WAREHOUSEMAN'S LEGAL LIABILITY (CONSEQUENTIAL LOSSES ONLY)

PROPOSAL FORM

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 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

_____

_____

_____

_____

2. Locations to be Insured

_____

_____

_____

3. Limit of Liability R _____

4. Excess required (subject to minimum) R _____

5. Description of premises

i) Type of construction

a) External Walls _____

_____

b) Roof _____

_____

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? _____

_____

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

_____

_____

7. Value of goods in store

Maximum	Minimum	Average
R	R	R

8. Percentage of goods or commodities stored

Furniture	Foods	Acids	Explosives	Chemicals
%	%	%	%	%

Wet Commodities	Goods susceptible to water or moisture damage
%	%

All other goods (describe]

_____

_____

_____

9. Details of Fire protection

_____

_____

10. Details of protection against theft

i) Doors _____

ii) Windows _____

iii) Is there a burglar alarm (If so state details of maintenance contract)

_____

_____

11. Is a watchman employed? Please provide full details

_____

_____

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. How long have you been in business? _____

14. Details of previous insurance _____

_____

_____

15. Details of any previous claims _____

_____

_____

_____

16. Annual Gross receipts for last five years

1 R_____ 2. R_____

3. R _____ 4. R_____

5. R _____

17. Estimate of gross receipts for next twelve months R _____

18. Are third party goods insured under a material damage policy? _____

19. Do you contract out of Liability? _____

20. Please provide a copy of your standard trading/storage conditions

21. Are all third party goods stored under the provided standard trading/storage conditions? If No, please provide details of otherwise

_____
_____

MATERIAL INFORMATION

23. 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

24. 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**