

TOURISM 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

INTERMEDIARY INFORMATION

Intermediary:

Contact Person:

Telephone Number:

Email Address:

PROPOSER DETAILS

(Compulsory fields indicated with an *)

*Insured name:

Please provide or attach details of all subsidiary companies:

*Business Reg / ID No:

*Email Address:

*Website / Business Page:

*Tel No:

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 PRACTICE

As Currently Constituted:

As Initially Established:

MAIN GEOGRAPHICAL AREA OF OPERATIONS

DETAILED BUSINESS DESCRIPTION

ASSOCIATION MEMBERSHIP DETAILS

List membership details of any industry or related association of which the operating entity is a member:

BRANCHES

Are any branches of the Proposed Insured located outside of South Africa? YES NO

If yes; please provide full details:

CLAIMS EXPERIENCE

Please provide details of claims made against you while covered by this type of insurance.

Date	Detail	Amount

Have any claims ever been made against the proposed Insured/Partners/Directors/Members or Employees? YES NO

If yes; please provide full details:

Are you aware of any claim pending against you, or any claim or circumstance likely to give rise to a claim, in terms of the insurance being proposed for? Non-disclosure of this information could lead to any claims lodged with a date prior to this inception date, to be repudiated. YES NO

If yes; please provide full details:

Does your operation have a formal written contract with your client? YES NO

If NOT, please describe briefly the way in which you and your client agree to a service and a price for the services rendered:

Do you use an indemnity form for any other means of waiver? YES NO

Do you have Standard Operational Procedures in place? YES NO

Please note that we need a copy of these documents.

PART 2

QUALIFICATIONS OF PRINCIPALS / LEAD GUIDES

Name	Qualification	Date Qualified	How long in practice:

STAFF COMPLIMENT

Full Time Guides		Admin	
Temporary Guides		Other	

***TURNOVER - AS AT THE PRACTICE'S FINANCIAL YEAR END**

Please provide gross fees received during the past five years:

Year:	Turnover:	Year:	Turnover:
20 (Current Year)	R/N\$	20	R/N\$
20	R/N\$	20	R/N\$

PLEASE NOTE: This question must be completed accurately as the figures are used for rating purposes.

QUOTATION REQUIRED

Please indicate which amounts of cover you require a quotation for:

R/N\$/P 5,000,000

R/N\$/P 10,000,000

R/N\$/P 15,000,000

R/N\$/P 20,000,000

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

