

Broadform Liability Insurance Proposal Form

The policy will only respond to claims and/or circumstances, which are first made against you and notified to the Insurers during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to a claim may have occurred during the policy . period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you know had the potential to give rise to a claim under the policy.

Disclosure

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your broker before you sign it. You will be bound by the answers which are given, and by the information provided by you in the proposal form. It is in your interest to make sure that all information is properly understood. If you are in any doubt, discuss the issue with your broker or disclose the information to the Insurers.

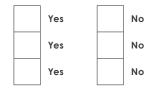
Attachments

Before you return this form, have you included the following (please indicate yes or no)

Standard client contract agreement

Marketing or technical brochure/s

Claims information (if relevant)



The Liability Company (Pty) Ltd

35 Oxford Office Park, 3 Bauhinia Street Highveld Techno Park, Centurion PO Box 17541, Lyttleton, Pretoria, Gauteng, 0140 The Liability Company is an authorised financial services provider (FSP 50828)

Our Risk Carriers

All our policies are underwritten by Old Mutual Insure Limited (FSP12) and Mutual & Federal Risk Financina Limited (FSP 49551) on a co-insurance basis. Both OMI and MFRF are authorised financial services providers of short term insurance products

Contact Us

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1. Client information										
Proposer/Company name										
VAT Registration Number				Pro	esent Legal Constitution					
					Sole Practitioner		Pa	rtner	hip	
Company Registration Number					Incorporated		Lin	nited	Co.	
					Closed Corporation		_			
Date of commencement of business	5									
As currently constituted				As	initially established					
Type of business i.e. Manufacturer, f	Retailer, Whole	esaler, Trans	sportation,	Con	tractor, etc. (detailed description)					
If engaged in multiple disciplines, pl	ease provide	a percenta	ge split – to	otal n	nust add up to 100%					
2. Premises location										
Location of premises and activities	undertaken fr	om such pre	emises (e.g	. Ma	nufacturing, Storage, Offices etc.)					
Location of premises				Ac	tivities					
Past Activities – Companies sold in t	he last past 5	years								
Name of Company sold		Date of sa	le		Activity					
Business Activities discontinued in th	ne past 5 yeaı	S								
Activities discontinued				Da	te of discontinuation					
Annual Turnover										
			Period							
Annual Turnover Actual turnover for 3 years	From		Period	То		ſurnov	ver			
	From		Period	То		ſurnov R	/er			
Actual turnover for 3 years	From		Period	То			/er			
Actual turnover for 3 years Year 1 Year 2	From		Period	То	1	۶ ۶	ver			
Actual turnover for 3 years Year 1	From		Period	То	 	2	rer			

3. Pollution liability				
Is any of your waste of a toxic nature? If Yes, please give details:			Yes	No
How and where do you dispose of toxic waste an	d effluent?			
Have you during the last 5 years been prosecuted substance into sewers, river, sea and air or on the If Yes, please give details:		elease of a toxic	Yes	No
			_	
Have any claims been made against you or com If Yes, please give details:	plaints made resulting from sudden and accid	dental pollution?	Yes	No
4. Products liability				
Does the proposer operate a research and develor technical advice?	opment department and/or provide any desig	gn, formula, specification	Yes	No
If Yes, please specify details and qualifications of and technical advice undertaken.	f personnel, including design team and list na	ture of research, design, f	iormula, spe	cification
Are any of the products manufactured by the pro	poser under license?		Yes	No
If Yes, please provide specific product	and an line may from the survey of a 2		Vec	
Are any of the products manufactured by others If Yes, please provide specific product	under license from the proposer?		Yes	No
Please provide hereunder details of all products i with anticipated failure rate and estimated turnor		altered by or behalf of the	e proposer to	ogether
A. Products Description	Designed and manufactured/ anticipated failure rate	Estimated turnover		
B. Products Description	Manufactured (no design)/ anticipated failure rate	Estimated turnover		

Products sold, supplied or distributed by Proposer (excluding products under (A) and (B)

C: Products Description	Anticipated failure rate	Estimated turnover		
Other activities undertaken by Proposer (e.g. Co	ontracting, hire, service and/or maintenanc	e etc.)		
D: Products Description	Anticipated failure rate	Estimated turnover		
Are any new products or activities, not included	above, contemplated by the Proposer duri	ng the next 12 months?	Yes	No
If Yes, please give details as required by Question	on 2.4 (A), (B), (C) and (D)			
Do any of the final products incorporate any co	mponent imported from China?		Yes	No

If Yes, please provide details

	Area supplied	Approximate Percentage of sales
	United Kingdom	%
	Far East	%
	Middle East (excluding Israel)	%
Countries to which are due to are superiod	Europe	%
Countries to which products are exported	Africa	%
	Australia	%
	Canada	%
	U.S.A.	%
	Elsewhere (Specify)	%

(The following section must only be completed if the proposer exports to United States of America, Australia and/or Canada)

Full description of all products exported and approximate percentage of total applicable to each product.

