

MODICUM AGRI LIABILITY PROPOSAL FORM

PLEASE NOTE:

- Answer all questions in full to assist underwriters in assessing your risk.
- Details in this proposal form shall form part of any subsequent insurance contract concluded between the Proposer and the Insurer.
- Completion of this proposal form does not bind the Proposer nor the Insurer to complete this insurance transaction.

PART 1

PROPOSER DETAILS

Insured name:

Postal Address:

Email Address:

Tel No:

Are you a member of a FPA?

YES

NO

If yes, please provide membership number:

Vat Registration No:

Business Reg / ID No:

Present Legal Constitution (Mark relevant box below)

Sole Practitioner

Partnership

Incorporated

Limited

Close Corporation

DATE OF COMMENCEMENT OF BUSINESS

As Currently Constituted:

As Initially Established:

GROSS TURNOVER

Previous Year:

20

Turnover: R/N\$

Current Year:

20

Turnover: R/N\$

Next 12 months

20

Turnover: R/N\$

FARMING ACTIVITIES DESCRIPTION

FARM DETAILS (Please list all farms to be covered)

Do you own more than 1 farm?

If yes, are they adjoining?

Farm Name	Extent in hectares	District	Co-ordinates

GENERAL RISK QUESTIONS

Has any proposal for liability insurance ever been declined, policy cancelled or refused Cover?

YES

NO

*Does the business export any products?

YES

NO

Please provide more details if the answer is Yes?

Provide Retroactive date if previous cover was on a "Claims Made Basis":

CLAIMS DECLARATION

Give details of all claims or incidents that could lead to a claim made against the Proposal over the last 3 years:

Date of Claim	Description

Is the Proposer Insured / Partners / Directors / Members or Employees, AFTER ENQUIRY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them?

YES

NO

If yes; please provide full details:

COVERS PROVIDED UNDER THIS POLICY

Public Liability Section

(This is a compulsory Section)

Limit of Indemnity required:

Number of Farms

Products Liability Extension (Excluding Processing)

YES

NO

Limit of Indemnity required:

Accommodation Extension

YES

NO

Beautician Liability Section
(Only if Products Liability was taken)

YES

NO

Limit of Indemnity required

Bursting and overflowing of a dam wall or flooding

YES

NO

Limit of Indemnity required

Extended Territorial Limits Section
(Only if Products Liability was taken)

YES

NO

Please list Countries for which cover is requested:

Forecourt Liability Section
(Only if Products Liability was taken)

YES

NO

Limit of Indemnity (max R 1 000 000)

Hunters Liability (Not for gain)

YES

NO

Spread of Fire

YES

NO

Spread of Fire Limit of Indemnity required: (If more than R 2 500 000 required completed Spread of Fire Questionnaire compulsory)

Work Away from premises

YES NO

Contractors Liability Section

YES NO

Limit of Indemnity required (max R 5 000 000) (Only if Public Liability was taken)

Max Contract Value

Employers Liability Section

YES NO

Limit of Indemnity required:

Professional Indemnity Section

YES NO

Limit of Indemnity required:

Directors & Officers Section

YES NO

Limit of Indemnity required: (Max R 5 000 000)

Cyber Liability Section

YES NO

Limit of Indemnity required: (Max R2 500 000)

Motor Liability Section

YES NO

Limit of Indemnity required:

No of vehicles to be covered

- ▶ Cover is available where there is an underlying limit of not less than R2.5 mil per vehicle.
- ▶ Please provide us with a separate sheet detailing vehicle make and registration and the applicable limit.
- ▶ The following excess limits are available provided the underlying condition is met: R7.5 mil; R12.5mil; R17.5 mil; R22.5mil; R27.5 mil

Extended Reporting Option

YES NO

Number of Months: 12 or 24 or 36

Incidental Medical Malpractice Section

YES

NO

Limit of Indemnity required: (Max R 5 000 000)

Exhibitors Liability Section

YES

NO

Limit of Indemnity required: (Max R 5 000 000)

PART 3

DETAILS OF INSURANCE

Are you at present or have you in the past been insured?

YES

NO

Was the previous insurance on a "losses occurred" basis?

YES

NO

Previous Insurer details:

Insurer:

Indemnity Limit: R/N\$

Excess of: R/N\$

Each and every claim in the aggregate

Each and every claim

Retroactive Date:

Date of Expiry of coverage:

Has any proposal for insurance ever been declined?

YES

NO

Has any Insurer ever required:

Increased premiums or terms:

YES

NO

Special restrictions or conditions:

YES

NO

Has any Insurer ever terminated or refused to renew any insurance?

YES

NO

If the answer to any of the above is YES, please provide full details:

PLEASE NOTE:

If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

PRIVACY AND PROTECTION OF YOUR PERSONAL INFORMATION

As part of our ongoing commitment to protecting personal information, we are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the use, acquisition, retention, transmission and deletion of the applicant or policy holder's personal information. For more information, kindly find the Privacy Notice on our website, www.rsum.co.za

DECLARATION

- ▶ I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.
- ▶ I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.
- ▶ I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.
- ▶ I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance

Signed at:

on

20

by

Signature:



CONTACT INFORMATION

RSUM (PTY) Ltd
Directors: BP Marais,
JC Marais (CA) SA
Reg no: 2020/448716/07
FSP no. 51113

Physical Address:
Main Road 70
Paarl
Western Cape
7646

Our Insurer:
Western National Insurance Company Limited (South Africa)
Tyger Waterfront, Charl Cronje Drive, Bellville 7535
Juristic Representative under FSP9465