



GENERAL LIABILITY Educational Institutions Proposal Form

IMPORTANT NOTICE

- Answer all questions, leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | General Information

Details of entities to be insured (the "Proposer"):

Proposer's name:

.....

ID number (if Sole Trader):

.....

Business Description:

.....

Head Office (Physical Address):

.....

.....

Postal Code:

.....

Postal Address

.....

Postal Code:

.....

Company Reg No.:

VAT No.:

.....

Professional Association(s):

Website:

.....

Contact Person:

Contact number:

.....

Email:

.....

Date Company Established / Services Commenced:

/ /

(If commenced within the past 24 months – Please attach CV of key personnel/ Directors/ Principals)

.....

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor / Other

.....

1. If 'Other' was indicated above, please specify:

.....

2. Is the entity owned by the State or is it privately owned?

State	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other	<input type="checkbox"/>	<i>If other, please specify:</i>
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AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at Lloyd's

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

2 | Insurance History

1. Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state:

Insurers:

.....

Limit of Indemnity:	R
Excess (Each and every claim):	R
Premium:	R
Date of expiry of coverage:	
Retroactive date:	

2. For the type of Insurance now being proposed, has any Insurer ever:

(i) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(ii) Refused to accept or renew any insurance for the body corporate?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(iii) Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES to any of the above 3 questions, please provide full details:

3 | Required Cover

1. There are two indemnity limit options available in terms of this product. Please select the required cover option/s.

	Option A:	Option B:
Public Liability	R 1 000 000	R2 500 000
Products Liability	R 1 000 000	R2 500 000
Errors & Omissions (PI)	R 1 000 000	R 1 000 000
Employer's Liability	R 1 000 000	R2 500 000

2. Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4 | Previous Losses/Existing Circumstances

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

- (a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?
- (b) Cause any loss to the Proposer, any predecessor or any past or present Principal?
- (c) Otherwise affect the consideration of this proposal for insurance?

YES		NO	
YES		NO	
YES		NO	

If YES, please provide full details:

2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

YES		NO	
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If YES, please identify details (including loss date, amount claimed and a brief description):

3. What steps have been taken to prevent a recurrence?

4. Please list all liability claims against the school over the past 36 months:

Date (mm/yy)	Expected Quantum	Brief description	Serious Injury*			
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	

* A serious injury is one where a full recovery would take longer than 3 months

5. How many incidents over the past 60 months are likely to cause liability against the school amounting to more than R25000?

.....

5 | Number of pupils

Age	Number
Younger than Grade 0	
Grade 0 to 7	
Grade 7 to 12	
Other	

6 | Proposer's Activities

1. Description of the Proposer's business activities and type of education provided

2. Does the Proposer engage in, or expose the learners to, any activities that fall outside the scope of a tuck shop and normal child basic educational activities? (Examples include but are not limited to working with animals, hazardous chemicals and training on operating machinery or vehicles.)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify:

3. Does the Proposer/s give advice for a few? (Providing training within the scope of a curriculum is not advice.)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify:

7 | Financial Information

1. Has the Insured's total expenses over the past 36 months exceeded its total income over that time?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
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If UNSURE, please specify:

2. Does the Insured have any reason to doubt that it will be able to pay its debts as they become due in the ordinary course of business for the next 12 months?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. What is the Proposer's anticipated annual income for the next year?

.....

4. How many people do you employ (permanent and temporary employees)?

.....

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8 | Condition of School Property

- | | | | | |
|---|-----|--|----|--|
| 1. Are the school's buildings and grounds in good repair? | YES | | NO | |
| 2. Are there any incomplete construction works on the schools property? | YES | | NO | |
| 3. Are there unprotected holes that children can fall into?
(This includes but is not limited to uncovered manholes, long drop toilets, sink holes, excavation holes and the like.) | YES | | NO | |
| 4. Are children exposed to unprotected heights of more than 1 meter? (Examples include, but are not limited to, broken or missing balustrades, hand railings etc.) This question does not refer to intentional exposure arising from sports such as high jump or rock climbing. | YES | | NO | |

9 | First Aid

- | | | | | |
|--|-----|--|----|--|
| 1. Is an adult qualified in first aid present at all activities organised by the school?
<i>Explanation: qualified in first aid means a competence of at least a level 1 first aid examination.</i> | YES | | NO | |
| 2. Are all school activities conducted in a way that the responsible adult is able to access an appropriately stocked first aid kit within 4 minutes?
<i>Appendix 1 specifies the contents of an appropriately stocked first aid kit.</i> | YES | | NO | |
| 3. What arrangements are made to deal with medical emergencies when inter-school rugby matches hosted at the school's premises? | | | | |

School does not host inter-school rugby matches	
Contract with first aid or ambulance company	
Qualified first aid worker present	
No specific arrangements	

Important Note: The policy contains the following additional excess clause:

An additional excess of R35 000 applies when Injury arises out of school related activities and

- (i) a qualified first aid practitioner is not available, or*
- (ii) an adequately stocked first aid kit is not available, or*
- (iii) the medical emergency helpline on 011 952 6025 or 083 300 3927 is not contacted immediately*



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Declaration

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

.....
Name:

.....
Capacity

.....
Signature of proposer

.....
Date: DD/MM/YYYY

Broker Details

Broker:
.....

Contact Person:
.....

Tel:
.....

Email:
.....

Fax number:
.....

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APPENDIX 1 | BASIC FIRST AID KIT

Description	Unit	Quantity	YES
Triangular N/W Single	Each	4	
Swabs Sterile 5'S 50X50X8Ply	Each	2	
Swabs Non Sterile 75X75	Each	1	
Splint Mandy	Each	2	
Safety Pins 12S	Each	1	
Scissors First Aid Trident	Each	1	
Respaid Cpr Mouthpiece Complete	Each	2	
Plasters 20'S Jetplast	Packet	1	
Plaster Adhesive Zinc Oxide 25Mm Trident	Each	1	
Plaster Anti Allergy 25X5M Non Woven	Each	1	
Gloves Pair	Pair	4	
Forcep - Plastic	Each	1	
F.A.D No 5 Large Stretch 150Mmx 200Mm	Each	4	
F.A.D No 3 Medium Stretch - 75X 100	Each	4	
Cotton Wool 100Gr	Each	1	
Cetrimide Solution 100ML	Each	1	
Bandage Stretch 75Mm	Each	4	
Bandage Stretch 100Mm	Each	4	
Booklet First Aid	Each	1	
Burn Cover Dressing 600X400Mm	Each	1	