For how long	has proposer	been producing	each product?
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What percentage of each product goes to each State?

Means of export to the United States of America, Australia and/or Canada i.e. (a) direct subsidiary in such country and/or (b) incorporated in part of machinery or commodity sold direct by manufacturers and/or (c) sold F.O.B. (free on board) in country of origin to selling agent in United States of America/Canada

Any power of attorney or assets in the United States of America, Australia and/or Canada? Yes No If Yes, please give full details:

Please give full details of all contractual terms, warranties including all oral or written undertakings given by or to the United States of America, Australia or Canadian sellers or suppliers.

Is the United States of America, Australia or Canadian seller or suppliers insured for Products liability including Yes imported goods?

If Yes, please give details:

State limit if k	nown
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Please provide all information regarding claims paid and outstanding as well as details of all complaints which have not yet developed into claims regarding exports to the United States of America, Australia or Canada.

5. Employer's liability						
Total Salary/wage roll?	R					
Total Salary/wage roll of employees who fall outside the scope of the Workmen's Compensation Act?	R					
6. General questions and information						
Please give details of all claims made against the proposer over the last 3 years						
Date of claim Description						
Is the proposer, after enquiry aware of any circumstances which may subsequently give rise to a claim under the proposed insurance?	Yes	No				
If Yes, please give full details:						

No

R

7. Details of previous insurance				
Has the proposer previously been insured		Yes		No
If Yes, was such insurance on a 'claims made in the period of insurance' or 'losses occurring in the period of insurance'? Please state the basis and indemnity limit of such previous insurance.				
If 'Claims made basis', please state present Retroactive date	D	D M	Μ	Y Y
For the type of Insurance now being proposed, has any Insurer ever:				
Declined a proposal or renewal?		Yes		No
Required an increased premium or imposed special terms?		Yes		No
Cancelled any Insurance?		Yes		No
If Yes, please give details:				

8. Cover required R Please state the Limit of Indemnity required R Please state the deductible required R

Claims made

Broadform Liability Insurance policies are underwritten on a "Claims Made" basis. This means that;

- 1. In order for a claim to qualify for indemnity a policy must be in force when the claim is first made against you. (In terms of the policy conditions you are obliged to notify Insurers as soon as you become aware of any circumstances which may lead to a claim. Any actual claim which then materialises would be deemed to be a claim under the policy which was in force at the time when the circumstance was first notified).
- 2. The cause of action giving rise to the claim must have taken place on or after the "retro-active date" shown in the Schedule of the policy.
- 3. If the policy has lapsed there will be no cover notwithstanding the fact that the policy may have been in force at the time when the cause of action occurred giving rise to the claim. It is therefore important to renew the policy annually. If the practice ceases it is recommended that run-off cover be taken for a minimum of three years.

Retro-Active date

The date on or after which any claim against you will be indemnified in terms of the policy. This date is normally fixed as being the date on which the cover was first taken and would remain unaltered for the purposes of subsequent renewals. When cover is first taken additional retro-active cover may be offered by Insurers subject to certain conditions and premium loadings.

Declaration

I/We declare that the statements and particulars in this proposal are true and that I/ We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected thereon. I/ We undertake to inform the Insurers of any material alteration to these occurring before/ during/ after completion of the Contract of Insurance.

Signed at	 dated
Full name	
Signature	
Signatore	

Cooling Off Rights

You enjoy a period of 14 (Fourteen) days ("cooling-off period") from receipt of the Policy document following the inception date of the insurance agreement if taken or from the effective date of any variation thereof, during which you may rescind the agreement and provided that you have not claimed any benefit, are not in receipt of a claim made against you or reported any claim to the Insurer, the insurance agreement is annulled and you will be entitled to a refund of Premium paid.

The Insurer will give effect thereto and return premiums due to you less an administration charge within 30 (Thirty) days of the annulment.