# Chubb Event Liability

# **Proposal Form**



# **Important Notices to the Applicant**

#### Your duty of Disclosure

Before you enter into a contract of general insurance with Chubb, you have a duty to disclose to Chubb every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Chubb before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that Chubb knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by Chubb.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

## Non-Disclosure

If you fail to comply with your duty of disclosure, Chubb may be entitled to void the contract from its beginning.

If your non-disclosure is fraudulent, Chubb may also have the option of voiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

# Change of Risk or Circumstances

You should advise Chubb as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

# Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

| Insured Information   |                       |                    |                   |
|---|-----------------------|--------------------|-------------------|
| Name of Insured   |                       |                    |                   |
| Address   |                       |                    |                   |
| Website   | (                     | Contact Person     |                   |
| Business Description  | У                     | ears in Business   |                   |
| Previous industry experience if less than five (5) years in busin   | ess                   |                    |                   |
| Insured(s) role    Event Producer / Organiser    Even Producer / Organiser    Event Producer / Organiser    Even Producer     Even Producer     Even Producer     Even Producer | vent Sponsor          | Contractor         | r:                |
| What prior experience do you have acting in capacity of the role in   | ndicated above?       |                    |                   |
| Event Information   |                       |                    |                   |
| Event Name  |                       |                    |                   |
| Event Description   |                       |                    |                   |
| Has Event been held before?   |                       |                    | ☐ Yes ☐ No        |
| If <b>Yes</b> , how many times: 1. in total? 2. at this / the   | ese location(s)?      | 3. at this time of | year?             |
| Is the event(s) part of a larger production, promotion, series or   | tour?                 |                    | ☐ Yes ☐ No        |
| If <b>Yes</b> , please provide details:   |                       |                    |                   |
| Please provide the following details for the event(s) to be cover   | ed 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  | o be insured?         | \$_                |                   |

| Insurance Requested  | 1  |                                |  |
|--|--|--------------------------------|--|
| Event Liability  | ☐ HK\$10,000,000 ☐ HK\$20,000,000                        | ☐ HK\$50,000,000 ☐ C           | other Amount: \$   |
| Personal Accident  | ☐ Yes ☐ No   |                                |  |
|  | Individual Benefit Limit of Accidental                   | Individual Medical             |  |
| Personal Accident  | Death and Permanent Disablement                          | Expense Limit                  |  |
| Dlon 1   | 11/4200 000  | THYEE OOO                      |  |
| Plan 1<br>Plan 2   | HK\$200,000<br>HK\$150,000                               | HK\$5,000<br>HK\$5,000         |  |
| Plan 3   | HK\$100,000  | N/A                            |  |
| rian 5   | 11100,000  | IVA                            | Number of Insured Persons                                  |
| Cover all participants   | / audience:  | Number of Event day(s)         | attending each event day                                   |
| ☐ Plan 1 ☐ Plan  | n 2 🔲 Plan 3   |                                |  |
| Cover all workers pro  | oduction crews, volunteers, etc:                         |                                |  |
| ☐ Plan 1 ☐ Plan  |  |                                |  |
|  | 12 L Fidii 3   |                                |  |
| Risk Controls - Even   | t Liability, Personal Accident                           |                                |  |
|  | 11 16 1 6 ()   |                                |  |
| •  | e hired for the performance(s) or event(s)?              |                                | ☐ Yes ☐ No   |
| If <b>Yes</b> , for what activiti  | es?  |                                |  |
|  | 11-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-                   |                                | ☐ Yes ☐ No   |
|  |  |                                |  |
| If <b>Yes</b> , what is the limit  | t of insurance?  |                                | \$   |
| •  | e insured's contractors:                                 |                                |  |
|  | smantle temporary seating, lighting, public              |                                | ☐ Yes ☐ No   |
| <ul><li>2. Supply any alcohol</li><li>3. Supply any food or</li></ul>  |  | ☐ Yes ☐ No☐ Yes ☐ No           | ☐ Supplied by venue or others☐ Supplied by venue or others |
|  |  |                                | Try  |
| Will the event(s) involv   | •  |                                | □ Vaa □ Na   |
| <ol> <li>Pyrotechnics or fireworks? If Yes, name of contractor(s)</li> <li>Fairground rides? If Yes, name of contractor(s)</li> <li>Yes</li> <li>No</li> </ol> |  |                                |  |
| 3. Participant / audier  |  |                                | ☐ Yes ☐ No   |
| If amuliashla mlassa da  |  | d:                             |  |
| if applicable, please de   | escribe all activities in which participants / a         | udience will participate.      |  |
|  |  |                                |  |
|  | ve the use of any motorised vehicles, waterca            | raft, aircraft or drones?      | ☐ Yes ☐ No   |
| If <b>Yes</b> , please provide of  | details:   |                                |  |
| What security arrange  | ments are being put in place?                            |                                |  |
|  |  |                                |  |
| Who will provide secu  | rity?  |                                |  |
| $\square$ Venue operator   | ☐ Insured -contracted security firm                      | n 🔲 Insured - own s            | etaff  |
| _  | lics be attending the event(s)? working at the event(s)? |                                | ☐ Yes ☐ No<br>☐ Yes ☐ No                                   |
|  |  |                                | □ 165 □ NO   |
| ii <b>res</b> , now many and   | what activities will they be doing?                      |                                |  |
| Are volunteers /partici  | pants required to sign a waiver or hold harn             | nless agreement?               | Yes ☐ No ☐ Not Applicable                                  |
| Are site inspections ma  | ade to ensure no obvious hazardous or dang               | erous conditions exist? $\Box$ | Yes $\ \square$ No $\ \square$ Not Applicable              |
| Is there an emergency  | evacuation procedure in place?                           |                                | ☐ Yes ☐ No   |

