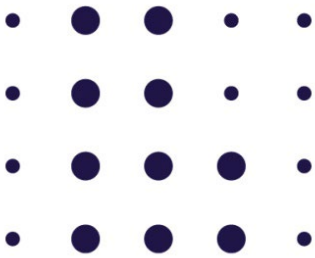

LEPPARD

Proposal Form

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

The Conservatory, Cnr Baker St & Keyes Ave, Rosebank, Johannesburg | www.leppard.co.za | Tel: +27 11 459 1640

FSP No: 274

GENERAL PUBLIC LIABILITY/POLLUTION LIABILITY
PRODUCTS LIABILITY (INCLUDING DEFECTIVE WORKMANSHIP)
EMPLOYERS LIABILITY

(CLAIMS MADE BASIS)

NOTE: A SEPARATE PROPOSAL MUST BE COMPLETED FOR PRODUCTS RECALL

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
Website: www.leppard.co.za

We are your Insurers:

Lombard Insurance Company Limited
4th 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 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.

WHO ARE YOU?

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

   ……

   ……

2. **Postal Address** ……

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

   ……

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

   ……

   ……

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

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

7. **Date of Commencement of Firm** ……

8. **Website Address** ……

WHAT YOU DO

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

   ……

   ……

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

Country	**Approximate Percentage of Turnover**

POLLUTION LIABILITY – SUDDEN AND ACCIDENTAL

11. **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?

……

……

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

……

……

(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

……

……

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

……

……

PRODUCTS (INCLUDING DEFECTIVE WORKMANSHIP) LIABILITY

12. **Products Liability**

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

(d) Will any new type of product be marketed during the next 12 months? Yes/No
If YES, please give details.

……

……

……

(e) Does the proposer have any power of attorney or assets in the USA/Canada? Yes/No
If YES, please give full details

……

……

……

(f) Is the USA/Canada seller or supplier insured for products liability including imported goods? Yes/No
If YES, please give full details including amounts involved.

……

……

……

(g) **Defective Workmanship Liability**
Do you require cover in respect of Products **installed, treated, serviced, altered, repaired or worked upon** by you or on your behalf? Yes/No
If YES, please give full details and provide the estimated annual turnover from each such activity

……

……

……

YOUR FINANCIAL DECLARATION

13. 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

SANCTIONS

14. **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.**

QUALITY CONTROL AND RISK MANAGEMENT

15. (a) Where does the proposer obtain their raw ingredients from?

……

……

(b) What quality control procedures are in place to check the raw ingredients?

……

……

(c) What quality control procedures are in place to check the final products before they are sent out?

……

……

(d) Does the proposer label the products? If yes, what quality control procedures are in place to check that the information on the labels are correct and that the correct label is attached to the correct product?

……

……

(e) Additional details on the quality control procedures.

……

……

(f) Are full rights of recourse maintained against suppliers and manufacturers? Yes/No
If NO, please explain.

……

……

(g) Do you have a Product Recall plan in place? Yes/No
This question is asked for the purposes of assessing and evaluating the product risks and exposures.
Should cover be required for Product Recall a separate proposal must be completed.

(h) Is your Product incorporated into Third Party products? If YES, please provide details

……..

……..

MATERIAL CHANGES

16. **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

……..

……..

EMPLOYERS LIABILITY

17. **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:

……..

……..

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

……..

……..

(c) Are your employees registered with the workman's compensation fund?

(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 during this period undertaken

……..

……..

YOUR CLAIMS HISTORY

18. **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.

……

……

YOUR INSURANCE HISTORY

19. **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:

……

……

COVER YOU REQUIRE

20. **Your current Liability insurance cover**

(a) Are you currently insured? 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

21. 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

22. 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**

If you are interested in Directors & Officers cover, please complete the below section, and return to us, together with a copy of your latest audited financial statements for our underwriting review

DIRECTORS & OFFICERS: PROPOSAL FORM

Years entity has traded (uninterrupted): Retroactive Date (if applicable):

SUBSIDIARY INFORMATION

If not already completed in main section.

Name of Company: Registration Number:

Name of Company: Registration Number:

RISK QUESTIONS

Please confirm that the following statements are TRUE, by ticking the box.

EACH company named above:

1. **IS** a Private Company. ☐
2. **IS** domiciled in South Africa. ☐
3. **HAS** an MOI that prohibits it from offering any of its securities to the public. ☐
4. **HAS** the same or similar business objective in terms of its products or services. ☐
5. IS NOT**;** ☐
   a. a Bank or Deposit taking Institution,
   b. a business providing Proprietary Investments Products and Services,
   c. an Insurance or Reinsurance business (but excluding insuranceintermediaries, advisors, managers and administrators)
   d. a Hedge Fund, Collective Investment product supplier or equivalent;
   e. a Stock broker or Stock Exchange.
6. IS NOT**;** ☐
   a. **applying** for or **considering** any Business Rescue proceeding,
   b. **contemplating** or facing any litigation,
   c. **operating** any repayment plan with any creditor.
7. **HAS NOT** had a claim made **NOR AWARE** of any circumstance that could give rise to a claim being made against the company or any director or ☐

officer as contemplated in the companies Act 2008.

8. **IS NOT AWARE** of any services or products supplied in any Sanctioned Territory or to any Sanctioned Person as listed by the United Nations, the European Union, the Federal Republic of Germany, the United Kingdom or the United States of America. ☐

9. **HAS NOT** undergone and is **NOT PLANNING** any merger, acquisition, disposal or similar corporate action in the past 24 months or future 24 months. ☐

10. **HAS NEVER** had any application for insurance declined **NOR EVER HAD** any insurance cancelled. ☐

COVER YOU REQUIRE

Limit of Indemnity options:

R	**R**	**R**

YOUR DECLARATION

I/we hereby declare that I am duly authorised representative of

and have the right to make financial declarations and declarations of company information as requiredby Leppard for Directors and Officers Liability Insurance.

I/we confirm that there is **NO** clause in the entity's/entities' MOI that precludes the company from indemnifying or purchasing insurance in terms of Section 78 of the Companies Act.

I warrant that I have not currently purchased and will not purchase a policy covering, partially or in whole, any deductible that may apply under this policy.

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 atall times of any material changes to the risk.

SIGNED BY:	DESIGNATION:	DATE:


LEPPARD