



# The Liability Company.

LIABILITY MATTERS

## 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)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

#### 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 Old Mutual Alternative Risk Transfer Insure Limited (FSP 49551) on a co-insurance basis. Both are authorised financial services providers and non-life insurers.

#### Contact Us

T +27 (12) 667 2441

E [info@theliabilitycompany.com](mailto:info@theliabilitycompany.com)

W [www.theliabilitycompany.com](http://www.theliabilitycompany.com)

Underwritten by



OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED

**1. Client information**

Proposer/Company name

VAT Registration Number

Present Legal Constitution

Company Registration Number

Sole Practitioner

Partnership

Incorporated

Limited Co.

Closed Corporation

Date of commencement of business

As currently constituted

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As initially established

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Type of business i.e. Manufacturer, Retailer, Wholesaler, Transportation, Contractor, etc. (detailed description)

If engaged in multiple disciplines, please provide a percentage split – total must add up to 100%

**2. Premises location**

Location of premises and activities undertaken from such premises (e.g. Manufacturing, Storage, Offices etc.)

Location of premises

Activities

Past Activities – Companies sold in the last past 5 years

Name of Company sold

Date of sale

Activity

Business Activities discontinued in the past 5 years

Activities discontinued

Date of discontinuation

Annual Turnover

Actual turnover for 3 years	Period		Turnover
	From	To	
Year 1			R
Year 2			R
Year 3			R
Anticipated for forthcoming year			R

**3. Pollution liability**

Is any of your waste of a toxic nature?

Yes  No

If Yes, please give details:

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How and where do you dispose of toxic waste and effluent?

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Have you during the last 5 years been prosecuted for contravention of any law relating to the release of a toxic substance into sewers, river, sea and air or on the land?

Yes  No

If Yes, please give details:

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Have any claims been made against you or complaints made resulting from sudden and accidental pollution?

Yes  No

If Yes, please give details:

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**4. Products liability**

Does the proposer operate a research and development department and/or provide any design, formula, specification or technical advice?

Yes  No

If Yes, please specify details and qualifications of personnel, including design team and list nature of research, design, formula, specification and technical advice undertaken.

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Are any of the products manufactured by the proposer under license?

Yes  No

If Yes, please provide specific product

Are any of the products manufactured by others under license from the proposer?

Yes  No

If Yes, please provide specific product

Please provide hereunder details of all products manufactured, supplied, services, treated or altered by or behalf of the proposer together with anticipated failure rate and estimated turnover for the current year.

A. Products Description	Designed and manufactured/ anticipated failure rate	Estimated turnover
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B. Products Description	Manufactured (no design)/ anticipated failure rate	Estimated turnover
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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. Contracting, hire, service and/or maintenance etc.)

D: Products Description	Anticipated failure rate	Estimated turnover

Are any new products or activities, not included above, contemplated by the Proposer during the next 12 months?  Yes  No

If Yes, please give details as required by Question 2.4 (A), (B), (C) and (D)

Do any of the final products incorporate any component imported from China?  Yes  No

If Yes, please provide details

Countries to which products are exported	Area supplied	Approximate Percentage of sales
	United Kingdom	%
Far East	%	
Middle East (excluding Israel)	%	
Europe	%	
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?

For how long has proposer been exporting these products to the United States of America and to which States?

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 imported goods?

Yes  No

If Yes, please give details:

State limit if known

R

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:

**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	M	Y	Y
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For the type of Insurance now being proposed, has any Insurer ever:

Declined a proposal or renewal?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Required an increased premium or imposed special terms?

Cancelled any Insurance?

If Yes, please give details:

**8. Cover required**

Please state the Limit of Indemnity required

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Please state the deductible required

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**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 \_\_\_\_\_

**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.