

Proposal Form

Broadform Liability

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www.santam.co.za
Registration number: 1918/001680/06



Santam is an authorised financial services provider (FSP 3416),
a licensed non-life insurer and controlling company for its group companies.

DETAILS OF THE INSURED

1. Full name of the Proposer
2. Company registration number
3. Company VAT number
4. Registered address
incl. postal code
5. Postal address
incl. postal code
6. Client's contact person
7. Client's contact telephone number
8. Clients contact e-mail address
9. Client's website address
10. Type of organisation

Sole Proprietor	Close Corporation	Private Company	Public Company
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11. Description of Proposer's activities (Please provide a full business description as we need to understand what it is that the business does on a day to day basis.

12. Due to Santam's FSCA Licensing status and in light of the requirements set out in the Protection of Personal Information Act 2013 (POPI) we are not strictly speaking allowed to contact you directly and would generally communicate with you via your broker. However there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy. Therefore please indicate below how you prefer to be contacted in the unlikely that we should need to contact you directly.

SMS	E-Mail	Phone	Mobile	Post
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13. Number of employees of whom % are contracted in from a labour broker

14. How long has the business been operating?

15. Turnover for the past four years and budgeted for the forthcoming year

20	20	20	20	20
R	R	R	R	R

Specialist | Liability

16. Is the Insured's current asset value OR annual turnover less than R2 000 000?

NO YES

17. Do you have standard trading conditions?

NO YES

If No, do you contract out of liability?

NO YES

Please provide a copy of your standard trading conditions as well as any hold harmless agreements that are in place

18. Please provide details of any claims / incidents made against the Proposer since the business was established

Date	Amount Claimed	Full Details

19. Please provide details of current/previous insurances

Insurer:

Policy Period:

Covers/Limits:

20. Has the proposed coverage ever been purchased before, whether specifically or as a sub-section or addition to other coverage

NO YES

21. Has any insurer ever cancelled or not renewed this type of coverage?

NO YES

If YES, please provide details

PRODUCTS LIABILITY

Please attach a list of all products manufactured / imported or provide web page details.

1. If your product is imported, please advise country and percentages

% North America

% Far East

% Europe

% Rest of the World

2. In respect of products or services obtained from outside parties, are full rights of recourse retained?

NO YES

3. Are there any Quality Control Measures in place with regard to products? NO YES
If **YES**, please explain
4. Are any of the products supplied for use in connection with Aircraft, Marine or Aerospace devices? NO YES
5. Does the Company import any products and/or raw materials for incorporation into their products? NO YES
If **YES**, please provide full details of each type of import
6. Does the require product inefficacy cover? NO YES
If **YES**, please provide details of the inefficacy exposure
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COVER REQUIRED AND THE LIMIT OF INDEMNITY

Nature of Cover	Limit of Indemnity	
1. Public Liability	R	/ unlimited in the year
2. Contractors Liability	R	/ unlimited in the year
3. Employers Liability	R	/ unlimited in the year
4. Products Liability / Defective Workmanship (excluding inefficacy)	R	/ unlimited in the year
5. Products Liability / Defective Workmanship (including inefficacy)	R	/ unlimited in the year

DECLARATIONS

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected.

I confirm that the information and documentation submitted, is correct, to the best of my knowledge.

At the present time, other than stated above, I/We have no reason to anticipate any claim being brought against me/us that would constitute a claim under the Insurance now being Renewed or Applied for.

The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. Signing of this application does not bind the company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance form part of the policy should a policy be issued.

I/We acknowledge that the information submitted in this proposal form may be protected by data protection legislation, such as the Protection of Personal Information Act 2013 (POPI) and accordingly hereby consent to the use of such information by Santam on behalf of Santam Ltd (the Insurer) to:

1. Verify the information disclosed herein against any other source;
2. Communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
3. Compile non-personal statistical information to assist in assessing similar risks;
4. Assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, that said information may be used at a later stage to assess any future claims that I/We may have against any such Insurances issued by Santam on behalf of Santam Ltd;
5. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
6. Transmit your personal information to any third party service provider who has a need to know such information in order to perform functions relating to your Policy;
7. Share your personal information on the SAIA policyholder database for the combatting of insurance fraud and improved evaluation of risks

I/We further acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapses.

Signed

(On behalf of the Proposer)

Capacity

Date