

**GENERAL PUBLIC LIABILITY / POLLUTION LIABILITY
PRODUCTS LIABILITY (INCLUDING DEFECTIVE WORKMANSHIP)
EMPLOYERS LIABILITY
PRODUCT RECALL
(CLAIMS MADE BASIS)**

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM.

GENERAL LIABILITY INSURANCE covers your legal liability to pay Compensation to a Third-Party including Costs and Expenses following Third-Party injury and / or property damage arising out of your Business including Tenants Liability but excluding all Products related, Defective Workmanship, Employers and Pollution Liabilities. Cover for the exclusions is available as a separate risk.

PLEASE NOTE This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- Please answer every question fully, and state “NIL”, “N/A” or “NONE” as applicable.
- Please complete separate Proposal Forms for each Partner to be included in the quotation and attach a list of all Partners.
- Please submit any additional information you feel may be of assistance to Underwriters, such as Brochures etc.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.

For the purposes of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a ‘material fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal.



Tailor-made Broker Solutions

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1. DETAILS OF PROPOSED INSURED

1.1. Name of Firm:

(Your legal entity – please be accurate – to be used on your policy contract)

1.2. Subsidiary Firms and Offices (provide name, city and country):

1.3. Physical Address:

1.4. Telephone Number:

Cell No.:

1.5. E-Mail address:

Website:

1.6. Co. Reg. no.:

Vat No.:

1.7. Date of commencement of Practice:

As currently constituted:

As initially established:

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

Country	Approximate Percentage of Turnover

2. DETAILED BUSINESS DESCRIPTION (please be accurate – your policy contract is based on this information)



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3. CLAIMS EXPERIENCE

- a) Have you during the past 5 years had a Liability claim made against you? Yes / No
- b) Are you aware, after enquiry, of any circumstances that may give rise to a Liability 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.

4. DETAILS OF INSURANCE

- 4.1. Do you at present or have you in the past had Liability insurance cover? Yes / No

If YES and in order for us to provide continuity of insurance cover and to maintain the Retroactive Date please attach a copy of your current policy and/or schedule.

- 4.2. For the type of Insurance now being proposed, has any Insurer ever:
- i) declined a Proposal or renewal for this Practice or any Partner / Principal? Yes / No
 - ii) required an increased premium or imposed special terms? Yes / No
 - iii) cancelled an insurance? Yes / No

- If yes, please provide full details: _____

5. PART A – POLLUTION LIABILITY – SUDDEN AND ACCIDENTAL

(not related to Products or Defective Workmanship). Liability arising out of the escape of any gas liquid, substance or noise that is sudden, unintended and unexpected and occurs at a specific time and place).

- 5.1. Do you require Pollution Liability cover? Yes / No

If YES,

- 5.2. How and where do you dispose of waste and effluent related to your business?



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5.3. Is any waste / effluent of a toxic nature? Yes / No
- If Yes, please advise full details.

5.4 Have you been prosecuted in the last 5 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? Yes / No
- If yes, please advise full details: _____

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

5.6 Limit of Indemnity Required: R_____ Deductible Required: R_____

6 PART B – PRODUCT LIABILITY (Including defective workmanship):

(Your legal liability to pay compensation to a Third-Party including Costs and Expenses arising out of your Business following Third-Party injury and / or property damage arising out of your product and resultant accidental pollution).

6.4 Do you require Product Liability cover? Yes / No
If YES,

6.5 Please provide a list of product types manufactured, produced, supplied or distributed and to which this insurance is to apply (*on the table below*).

6.6 List the Countries outside South Africa where Business activities are undertaken with regards to your products (*on the table below*).



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6.7 List the Countries outside South Africa to which your products are exported to (*on the table below*).

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 you have any power of attorney or asset 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.

6.8 Limit of Indemnity Required: R_____ Deductible Required: R_____



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7 PART C – DEFECTIVE WORKMANSHIP LIABILITY

(Liability arising out of the physical act of treating, installing, servicing, altering, repairing or working on any tangible property including related gratuitous advice and resultant accidental pollution).

- 7.4 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.

7.5 Limit of Indemnity Required: R_____ Deductible Required: R_____

8 SANCTIONS

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

9 QUALITY CONTROL AND RAW INGREDIENTS

9.4 Where does the proposer obtain their raw ingredients from?

9.5 What quality control procedures are in place to check the raw ingredients?

9.6 What quality control procedures are in place to check the products before they are sent out?

9.7 Does the proposer label the products? Yes / No

- 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?

