

SUPPLEMENTARY QUESTIONNAIRE

Broadform

Warehouseman's 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.

To be completed in addition to the Broadform Liability Proposal Form

Warehousing/Storage, Shipping, Freight Forwarding or Clearing Agents, Transporting or Loading/Unloading of Customer Goods

If you are involved in **Warehousing/Storage** please complete **Section A**.

If you act as **Shipping, Freight Forwarding or Clearing Agent** please complete **Section B**.

If you are involved in the **transporting or loading/unloading** of Customer Goods please complete **Section C**.

Section A: Warehousing/Storage

1. Do you operate any warehouses or storage facilities? Yes ☐ No ☐

Please specify _____

a. Premises

Number of premises	Address of premises	Size and construction type of each premises

- b. The cover in place for customers goods through your property insurance policies

- c. Does the warehouse have sprinkler protection or other security or protection systems?

- d. Do you own or lease the premises? If lease, who is responsible for insuring the warehouse itself? Own ☐ Lease ☐

2. Please specify the nature of goods stored

3. Do you operate any cold storage facilities? Yes ☐ No ☐

If **Yes**, please give details with particular reference to backup power sources and temperature monitoring, and maintenance programs for refrigeration equipment

4. Do you (contractually) require clients to take out property damage insurance and goods in transit cover for their own goods? Yes ☐ No ☐

If **Yes**, please give details _____



5. Do you limit your liability contractually Yes ☐ No ☐
 If **Yes**, at what level? _____
 Please supply a copy of the relevant clauses of your standard contract conditions.
6. Average value of goods stored R _____
7. Highest value of goods stored R _____

Section B: Shipping, Freight Forwarding or Clearing Agents

1. Do you act as freight forwarding or clearing agents? Yes ☐ No ☐
 If **Yes**, please provide annual turnover and a copy of trading conditions or contracts

2. Do you currently purchase errors and omissions covers for shipping, forwarding and clearing operations? Yes ☐ No ☐
 If **YES**, give details of cover

2. Do you have any offices outside of South Africa providing forwarding and clearing services? Yes ☐ No ☐
 If **Yes**, please give details

Section C: Transporting or Loading/Unloading of Customer's Goods

1. Do you transport, load or unload customer's goods? Yes ☐ No ☐
 If **Yes**, please give details

2. How many vehicles do you operate (for transporting goods), and list the type of vehicle

3. Do you purchase goods in transit insurance? Yes ☐ No ☐
 If **Yes**, please give details

4. Please specify the amount of motor third party liability cover provided by your motor insurance

General Information

1. Please give details of all claims made against the Company over the last 5 year

Date of claim	Description

2. Is the Company, 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



Privacy

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 insurances 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 (duly authorised)

Designation

Signature

Date

Y	Y	Y	Y	M	M	D	D
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