



LEPPARD

Proposal Form

Underwritten by Lombard Insurance Company Limited,
an Authorised Financial Services Provider (FSP 1596).

PRODUCTS RECALL

(SUPPLEMENTARY TO THE PRODUCTS LIABILITY PROPOSAL)

(CLAIMS MADE BASIS)

We are your Underwriters:

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
Website: www.leppard.co.za

We are your Insurers:

Lombard Insurance Company Limited
4th Floor, 22 Wellington, Parktown 2193, Johannesburg

- * 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.

This is **Material Information** for underwriting purposes.

1. (a) List of product types and turnover (**excluding VAT**) manufactured, produced, supplied or distributed and to which this insurance is to apply.
 (b) List the Countries outside South Africa where Business activities are undertaken with regards to your Products.
 (c) List the Countries outside South Africa to which your Products are exported to.

(a) List of Product types	Turnover	Date first marketed	(b) Countries: Business Activities outside RSA	(c) Countries: Exported to

SANCTIONS

No indemnity may be granted by Insurers in respect of any business activities undertaken by the proposer in a SANCTIONED TERRITORY or with a SANCTIONED PERSON as listed by the United Nations, the European Union, the United Kingdom or United States of America

2. Will any new type of product be marketed during the next 12 months? YES / NO
 If YES, please give details.

.....

3. What plans exist to initiate a recall? If none, please advise why not.

.....

4. (a) Would it be necessary for any other party to co-operate with initiating a recall? YES / NO
 (example: manufacturer, producer, supplier or distributor). If YES, please provide details.

.....

- (b) If any of the proposer's products are incorporated into other products would the other manufacturer(s)/producer(s) initiate a recall? If YES, please provide details. YES / NO

.....

5. Have press or other announcements been prepared for retention on file? YES / NO
If NO, please advise why not.

.....

.....

.....

6. Do the products carry
- | | |
|----------------------------------|----------|
| (a) the proposer's company name? | YES / NO |
| (b) the proposer's trade mark? | YES / NO |
| (c) a part number? | YES / NO |
| (d) a production batch number? | YES / NO |

7. (a) Details of records maintained to trace the location of products

.....

.....

.....

- (b) How long are records kept?

.....

8. What is the proposer's estimate of the likely cost of a recall within the next 12 months?

.....

9. Name(s) and position(s) of personnel within the proposer's organisation empowered to authorise a recall.

.....

.....

.....

10. Your current Products Recall insurance cover

- 10.1 Are you currently insured? YES / NO

If yes and in order for us to provide continuity of insurance cover and to maintain the Retroactive Date (see front page of the proposal) please attach a copy of your current policy and/or schedule.

11. **Your current / previous Products Recall insurance**

In respect of your **Products Recall** cover, has any Insurer ever:

11.1 Declined to provide you or any of your principals an insurance policy? YES / NO

11.2 Imposed special terms? YES / NO

11.3 Cancelled an insurance policy? YES / NO

If YES to any of the above, please advise full details:

.....
.....

12. **Your current / previous Products Recall claims (past five years) and circumstances which could lead to a claim.**

12.1 Have you during the past 5 years had a claim made against you? YES / NO

12.2 Are you aware, AFTER ENQUIRY, of any circumstances that may give rise to a claim being made against you? YES / NO

If YES, to either question, please advise full factual details, either below or on a separate page, confirming when the claim or circumstance arose, describing the circumstances of the claim, the values involved and the present status of the claim or circumstance. Please do not express any view as to whether or not you have a liability in respect of any matter not settled.

.....
.....

13. **Your Quotations required**

13.1 Aggregate Limit of Indemnity (Recall Expenditure)

R R R

14. **Summary of Cover**

Product Recall: Your decision during the Insurance Period, with Our prior written approval, to recall Your Product which is likely to cause Injury or Damage for which You may become legally liable.

Recall Expenditure: any reasonable amounts You need to spend in relation to Recall for:

- * media communication and correspondence
- * transportation in connection with the return of Your Product or any part thereof to You or your nominated agent
- * destroying Your Product except where such costs are greater than transportation costs

MATERIAL INFORMATION

15. This form has prompted you to provide certain information. There may be additional material information which is specific to your business profile and which has not been provided above. This material information should be declared to us separately.

Material information means any information which might influence our judgment in accepting your risk. If you wilfully suppress or conceal or fail to disclose material information this could affect indemnity. Disclosing information will also allow us to assess your risk positively which could lead to significantly improved policy terms.

YOUR DECLARATION

16. I/we hereby declare that the above statements and particulars are true and complete and that at the present time, other than as stated above, I/we have no reason to anticipate any claim being brought against me/us that would constitute a claim under the insurance now being requested.

I/we agree that this proposal and declaration, together with any other material information supplied by me/us shall be the basis of the contract between me/us and Insurers. I/we undertake to inform Insurers at all times of any material changes to the risk including material changes between the date of signing this Proposal Form and the date of acceptance of the risk or the date of commencement of the Policy whichever occurs last.

I/we acknowledge that, for the purposes of dealing with this proposal, it will be necessary to process our private information, including making that information available to our associated parties, insurers or reinsurers. In addition, I/we consent to the transfer of that information to the reinsurers, even if those reinsurers are situated outside the Republic of South Africa, for use in connection with this proposal and any related reinsurance matters.

.....
Authorised signatory of the Proposer

.....
Full name of signatory

.....
Position in Firm

.....
Date