

COMMERCIAL BROAD FORM PUBLIC LIABILITY AND PRODUCTS LIABILITY PROPOSAL

1. Name of Proposer _____
2. Physical address _____

3. When established _____
4. VAT number _____
5. Comprehensive business description _____

6. What is the company's annual turnover

	Period from	Period to	Turnover
Last financial year	_____	_____	R
Anticipated turnover for forthcoming year	_____	_____	R

7. Do you handle explosives or hazardous materials or have gradual environmental/pollution issues at your premises. If YES, please give details
- | | | |
|--|-----|----|
| | YES | NO |
|--|-----|----|

8. PRODUCTS LIABILITY
- 8.1 Does the company manufacture or distribute any products. If YES, please give details
- | | | |
|--|-----|----|
| | YES | NO |
|--|-----|----|

- 8.2 Does the company export any products
- | | | |
|--|-----|----|
| | YES | NO |
|--|-----|----|
- If YES, please give a description of all products, the product's intended end use exported and approximate percentage of total applicable to each product.

Description of product	Country exported	Gross turnover from product
_____	_____	R
_____	_____	R
_____	_____	R

9. EMPLOYER'S LIABILITY
- 9.1 Total number of employees _____
- 9.2 Number of manual employees _____
- 9.3 Do any of your employees work offshore
- | | | |
|--|-----|----|
| | YES | NO |
|--|-----|----|
- If YES, please give details on a separate page.

10. INSURANCE HISTORY

10.1 Please give details of all claims made against the company over the last 5 years

10.2 Does the company currently have Public/Products Liability insurance YES NO

10.3 Has an insurer ever cancelled, refused to accept or renew any Public/Products Liability insurance YES NO
or imposed special conditions for the company or its predecessors in business

If YES, please give details

11. COVER REQUIRED

Please complete the coverage requirements in the table below:

Coverage	Limit required	Coverage	Limit required
Public/Contractors Liability	R	Products/Defective Workmanship Liability	R
Employers Liability	R	Other	R

DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers. 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, and shall be incorporated therein.

I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Signed _____
Capacity _____

Date _____