



## WAREHOUSEMAN'S LEGAL LIABILITY

### PROPOSAL FORM

(Separate proposal to be completed for each location)

**We are your Underwriters on behalf of Lombard Insurance Company Limited:**

LEPPARD & ASSOCIATES (PTY) LTD

The Conservatory  
Cnr Baker St & Keyes Ave  
Rosebank 2196  
Johannesburg  
South Africa

Registration No.1991/002788/07  
Vat No. 4270124466  
FSB Licence No. 274

PO Box 2730  
Houghton  
2041

Telephone No. +27 11 459 1640  
E-mail: [liability@leppard.co.za](mailto:liability@leppard.co.za)  
Website: [www.leppard.co.za](http://www.leppard.co.za)

**We are your Insurers:**

Lombard Insurance Company Limited  
4<sup>th</sup> Floor, 22 Wellington Road, Parktown 2193, Johannesburg  
Registration No. 1990/001253/06  
Vat No. 4360121331  
FSP Licence No. 1596

\* For accurate assessment of your liability and to avoid any delay with the Quote, please answer all the following questions with: **Relevant details**, “**YES**”, “**NO**” or “**NIL**”

\* Please ensure that you complete the current year's Proposal Form. Completion of the form does not bind the Proposer or Insurers to complete the Insurance transaction.

\* Any change in risk or claim or claim circumstance occurring between the date of this proposal and the renewal or inception date of the policy must be advised to Underwriters.

\* If this proposal is being completed for the renewal of an existing Leppard and Associates (Pty) Ltd policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension is requested and has been granted from Underwriters or renewal terms have been accepted by you in writing.

\* Claims Made Policy means:

1. Cover is in respect of claims made against you or circumstances that you become aware of that may give rise to a claim on or after the retroactive date and advised by you to Insurers as soon as practicable.

2. The retroactive date is the date inserted into the policy in terms of which claims arising out of work done prior to this date are excluded from cover.

1. **Name and address of Proposer**

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2. **Location to be Insured**

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3. **Limit of Liability**

R \_\_\_\_\_

4. **Excess required (subject to minimum)**

R \_\_\_\_\_

5. **Description of premises**

i) Type of construction

a) External Walls \_\_\_\_\_

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b) Roof \_\_\_\_\_

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ii) Age \_\_\_\_\_

iii) Condition of repair \_\_\_\_\_

iv) Are there any basements? \_\_\_\_\_

v) Are you the sole occupier of the building? \_\_\_\_\_

6. **With whom are the buildings insured?** \_\_\_\_\_

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What is the fire and special perils rate of the buildings?

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7. Value of goods in store

<u>Maximum</u>	<u>Minimum</u>	<u>Average</u>
R	R	R

8. Percentage of goods or commodities stored

<u>Furniture</u>	<u>Foods</u>	<u>Acids</u>	<u>Explosives</u>	<u>Chemicals</u>
%	%	%	%	%

<u>Wet Commodities</u>	<u>Goods susceptible to water or moisture damage</u>
%	%

All other goods (describe)

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9. Details of Fire protection

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10. Details of protection against theft

- i) Doors \_\_\_\_\_
- ii) Windows \_\_\_\_\_
- iii) Is there a burglar alarm (If so state details of maintenance contract)

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11. **Is a watchman employed?** Please provide full details

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12. **Details of cold storage facilities**

i) Area available \_\_\_\_\_

ii) Type of refrigerant \_\_\_\_\_

iii) In the event of a breakdown, are backup facilities available?  
\_\_\_\_\_

iv) Manufacturer of system \_\_\_\_\_

v) Year installed \_\_\_\_\_

vi) Is there a maintenance contract: \_\_\_\_\_

vii) Do you carry contamination Insurance? \_\_\_\_\_

13. **Please attach a copy of your Conditions of Storage.**

**Will all goods held in the warehouse be stored on these conditions?**  
\_\_\_\_\_

14. **How long have you been in business?** \_\_\_\_\_

15. **Details of previous insurance** \_\_\_\_\_

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16. **Details of any previous claims** \_\_\_\_\_

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17. Annual Gross receipts for last five years

1. R \_\_\_\_\_ 2. R \_\_\_\_\_  
3. R \_\_\_\_\_ 4. R \_\_\_\_\_  
5. R \_\_\_\_\_

18. Estimate of gross receipts for next twelve months R \_\_\_\_\_

### DECLARATION

To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a \*material fact will entitle Underwriters to void the insurance.

\* **(N.B. A Material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to what constitutes a material fact, you should consult your Broker.)**

It is understood that the signing of this proposal does not bind the Proposer to complete or Underwriters to accept this Insurance but the Proposer agrees that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract.

Signature of Proposer \_\_\_\_\_

Name of Proposer \_\_\_\_\_

Position in Company \_\_\_\_\_

Date \_\_\_\_\_