



Proposal Form

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

GENERAL PUBLIC LIABILITY EMPLOYERS LIABILITY POLLUTION LIABILITY

(CLAIMS MADE BASIS)

**NOTE: SEPARATE PROPOSALS MUST BE COMPLETED FOR PRODUCTS AND DEFECTIVE WORKMANSHIP LIABILITY
AND PRODUCTS RECALL**

We are your Underwriters:

LEPPARD & ASSOCIATES (PTY) LTD

The Conservatory
Cnr Baker & 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 Road, 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 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.

WHO ARE YOU?

1. **Name of Firm** (Your legal entity - please be accurate - to be used on your policy contract)

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2. **Postal Address**

3. **Physical Address of Principal Firm/Office**

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4. **Subsidiary Firms and Offices** (provide name, city and country)

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5. **Phone Number**..... **E-mail address**

6. **Registration Numbers (a) Firm** **(b) VAT**

7. **Date of Commencement of Firm**

WHAT YOU DO

8. **Business activities/description** (please be accurate – your policy contract is based on this information)

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9. List the Countries outside South Africa where Business activities are undertaken.

Country	Approximate Percentage of Turnover

SANCTIONS

10. **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.**

YOUR FINANCIAL DECLARATION

11. Please provide your audited or equivalent figures (**excluding VAT**) as at your last three financial year ends.

PERIOD FROM	PERIOD TO	TURNOVER (excluding USA/Canada)	TURNOVER (USA/Canada only)	TOTAL TURNOVER (including USA/Canada)
		R	R	R
		R	R	R
		R	R	R
ESTIMATED TURNOVER NEXT 12 MONTHS		R	R	R

MATERIAL CHANGES

12. **Your business / constitution of the practice**

Have there been any material changes or are any material changes planned in respect of the business or constitution? If YES, please advise full details: YES / NO

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EMPLOYERS LIABILITY

13. **Do you require Employers Liability cover?** YES / NO

If yes,

- (a) Are your employees protected from machinery, plant, noise, toxins or any other specific conditions associated with your Business? YES / NO
- If no, please explain:

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(b) Have you been prosecuted under the Health and Safety Act or any other relevant Statute or Regulation? YES / NO
If yes, please explain:

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(c) Are your employees registered with the workman's compensation fund? YES / NO

(d) Do you have employees that work outside of the Republic of South Africa for a period/s longer than 12 months? If YES, please provide details on the duration of the work period and type of work undertaken during this period YES / NO

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POLLUTION LIABILITY – SUDDEN AND ACCIDENTAL

14. Do you require Pollution Liability cover? YES / NO
If Yes,

(a) How and where do you dispose of waste and effluent related to your Business?

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(b) Is any waste / effluent of a toxic nature? If yes, please advise full details: YES / NO

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(c) Have you been prosecuted in the last five years for contravention of any statute or law relating to the release from any premises or elsewhere of a substance into sewers, rivers, sea, air or land? If yes, please advise full details: YES / NO

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- (d) Have any claims or complaints been made against you resulting from sudden and accidental pollution? If yes, please advise full details: YES / NO

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YOUR CLAIMS HISTORY

15. Your current / previous Liability claims (past five years) and circumstances which could lead to a claim

- (a) Have you during the past 5 years had a claim made against you? YES / NO
- (b) 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.

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YOUR INSURANCE HISTORY

16. Your current / previous insurance

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

- (a) Declined to provide you or any of your principals an insurance policy? YES / NO
- (b) Imposed special terms? YES / NO
- (c) Cancelled an insurance policy? YES / NO

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

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COVER YOU REQUIRE

17. Your current Liability insurance cover

- (a) 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.

- (b) Your Liability Quotations required.

Aggregate Limit of Indemnity options inclusive of costs and expenses.

R R R

MATERIAL INFORMATION

18. 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

19. 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.

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Authorised signatory of the Proposer

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Full name of signatory

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Position in Firm

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Date