



EVENTS LIABILITY INSURANCE (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:	Casualty Department	Email Address:	agt.lia@aig.com
Date of Submission:	(DD/MM/YYYY)		
Name of Producer:		Email Address:	
Producer Code:		Contact No.:	

Pre-underwritten criteria for the Events Liability Insurance:

- Event lasts for a maximum of three (3) days
- Maximum of 5,000 attendees
- Event must fall within one of the categories listed in Item 4 of Section 2 of this Proposal
- No claims by the proposer for the past three (3) years

Excluded Events: Events related to sports, automobiles and aviation / aircrafts, live concerts (pop music), fairs with rides, sales and / or distribution of alcoholic beverages (e.g. Beer Fest) and political events.

GENERAL INFORMATION

Name of Proposer:			
Address:			
Telephone No.:		Email Address:	
Nature of Business:			
No. of Years in Operation:			
Website (if any):			

You can download the premium from the agency platform.

SECTION 1: EVENT DETAILS

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

1	Event Title				
2	Event Venue: (refer to Underwriter if there are more than (1) one event venue.)				
3	Period of Insurance: (Note: Please indicate the actual event dates).	From:	(DD/MM/YYYY)	To:	(DD/MM/YYYY)
4	<p>Types of Event: (I) / (II) / (III)</p> <p>Type I: Indoor static event Meeting / conference / speech / corporate award ceremony / music event (classical, folk, jazz, blues or opera only) / corporate function (e.g. lunch etc.) / classroom training / press conference / networking event / musical/ opening ceremony / audition</p> <p>Type II: Outdoor static event Meeting / conference / speech / corporate award ceremony / networking event / music event (classical, folk, jazz, blues or opera only) / press conference / opening ceremony / musical / audition</p> <p>Type III: Indoor dynamic event Corporate function (e.g. dinner and dance / family day) / autograph session / team building (incidental outdoor activities) / exhibition / trade show</p> <p>If the Event does not fall into any of the categories above, please specify:</p>				
	4a. Detailed Description of the Event:				
5	<p>Capacity / Expected No. of Attendees:</p> <p style="text-align: center;">1,000 and below 1,001 to 2,500 2,501 to 5,000</p> <p>If more than 5,000 attendees please specify: (Refer to Underwriter)</p>				
6	<p>Limit of Liability required (\$\$):</p> <p style="text-align: center;">1,000,000 for any one occurrence and unlimited for any one period of insurance</p> <p style="text-align: center;">2,000,000 for any one occurrence and unlimited for any one period of insurance</p> <p style="text-align: center;">5,000,000 for any one occurrence and unlimited for any one period of insurance</p>				
7	<p>Will the proposer be engaging third party vendors / contractors for the event?</p> <p style="text-align: center;">Yes (Please proceed to Question 8)</p> <p style="text-align: center;">No (Please proceed to Question 9)</p>				
8	<p>Will the proposer ensure that the third party vendors / contractors who have been engaged have adequate public liability insurance in place?</p> <p style="text-align: center;">Yes No (Refer to Underwriter)</p>				

9	<p>Has any insurance company declined, cancelled or not renewed any of the company's insurance covers in the past three (3) years?</p> <p style="text-align: center;">Yes (Refer to Underwriter) No</p>																								
10	<p>Has the company had any prior losses either insured or uninsured involving liabilities to third parties in the past three (3) years?</p> <p style="text-align: center;">Yes (Refer to Underwriter) 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: #e1eef6;"> <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: 20%;">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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SECTION 2: COVERAGE

1. Territory:	Singapore
2. Jurisdiction:	Singapore
3. Damage to Principal's Existing Property (Sub-limit: S\$250,000 for any one occurrence and in the aggregate with regards to Care, Custody and Control)	
4. Deductible	S\$500 on each and every claim S\$7,500 on each and every claim with regards to Care, Custody and Control

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. In 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. I/We 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.

Signature of Employer & Company Stamp:	
Date:	(DD/MM/YYYY)

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. Building on 100 years of experience, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement solutions, 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.

Additional information about AIG can be found at www.aig.com and at www.aig.sg | 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 material.

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 and at www.aig.sg. 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 jurisdictions, and coverage is subject to underwriting requirements and 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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