



In association with **Hollard.**

PROPOSAL FORM
**Broadform Public &
Products Liability**

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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ITOO is an Authorised Financial Services Provider. FSP No. 47230



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 _____
3. VAT Number _____
4. Company Website _____

5. Insured Annual Turnover/Gross Revenue for the current and the past 3 financial years

Year 1		Year 2		Year 3	
Current year		Date of financial year end			

6. Describe **ALL** business activities

7. Are any of your branches based outside the borders of South Africa or do you conduct business outside of South Africa

Yes		No	
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*If **YES**, give particulars*

8. Number of premises, situation of premises and activities undertaken from such premises (e.g. Manufacture, Storage, Offices, etc.)

No. of premises	Situation of premises	Activities

9. Does the Company use a standard form of contract/agreement or Letter of Appointment for all contracts entered into

Yes		No	
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*If **YES**, please attach a sample to this proposal form*



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

Yes		No	
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11. *If **YES**, does the Company ensure that such other sub-contractors and/or suppliers carry their own insurance*

Yes		No	
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12. Does the Company issue any brochures, leaflets or other marketing material describing the Company's services

Yes		No	
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*If **YES**, please attach copies (or supply website address which contain marketing information in the space provided below)*

13. How and where do you dispose of manufacturing waste and effluent

14. Is any of your waste of a toxic nature

Yes		No	
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*If **YES**, give particulars*

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15. 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	
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PRODUCTS LIABILITY

(Complete only if required)

1. Does the Company operate a Research and Development Department and/or provide any design, formula, specification or technical advice

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

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

Yes		No	
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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

6. Please give details of

Major customers	Annual sales

7. Are any other products or activities, not included above, contemplated by the Company during the next 12 months

Yes		No	
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*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 applicable to each product



b. For how long has the Company been exporting these products to North America			
c. Means of export to North America and Canada			
<ul style="list-style-type: none"> • Direct Subsidiary in such country • Incorporated in part of machinery or commodity sold direct by Manufacturers • Sold via Distribution Agent/Selling Agent in North America / Canada. 			
d. 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			
e. Is the North American or Canadian seller or supplier insured for Products Liability, including imported goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Limit if known: R			

IMPORTS

1. Does the Company import any products and/or raw materials for incorporation into their products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES, please provide full details of each type of import</i>			
2. Please provide details of country of origin and supplier per type of import			
3. How long has the Company been importing each product/raw material from such suppliers			
4. Does the Company implement any quality assurance test on such imports prior to selling on Products or prior to incorporation into Company's own Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What quality / service guarantees does the Company obtain from suppliers			



6. Has the Company experienced any problems with quality of Products or raw material(s) or service from suppliers in the past

Yes		No	
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If YES, please provide full details

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EMPLOYERS 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
2. Number of employees
3. Do any employees work outside South Africa, if so, please give details

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GENERAL INFORMATION

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

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	
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If YES, please provide full details

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3. Present Retroactive Date

D	D	M	M	Y	Y	Y	Y
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4. Does the company have public/products liability insurance

Yes		No	
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If YES, please provide full details

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5. Has any Insurer ever cancelled or refused to renew any insurance, or imposed special restrictions or conditions

Yes		No	
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If **YES**, please provide full details

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COVER REQUIRED

Limit	Option 1	Option 2
Public Liability		
Products Liability		
Employers Liability		
Other		
Deductible		

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

D	D	M	M	Y	Y	Y	Y
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