

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.

- Name of Insured _____
- Physical address _____ Postal code _____
- VAT number _____
- Company website _____
- Estimated turnover/Rental income

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

- Describe **ALL** business activities

- 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 _____

- Number of premises, situation of premises and activities undertaken from such premises (e.g. Commercial/Retail/Industrial use)

No. of premises	Situation of premises	Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Does the Company use a standard form of contract/agreement or Letter of Appointment for all contracts entered into? Yes No
- Are full rights of recourse maintained in contracts with all sub-contractors and/or suppliers (tenants)? Yes No
- If Yes, does the Company ensure that such other sub-contractors and/or tenants carry their own insurance? Yes No
- 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
- Are there elevators/escalators in any of the premises? Yes No
- If so, does the Company have contracts in place with the manufacturers, suppliers and installers and maintain full rights of recourse? Yes No
- How often are the elevators / escalators serviced and maintained? _____
- Does the Company keep records of the service and maintenance? Yes No
- Does the Company adhere to the maintenance schedules? Yes No

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 _____

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

If Yes, please provide full details _____

3. Present retroactive date

Y	Y	Y	Y	M	M	D	D
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4. Does the Company have public/products liability insurance? Yes No

If Yes, please provide full details _____

5. 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

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

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 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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