| Who is responsible for starting and managing an em   | ergency evacuation?  |
|--|--|
| $\square$ Insured or insured's contractors $\square$ Venue o   | perator  |
| Insurance and Loss History   |  |
| Has the Insured ever suffered a loss covered under to or not, in respect of their involvement in any type or   |  |
| If <b>Yes</b> , please provide details:  |  |
| Supporting Documents   |  |
| Please attach the following documents to this propo  | osal:  |
| ☐ Security management plan (if available) ☐  | Event management plan (if available)   |
| Material Facts   |  |
| Are there any material facts or items of information which should be disclosed?  | with regards to the proposed event(s) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$  |
| A material fact is one likely to influence acceptant to what constitutes a material fact you should configure, please list the material facts or items of information of the configure of the statement of the configure of the configure of the configure of the configuration of the con | -  |
| Declaration and Signature  |  |
| forth herein and all attachments and schedules here<br>formation alter between the date of this proposal and<br>the proposal does not bind the undersigned, on beh   | declare that to the best of their knowledge and belief the statements set eto are true and immediate notice will be given should any of the above ind the proposed date of inception of the insurance. Although the signing of half of the Insured, to effect insurance, the undersigned authorised officer nedules hereto and the said statements herein shall be the basis of and will |
| Commission Disclosure  |  |
| be issued by Chubb Insurance Hong Kong Limited (Cing the continuance of the policy including renewals  | es that, as a result of the applicant purchasing and taking up the policy to Chubb), Chubb will pay the authorised insurance broker commission durs, for arranging the said policy. Where the Applicant is a body corporate, pplicant further confirms to Chubb that he or she is authorised to do so.   |
| The Applicant further understands that the above a   | greement is necessary for Chubb to proceed with the application.   |
| The above disclosure statement is only applicable in   | a situations where an insurance broker is used to purchase/place a policy.   |
| This proposal must be signed by a Principal, Director  | or or Chief Executive Officer of the Insured.  |
| Signature  |  |
| Title  | Name   |

#### **Personal Information Collection Statement**

Chubb Insurance Hong Kong Limited ("**We/Us**") want to ensure that Our Insured Persons ("**You**") are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** ("**Personal Data**"), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

## A. Purposes of Collection of Personal Data

We will collect and use Personal Data for the purposes of providing competitive insurance products and services to You, including considering your application(s) for any new insurance policies and administering policies to be taken out with Us, arranging the cover and administering and managing your and our rights and obligations in relation to such cover. We also collect the Personal Data to be able to develop and identify products and services that may interest You, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. We may also use your Personal Data in other ways with your consent.

# **B.** Direct Marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

#### C. Transfer of Personal Data

**Personal Data** will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- i. third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- ii. our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- iii. the insurance intermediary through which **You** accessed the system;
- iv. provided to others for the purposes of public safety and law enforcement; and
- v. other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

# D. Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong O +852 3191 6222 F +852 2519 3233 E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of our receipt of your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

#### About Chubb in Hong Kong SAR

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include property, casualty, marine, financial lines and consumer lines designed for large corporates, midsized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

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

# **Contact Us**

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Chubb. Insured.™