PROPOSAL FORM
Broadform
Mining 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.
Please state clearly in what currency the values are declared.

1. Name of Applicant _____
2. Physical address _____
   _____ Post code _____
3. Company Registration Number _____
4. VAT no. _____
5. Website _____
6. Description of all operations and type of mining

   _____
   _____
   _____
   _____
7. Do you manage/operate the mine on behalf of a third party Yes ☐ No ☐
8. Does the proposed insured own or control any abandoned mines? Yes ☐ No ☐
9. Does the company have any shareholding in USA or Canada? Yes ☐ No ☐
10. Number of employees _____
11. Do any employees work outside the local territory? Yes ☐ No ☐
12. Total salary/wage roll _____
13. Turnover for the past three years

20 ___	20 ___	20 ___	Forthcoming period estimate
R	R	R	R

14. Tonnage/Production Values for the past three years

20 ___	20 ___	20 ___	Forthcoming period estimate

15. If products or components are exported, please list the countries and advise the percentage of turnover to each country.

    _____
    _____
16. If products or components are imported, please list and advise country of origin.

    _____
    _____
    _____
17. Describe the procedures for hauling caustic, explosive or otherwise hazardous substance.

    _____
    _____

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Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

18. Do you use a standard form of contract/agreement or Letter of Appointment for all contracts entered into?

19. Are full rights of recourse maintained in contracts with all sub-contractors and/or suppliers (importers/manufacturers) and/or service providers?

20. Do you sub-contract any work to independent contractors? Yes ☐ No ☐

    a. If Yes, do you ensure that contractors carry their own insurance? Yes ☐ No ☐

    b. Where contractors do not hold their own insurance, are there contracts in place to stating limitation of liability? Yes ☐ No ☐

21. Do you provide any consulting, inspection or geological services to third parties for a fee? Yes ☐ No ☐

22. Do you have any non-owned property or equipment in your care, custody and control? Yes ☐ No ☐

    If Yes, please describe.

23. Has the proposed insured ever had a problem with acid mine drainage? Yes ☐ No ☐

24. Are examinations conducted prior to any work being done on high-walls? Yes ☐ No ☐

25. How does the proposed insured mitigate the risk of dust inhalation for its miners?

26. Are workers provided with the proper personal protective equipment? Yes ☐ No ☐

27. When was the last environmental survey done at the mine? Please provide a copy.

Blasting & Explosives

a) It is a condition that all blasting and use of explosives shall be performed by fully qualified blasting contractors and that the necessary permission be obtained from the authorities. Cover is provided subject to all necessary measures being taken to prevent damage to third party property and take adequate temporary measures to mitigate damage.

b) Warranted that all protocol as detailed in the Explosive Act are strictly adhered to.

28. What is being blasted?

29. What materials are used for the blasting?

30. Do you conduct the blasting yourselves or is it contracted to a third party?

31. Are the persons doing the blasting qualified and experienced?

32. What is the process for appointing and assessing blasting contractors?

33. Distance of blast works from nearest structure i.e. Telkom pylon, overhead and underground services?

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34. Is there any dolomite in the near surrounding areas? Yes ☐ No ☐

35. Is the blasting a once off or re-accruing activity? How often is the blasting conducted?

36. Do you have the required licenses for blasting activity on the premises? Yes ☐ No ☐

Emergency/Medical/Paramedic Services

37. Do you provide any medical services to employees and/or third parties? Yes ☐ No ☐

38. How many of the following personnel do you employ or contract in?

	Employed	Contracted
Doctors		
Nurses		
Paramedics		
Industrial Hygienist		

39. Are medical services provided to third parties charged at a fee? Yes ☐ No ☐

40. Please state if any of these services are provided and the division of patients:

Major Surgery	Yes ☐	No ☐		ENT	Yes ☐	No ☐	
Minor Surgery	Yes ☐	No ☐		Dental / Maxillofacial	Yes ☐	No ☐	
Cosmetic Surgery	Yes ☐	No ☐		Accident & Emergency	Yes ☐	No ☐	
Orthopaedics	Yes ☐	No ☐		Drug / Alcoholic	Yes ☐	No ☐	
Obstetrics / Gynaecology	Yes ☐	No ☐		Communicable Infectious Diseases	Yes ☐	No ☐	
Paediatric	Yes ☐	No ☐		Frail Care / Aged	Yes ☐	No ☐	
Ophthalmology	Yes ☐	No ☐		Insanity / Psychiatric	Yes ☐	No ☐	
Prostetic Fitment	Yes ☐	No ☐		Other	Yes ☐	No ☐	

Tailings Dams

41. Are there tailings dams? Please provide a copy of the latest survey report. Yes ☐ No ☐

42. Who is responsible for the operation and maintenance of the tailings?

43. Do you have a standard contract in place and what is the extent of liability held by the operator?

44. Do you ensure that the party(ies) responsible for operation and maintenance have their own insurance? At what limit of indemnity?

45. What is the distance of the tailings facility from the nearest residential/commercial town?

46. Do you use explosives to open a coal seam, build roads to the mining pit, or conduct auger mining operations? If so, who is responsible - the insured's workers or a third party that specializes in blasting operations?

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47. Please provide a list of each of the dams that our insured is responsible for?

48. Kindly advise how regularly is a survey/report done on each individual dam? We will require a certificate from an engineer certifying that the dam is in good condition. e.g. A copy of the survey report

49. Who conducts the surveys and what are their experience to provide a credible report?

50. What are the contractual obligations between the mine owner and the operator?

51. Who is ultimately responsible in the event of a collapse?

General Information

52. Please give details of all claims made against the applicant over the last five years, whether insured or not.

Date of Loss	Description

53. Is the applicant, after full enquiry, aware of any circumstances which may give rise to a claim? Yes ☐ No ☐

If Yes, please provide full details:

54. Is the applicant currently insured for Public/Products Liability insurance? Yes ☐ No ☐

Insurer

Period of Insurance

Limit of Indemnity

55. 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:

Cover Required

Section	Limit	Deductible
Public Liability		
Products Liability		
Employers Liability		
Other		

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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 (duly authorised) _____

Designation _____

Signature _____

Date

Y	Y	Y	Y	M	M	D	D

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