

## 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)
 

	Name of company	Risk location
_____	_____	_____
_____	_____	_____

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
 

Section	Limit of Indemnity
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

Type of product	Turnover	Date first produced
	R	
	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

Product	Exported to or used

16. Are any of your products used in  
any of the following industries

Product	YES	NO
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

18. Any products exported

Product	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO

19. Any products that have ever been  
discontinued

Type of product	Reason discontinued	Date discontinued

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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.

\_\_\_\_\_  
**Signature**

**Insured/Duly authorised person**

\_\_\_\_\_  
**Date**

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