

PUBLIC LIABILITY PROPOSAL FORM MAGNUM

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:

Please provide or attach details of all subsidiary companies:

Business Reg / ID No:

Email Address:

Tel No:

To which association are you member:

Membership number:

Vat Registration No:

Physical Address:

Postal Address:

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:

DETAILED BUSINESS DESCRIPTION

TURNOVER - AS AT THE BUSINESS'S FINANCIAL YEAR END

Previous Year: 20 Turnover/ Gross Fees: R/N\$

Current Year: 20 Turnover/ Gross Fees: R/N\$

Next 12 months 20 Turnover/ Gross Fees: R/N\$

GENERAL RISK QUESTIONS

If the answer to any of the below is Yes, please provide full details:

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":

GENERAL INFORMATION

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:

PART 2

COVERS PROVIDED UNDER THIS POLICY

Public Liability Section

This is a compulsory section

Limit of Indemnity required:

Retroactive date of previous Insurance:

Products Liability Section

YES

NO

Limit of Indemnity required:

Please list Countries where your product is exported to:

Forecourt Liability Section Limit of Indemnity (max R 1 000 000)
(Only if Products Liability was taken)

YES

NO

Beautician Liability Section Limit of Indemnity required
(Only if Products Liability was taken)

YES

NO

Product Recall Extension

YES

NO

Limit of Indemnity required:

Contractors Liability Section

YES

NO

Limit of Indemnity required
(Only if Public Liability was taken)

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)

Has any Insurer ever required:

Increased premiums or terms:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Special restrictions or conditions:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has any Insurer ever terminated or refused to renew any insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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

PLEASE ATTACH THE FOLLOWING DOCUMENTS WHERE APPLICABLE



Normal Trading Conditions



Copy of current schedule, reflecting retroactive date

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:

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

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