PROPOSAL FORM
Broadform
Public & Products Liability

Please answer **ALL** questions completely.
Should any question or part thereof not be applicable, please state "N/A".
Should insufficient space be provided, please continue on your company letterhead.

1. Name of insured _____
2. Physical address _____ Postal code _____
3. Company reg. number _____
4. VAT number _____
5. Insured's website _____
6. Turnover for the past 3 years Year 1 R _____ Year 2 R _____ Year 3 R _____
   Estimated turnover for the forthcoming period R _____ Date of financial year end _____
7. Describe **ALL** business activities

   _____

   _____

   _____

   _____

8. Are any of your branches based outside the borders of South Africa or do you conduct business outside of South Africa Yes ☐ No ☐

   If **Yes**, give particulars _____

   _____

9. Number of premises, situation of premises and activities undertaken from such premises

No. of premises	Situation of premises	Activities (e.g. Manufacture, Storage, Offices, etc.)

10. Are full rights of recourse maintained in contracts with all sub-contractors and/or suppliers (importers/manufacturers) and/or service providers Yes ☐ No ☐
11. If **Yes**, does the Insured ensure that such other sub-contractors and/or suppliers and/or service providers carry their own insurance Yes ☐ No ☐
12. Does the Insured use a standard form of contract/agreement or Letter of Appointment for all contracts entered into? Yes ☐ No ☐

    Please provide us with a copy of the standard contract and disclaimer.
13. Have you, during the last 5 years, been prosecuted for contravention of any standard law relating to the release from the location of a substance into sewers, rivers, sea, and air or on the land, or had any claims or complaints made resulting from sudden and accidental pollution Yes ☐ No ☐

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

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PRODUCTS LIABILITY *(Complete only if required)*

1. Does the Insured operate a Research and Development Department and/or provide any design, formula, specification or technical advice — Yes ☐ No ☐

2. Is design or advice ever given in exchange for a fee — Yes ☐ No ☐

3. Is design or advice ever given free of charge — Yes ☐ No ☐

4. Please provide full details of quality testing procedures carried out during and after manufacture

5. Please provide details of all products manufactured, supplied, serviced, treated or altered by or on behalf of the Company together with anticipated failure rate and estimated turnover for the current year

Product description	Design and manufactured anticipated failure rate	Estimated turnover
		R
		R
		R

6. Please give details of:

Major customers	Annual sales

7. Are any other products or activities, not included above, contemplated by the Insured during the next 12 months? — Yes ☐ No ☐

   If Yes, please give details

8. Countries to which products are exported

9. Exports to North America and/or Canada

   a. Full description of all products exported and approximate percentage of total applicableto each product

   b. For how long has the Company been exporting these products to North America

   c. Please give details of all contractual terms, warranties, including all oral or written undertakings given by or to North American or Canadian sellers or suppliers

   d. Is the North American or Canadian seller or supplier insured for Products Liability, including imported goods — Yes ☐ No ☐

   State limit if known R

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Imports

1. Does the Insured import any products and/or raw materials for incorporation into their products? Yes ☐ No ☐

   If Yes, please provide full details of each type of import

2. Please provide details of country of origin and supplier per type of import

3. How long has the Insured been importing each product/raw material from such suppliers?

4. Does the Insured implement any quality assurance test on such imports prior to selling on Products or prior to incorporation into Insured's own Products? Yes ☐ No ☐

5. What quality/service guarantees does the Insured obtain from suppliers?

6. Has the Insured experienced any problems with quality of Products or raw material(s) or service from suppliers in the past? Yes ☐ No ☐

   If **Yes**, please give details

Per-and Polyfluorinated Substances (PFAS) - PFAS is an umbrella term for man-made organic compounds, which don't break down in the environment – "Forever Chemicals"

1. Are you aware of PFAS chemicals? Yes ☐ No ☐
2. Do you make use of any chemicals that are classified as PFAS? Yes ☐ No ☐
3. Are you aware of any products that you manufacture or distribute that contain any chemicals that are classified under the PFAS banner? Yes ☐ No ☐
4. If yes, are you aware of both the short term and long-term implications of using such chemicals? Yes ☐ No ☐
5. What risk management policies do you have in place to address the ongoing use of such chemicals?

6. For how much longer will you be using PFAS chemicals?

EMPLOYER'S LIABILITY

Please note: the Policy will not provide cover for any amounts recoverable under any Act anywhere in the world in terms of which any employee may claim compensation for work related injuries.

1. Total salary/Wage roll R
2. Number of employees
3. Do any employees work outside South Africa Yes ☐ No ☐

   If **Yes**, please give details

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ARTIFICIAL INTELLIGENCE (AI)

1 Do you make use of any Generative Artificial Intelligence / Machine Learning in your business, if yes; Yes ☐ No ☐

- Please describe what and how it is used within your business.

- Who has the authority to use such tools?

- How do you monitor the usage of such tools?

- What percentage of your business is reliant on such tools?

- How do you as a business check and verify the output generated from such tools that it makes sense and is reliable?

- Who has the final say in utilizing such output into your business?

GENERAL INFORMATION

1. Please give details of all claims made against the Insured over the last 5 years, whether insured or not

Date of Claim		Description

2 Is the Insured, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance Yes ☐ No ☐

If **Yes**, please provide full details

3 Has any Insurer ever cancelled or refused to renew any insurance, or imposed special restrictions or conditions Yes ☐ No ☐

If **Yes**, please provide full details

4 Does the Insured have public/products liability insurance? Yes ☐ No ☐

If **Yes**, please provide full details

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COVER REQUIRED

Limit	Option 1	Option 2
Public Liability		
Products Liability		
Employer's Liability		
Other		
Deductible		

Privacy

In accordance with the applicable laws, we may be required to 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.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iTOO of such changes as soon as reasonably possible.

Name _____ Designation _____

Signature (duly authorised) _____ Date _____

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