

AGRICULTURAL LIABILITY ADDITIONAL COVER QUESTIONNAIRE

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.

PROPOSER DETAILS

Insured name:

Email Address:

Tel No:

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

PRODUCTS LIABILITY

Please state the Limit of Indemnity required:

Does the Proposer provide any design, formula, specification or technical advice?

 YES

 NO

Are any of the products manufactured by the Proposer under License?

 YES

 NO

Are any of the products manufactured by others under license from the Proposer?

 YES

 NO

If YES; specific separate underwriting questions will be provided related to the specific risk.

Products for which cover is required

Product	% of turnover	Countries exported to		
			Bulk / Finished	Wholesale / Retail
			Bulk / Finished	Wholesale / Retail
			Bulk / Finished	Wholesale / Retail
			Bulk / Finished	Wholesale / Retail
			Bulk / Finished	Wholesale / Retail
			Bulk / Finished	Wholesale / Retail
Total turnover for above products			R	

GUESTHOUSE LIABILITY

Please state the Limit of Indemnity required:

R

Please provide the amount of rooms available to be rented out?

Do you have your own website address?

YES

NO

If YES, then provide the details of the website

Do you provide any guiding activities or excursions?

YES

NO

If YES, then provide more information

Were there in the past any losses incurred under this section

YES

NO

If YES, then provide all available information

What is the turnover derived from this specific activity?

R

HUNTING AND GAME VIEWING LIABILITY

Please state the Limit of Indemnity required:

R

Do you hunt for gain on the farm?

YES

NO

If YES, then provide your registration with a Professional Hunting Association

Are you offering any professional hunting services at other farms?

YES

NO

If YES, then provide more information

Were there in the past any losses incurred under this section

YES

NO

If YES, then provide all available information

Please provide the types of game being hunted

What is the turnover derived from this specific activity?

Are you providing any transport to any guests?

YES

NO

If YES, then provide more information

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

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.

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

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

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by

Signature:

