

GENERAL PUBLIC LIABILITY
EMPLOYERS LIABILITY

PROPOSAL FORM (Annual or Specific Risk / Event Cover)
CLAIMS MADE POLICY

We are your Underwriters:

LEPPARD & ASSOCIATES (PTY) LTD

28 Fricker Road
Illovo 2196
Johannesburg
South Africa
Registration No. 1991/002788/07
Vat No. 4270124466
FSB Licence No. 274

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Houghton
2041

Telephone No. +27 11 459 1640
Facsimile No. +27 11 268 5887
E-mail: liability@leppard.co.za
Website: www.leppard.co.za

We are your Insurers:

Lombard Insurance Company Limited
Ground Floor, Block C, Sunnyside Office Park, 2 Carse O'Gowrie Road, Parktown 2193, Johannesburg

- * For accurate assessment of your liability and to avoid any delay with the Quote, please **answer all the questions** with: **Relevant details, "YES", "NO" or "NIL"**
- * Please **read the Proposal Form** to obtain an overview of the information required before answering **all** the questions.
- * 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.
- * Enclose **brochures** or any other literature which will assist in understanding your risk.
- * 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**..... **Fax Number**
6. **E-mail address** **Web Site**
7. **Registration Nos.**
Company..... **VAT**
8. **Date of Commencement of Business**
9. **Nature of Business**

YOUR STAFF RESOURCES AND SKILLS

10. **Number of:** (a) Principals / Directors (b) Professional / Qualified Staff
(c) Others (d) Total

11. **Principals / Directors: names, academic qualifications and experience (this & previous Firms)**

Name	Position	Qualifications/University/Institution	Date qualified	No of years experience

12. **Do you have a FORMAL ongoing staff training programme?**

YES	NO
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WHAT YOU DO

13. **Full description of your Business activities** (please be accurate as your policy contract is based on this info)

EMPLOYERS LIABILITY
14. Do you require Employers Liability cover?

If YES,

14.1 Are your employees protected from machinery, plant, noise, toxins or any other specific conditions associated with your Business?

YES	NO
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If no, please explain:

.....

14.2 Have you been prosecuted under the Health and Safety Act or any other relevant Statute or Regulation?

YES	NO
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If YES, please explain:

.....

YOUR CLAIMS AND INSURANCE HISTORY
15. Your current / previous claims (past five years)

15.1 Have you during the past 5 years had a claim made against you for damages, whether insured or not, arising out of services you have performed?

YES	NO
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15.2 Are you aware, AFTER ENQUIRY, of any circumstances that may give rise to a claim being made against you for damages, whether insured or not, arising out of services you have performed?

YES	NO
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If YES, to either question, please advise full details:

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16. Your current / previous insurance

In respect of your Liabilities, has any Insurer ever:

16.1 Declined to provide you or any of your principals, directors or partners an insurance policy?

YES	NO
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16.2 Imposed special terms?

YES	NO
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16.3 Cancelled an insurance policy?

YES	NO
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If yes, please advise full details:

.....

YOUR FINANCIAL DECLARATION
17. Please provide your audited or equivalent figures as at your last three financial year ends OR provide the estimated figure in respect of the Specific Risk / Event Cover required

PERIOD FROM	PERIOD TO	TURNOVER
		R
		R
		R
ESTIMATED TURNOVER: NEXT 12 MONTHS OR SPECIFIC RISK/EVENT COVER		R

COVER YOU REQUIRE

18. **Your current Liability insurance cover (where applicable)**

18.1 Are you currently insured?

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

YES	NO
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19. **Your Quotation required**

19.1 Limit of Indemnity options(inclusive of costs and expenses)

R R R.....

19.2 If you are NOT currently insured do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance (retroactive cover) at an additional premium?

YES	NO
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If YES, kindly indicate the number of years (maximum 3 years)?

YEARS

MATERIAL INFORMATION

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

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.

.....
Authorised signatory of the Proposer

.....
Full name of signatory

.....
Date