

## COMMERCIAL PUBLIC LIABILITY QUESTIONNAIRE

### BROKER INFORMATION

**Important Notice**

This form may be used for renewals or new business. In the case of renewals, the completed form must be received by the underwriters, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Please answer all questions fully. If the space provided is insufficient, a separate sheet should be attached.

The questionnaire should be completed as comprehensively as possible (questions relating to the business).

**FULL NAME OF INSURED**

**POLICY NO (applicable to renewal)** \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_

- 1. Name of insured \_\_\_\_\_
- 2. Postal address of the insured \_\_\_\_\_
- 3. Physical address \_\_\_\_\_

4. List all subsidiary companies (if any)	<b>Name of company</b>	<b>Risk location</b>
	_____	_____
	_____	_____

5. Are premises owned or leased \_\_\_\_\_

6. Nature of business (full description of all activities)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Gross turnover for past four years	20	R	_____	20	R	_____
	20	R	_____	20	R	_____
Estimated turnover for forthcoming year	20	R	_____			

8.a Number of employees Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

8.b Payroll  
 Previous Financial Year R \_\_\_\_\_  
 Next Financial Year R \_\_\_\_\_

9. Do you own watercraft YES NO  
 If YES, describe with purpose of use \_\_\_\_\_  
 \_\_\_\_\_

10. Have you ever had insurance declined, cancelled or been refused renewal except at an increased rate of premium or on amended terms or conditions YES NO  
 If YES, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Give particulars of all claims made during the past five years regardless of whether or not any payment has been received from insurer  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Type of cover required	<b>Section</b>	<b>Limit of Indemnity</b>
	a. Public liability – general and tenants liability	R _____
	b. Products liability	R _____
	c. Defective workmanship liability	R _____
	d. Work away from premises liability	R _____

13.a	List major products handled/ manufactured	<b>Type of product</b>	<b>Turnover</b>	<b>Date first produced</b>
			R	
			R	
			R	

13.b For how long have the products in 13.a been in existence/sold

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14. Where will the products manufactured be exported to or be used

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15.	Where will the products you handle/service be exported to or be put to use	<b>Product</b>	<b>Exported to or used</b>

16.	Are any of your products used in any of the following industries	<b>Product</b>		
		Aviation	YES	NO
		Aerospace	YES	NO
		Nuclear industry	YES	NO
		Shipping, marine	YES	NO
		Mining	YES	NO
		Motor	YES	NO

17. Describe the products in 16 above

**Description of product**

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18.	Any products exported	<b>Product</b>		
			YES	NO
			YES	NO
			YES	NO
			YES	NO

19.	Any products that have ever been discontinued	<b>Type of product</b>	<b>Reason discontinued</b>	<b>Date discontinued</b>

20.	Any design work involved in the making of your product	<b>Type of product</b>	<b>Estimated Annual Turnover</b>
			R
			R
			R
			R
21.	Detail design steps fully		
22.	How regularly do you introduce new designs/products		
23.	Do you use your own designs If YES, who is responsible for quality control throughout the process	YES	NO
24.	What checks do the customers have in place to ensure correct processes		
25.	Do you retain full right of recourse Describe	YES	NO
26.	Names, qualifications, years of experience of staff involved in design work	<b>Names</b>	<b>Qualifications</b>
		<b>Years of Experience</b>	
27.	If staff are not qualified, please provide details and number of years of experience	<b>Details</b>	<b>Years of Experience</b>
28.	Any design work sub-contracted Please provide details	YES	NO

29. Do you employ sub-contractors YES NO

If YES:

Nature of their work	Turnover	Payroll and number of subs
_____	R	_____
_____	R	_____
_____	R	_____
_____	R	_____

30. Do you require sub-contractors to provide their own insurance cover YES NO

If YES, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Do you have any potentially hazardous waste products YES NO

Please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. If YES, how do you dispose of them

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. Do you have any potentially hazardous by-products YES NO

Please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. If YES, how do you dispose of them

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35. Please provide any other information which may be relevant to the insurer's evaluation of this (the proposer's) insurance (examples, but not limited to):

Explosives, gases, acids used \_\_\_\_\_

\_\_\_\_\_

Any known problems with similar products by the competition \_\_\_\_\_

\_\_\_\_\_

Any potential for spreading of fire \_\_\_\_\_

\_\_\_\_\_

Any other unusual or significant liability risk factor(s) \_\_\_\_\_

\_\_\_\_\_

36. Are you insured at present or have you been insured against public liability – products – risks before YES NO

If YES please provide name of insurer and policy number

Insurer \_\_\_\_\_

Policy no. \_\_\_\_\_

37. Have there been any incidents in the past which could have given rise to a claim YES NO

Please explain all possible claims

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38.	Do you require any extensions to the products cover not already contained in the cover	YES	NO
	If YES, which additional cover do you require	<hr/> <hr/> <hr/>	
39.	Do you have a team of attorneys to approve products and labels	YES	NO
	Describe	<hr/> <hr/> <hr/>	
40.	<b>Quality control</b>		
	Explain steps you would ake to prevent supply or manufacture of a defective product, or inadequate labeling	<hr/> <hr/> <hr/>	
	Do all products carry SABS certification	<hr/> <hr/>	
	What audits and control do you have in place to prevent supplying defective products to customers	<hr/> <hr/>	
	What precautions are taken to prevent products from being incorrectly labeled	<hr/> <hr/>	
	Do the labels on products carry adequate warnings about possible dangers or the incorrect use thereof	<hr/> <hr/>	
	Do any of the products contain harmful ingredients	YES	NO
	If YES, what warnings are labeled on the products	<hr/> <hr/>	
	Do you have a laboratory or other testing facility to check the product for suitability	YES	NO
	Describe	<hr/> <hr/>	
41.	Do you keep records for at least 10 years on export activities to European Community/ European Free Trading Association	YES	NO
	Describe	<hr/> <hr/> <hr/>	

#### DECLARATION

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld (if you are in any doubt as to whether a fact is material, you should disclose it).

This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

#### 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.

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**Signature**

**Insured/Duly authorised person**

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**Date**

PLEASE RETAIN A COPY OF THIS COMPLETED QUESTIONNAIRE FOR YOUR RECORDS AND FORWARD COPY TO HOLLARD FOR APPROVAL PRIOR TO ACCEPTING THE RISK.