

Event Liability Insurance Quick Questionnaire

Company Information

Company Name	
Business Registration No.	
Business Address	

Event Information

Duration of event (including set-up and tear-down)	Start Date	
	End Date	
Description of event		
Location / address of event venue		
Required limit of liability (Sum insured amount in SGD)		

Venue and Event Set-up Information

Maximum capacity allowed at venue		
Estimated number of participants at venue per day		
Will any of these features be used during the event? If yes, please provide details.	Fireworks, pyrotechnics, explosives, flashes, smoke or flames	
	Drones flying over participants	
Will there be security and crowd control measures? If yes, please provide details	Name of provider	
	Description of measures	
Will there be first aid facilities? If yes, please provide details	Name of provider	
	Description of measures	
Will there be any emergency evacuation plans in place? If yes, please provide details		

Group Personal Accident (for crew and staff including freelancers)

Benefit / Sum Insured Per Insured Person	<div> <input type="checkbox"/> \$25,000 Accidental Death & Disablement \$2,500 Accidental Medical Expense </div> <div> <input type="checkbox"/> \$50,000 Accidental Death & Disablement \$5,000 Accidental Medical Expense </div> <div> <input type="checkbox"/> \$100,000 Accidental Death & Disablement \$10,000 Accidental Medical Expense </div>
Total number of persons	
Nature of work for the event these persons will undertake	
<p style="color: red;">All Insured Person must be named under the policy. Max age 65 years old, renewable up to 75 years old. Names to be furnished before inception of policy. Food Poisoning and Dengue are excluded.</p>	

Any Comments

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