

BROAD FORM PUBLIC LIABILITY AND PRODUCTS LIABILITY PROPOSAL FORM



1. Name of Proposer:

2. Physical Address:

3. When Established & VAT Number:

4. Comprehensive business description:

5. What is the company's annual turnover?

	PERIOD		TURNOVER
	FROM	TO	
Last Financial Year			R
Anticipated turnover for forthcoming year:			R

6. Do you handle explosives or hazardous materials or have gradual environmental/pollution issues at your premises?

YES NO If YES; please give details

7. PRODUCTS LIABILITY

7.1 Does the company manufacture or distribute any products?

YES NO If YES; please give details

7.2 Does the company export any products? YES NO If YES; please give details

a) 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 TURN OVER FROM PRODUCT
		R
		R
		R

8. EMPLOYERS LIABILITY

8.1 Total number of employees?

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8.2 Number of manual employees?

8.3 Do any of your employees work offshore? YES NO If YES; please give details on a separate page

9 INSURANCE HISTORY

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

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

9.3 Has an insurer ever cancelled, refused to accept or renew any Public/Products Liability insurance or imposed special conditions for the company or its predecessors in business?

YES NO

10 COVER REQUIRED

10.1 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.

Signed:

Date:

Capacity: