE ATTENDED TO

DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

1. I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance of assessment of risk.
2. I/We further agree that Employees not included in the Categories of Employees will not be covered under this policy.
3. By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG. With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:
 - i. you have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed or transferred by AIG, as set out in the consent clause contained at (ii) below; and
 - ii. the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
 - (a) Processing, underwriting, administering and managing his/her relationship with AIG;
 - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
 - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
 - (d) Managing AIG's infrastructure and business operations; and
 - (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer the individual to the full version of [AIG's Data Privacy Policy \(www.aig.com.sg/privacy\)](http://www.aig.com.sg/privacy) before you provide the above representation and warranty.

<p>Signature of Employer & Company Stamp: (If you are completing and submitting this form electronically, enter as follows: Company Name, Name and Designation)</p>	
<p>Date:</p>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> </div> <p>(DD/MM/YYYY)</p>

ADDITIONAL SECTIONS – if space is required in previous sections.

SECTION 1: QUESTION 10: Additional Section

Please use this section to provide claims experience in the past three (3) years.

Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims



American International Group, Inc. (AIG) is a leading global insurance organization. Founded in 1919, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at www.aig.com | YouTube: www.youtube.com/aig | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance) | www.twitter.com/AIGinsurance | LinkedIn: www.linkedin.com/company/aig. These references with additional information about AIG have been provided as a convenience, and the information contained on such websites is not incorporated by reference into this press release.

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries, and coverage is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

Contact

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