9.8 Additional details on the quality control procedures.



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9.9 Are full rights of recourse maintained against suppliers and manufacturers? Yes / No

- If no, please explain _____

9.10 Limit of Indemnity Required: R_____ Deductible Required :R_____

9.11 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.

10 PART D – EMPLOYERS LIABILITY (please complete if cover is required).

(Liability arising out of a claim by a person employed under a contract of employment or apprenticeship with you that you have caused them injury arising out of such employment (subject to any worker's compensation legislation.)

10.4 Do you require Employers Liability cover? Yes / No
If yes,

i) Are your employees protected from machinery, plant, noise, toxins or any other specific conditions associated with your Business? Yes / No

- If No, please explain: _____

ii) Have you been prosecuted under the Health and Safety Act or any other relevant Statute or Regulation? Yes / No

- If yes, please explain: _____

10.5 Limit of Indemnity Required: R_____ Deductible Required: R_____

11 PART E – PRODUCT RECALL COVER (please complete if cover is required).

(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).

11.4 Do you require Product Recall cover? Yes / No
If yes,

1.1. Please provide list of product types and turnover (**excluding Vat**) manufactured, produced, supplied or distributed and to which this insurance is to apply (*on the table below*).

1.2. List the Countries outside South Africa where Business activities are undertaken with regards to your Products (*on the table below*).



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1.3. List the Countries outside South Africa to which your Products are exported to (*on the table below*).

a) List of Product types	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) What plans exist to initiate a recall? If none, please advise why not?

f) Would it be necessary for any other party to co-operate with initiating a recall? (example: manufacturer, producer, supplier or distributor). Yes / No

- If yes, please give full details.

g) If any of the proposer's products are incorporated into other products would the other manufacturer(s) initiate a recall? Yes / No

- If yes, please provide details.

h) Have press or other announcements been prepared for retention on file? Yes / No

- If No, please advise why not?



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- i) Do the products carry: -
- i. The proposer's company name? Yes / No
 - ii. The proposer's trademark? Yes / No
 - iii. A part numbers? Yes / No
 - iv. A product batch number? Yes / No

j) Details of records maintained to trace location of products.

k) How long are records kept? _____

l) What is the proposer's estimate of the likely cost of a recall within the next 12 months? _____

m) Name (s) and position(s) of personnel within the proposer's organization empowered to authorize a recall.

Name & Surname	Position

n) You are currently Insured for Products Recall Insurance? Yes / No
 - If yes and in order for us to provide continuity of Insurance cover and to maintain the Retroactive date, please attach a copy of your current policy and / or schedule.

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

- iv) declined a Proposal or renewal for this Practice or any Partner / Principal? Yes / No
- v) required an increased premium or imposed special terms? Yes / No
- vi) cancelled an insurance policy? Yes / No

- If yes, please provide full details: _____

p) Have you, during the past 5 years, had a Product Recall **claim** made against you? Yes / No



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q) Are you aware, AFTER ENQUIRY, of any **circumstances** that may give rise to a Product Recall claim being made against you?

Yes / No

- If yes, please provide full details: _____

1.4. Limit of Indemnity Required: R_____ Deductible Required: R_____

2. SANCTIONS

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

3. SUMMARY OF COVER

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.

12 YOUR FINANCIAL DECLARATION (as at the company's financial year end):

- a. What is your Financial Year End date? _____
- b. Please provide your audited or equivalent figures (excluding VAT) as at your 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



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DECLARATION

- ❖ We declare that after proper enquiry the statements and particulars given above are true and that I/we have not misstated or suppressed any material fact.
- ❖ We agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I hereby authorize and consent to Alphabelle.

- Obtaining any documentation, information and data, including my claims history, relating to my insurance cover held by my previous and current indemnity provider(s).
- Processing all facts disclosed and obtained, for the purposes of assessing my risk profile and / or underwriting the risks and relating to performance of any policy rights and obligations.
- Using my anonymised data for research and education.

Your signature	Date
Designation	Your name & surname

PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source.
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements.
- To compile non-personal statistical information to assist in assessing similar risks.
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances.
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control.



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Further disclosures.

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us):

- To request that we provide you with access to your personal information held/processed by us.
- To request that we erase or correct your personal information that we hold (where appropriate/possible).
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format.
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact us.

INTERMEDIARY DETAILS

Broker:	ALPHABELLE (PTY) LTD	Broker FSP number:	46984
Consultant's name:	VANESSA GOUS	Telephone number:	082 446 9876
E-mail address:	vanessa@alphabelle.co.za		



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