

Event Liability Insurance Statement of Facts

Event Details

Event Name

Type of Event

Date(s) of Event

Event Venue/Location

Event Address

Estimated Number of Attendees

Organizer Details

Organizer / Company Name

Contact Person

Contact Email

Contact Phone

Insurance Details

Sum Insured / Limit Required

Period of Cover

Risk Information

Describe all activities to be held at the event

Will food and/or beverages be served?

Yes

No

If yes, please provide details

Will alcohol be served or sold?

Yes

No

If yes, please provide details

Are there any hazardous activities? (e.g. rides, fireworks, animals, etc.)

Yes

No

If yes, please provide details

Previous Insurance / Claims History

Has any insurer ever declined or cancelled Your insurance or imposed special terms?

Yes

No

If yes, please provide details

Any claims, losses, or incidents in past 5 years?

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Yes

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No

If yes, please provide details

Declaration

I/We declare that the above information is true and correct to the best of my/our knowledge. I/We understand that non-disclosure or misrepresentation may result in denial of claims or avoidance of the policy.

Full Name

Date

Signature