



General Liability Proposal Form

IMPORTANT NOTICE

- Please answer all the questions.
- 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.

THIS FORM CONTAINS 2 PARTS: A – PROPOSAL FORM | B – APPENDIX

A – PROPOSAL FORM

1 | GENERAL INFORMATION

Details of entities to be insured (hereafter collectively referred to as “you” or “your”)

Name:

Co Reg No or ID number (if sole trader):

Business Description:

Websites:

Note: The details provided in this Proposal Form must include all the entities to be insured. For example: provide the combined turnover, employee count and claims history for all the entities.

VAT No:

Principal physical address:

Postal address:

Contact Person:

Contact number:

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)



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What was the your turnover for the past year?

R

What is the your anticipated turnover for the next year?

R

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

Is any of the your income derived from activities outside of South Africa?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify percentage split in the table below
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TERRITORY	INCOME SPLIT
South Africa	
Elsewhere in Africa	
USA/Canada	
Elsewhere in the world	

2 | INSURANCE HISTORY

1. Are you currently, or have you previously 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:	R
Annualised Premium:	R
Retroactive Date:	

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

- a. Required an increased premium or imposed special terms?
- b. Refused to accept or renew your insurance?
- c. Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If any answer is Yes to any of the above 3 questions, please provide full details

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3 | REQUIRED COVER

Please complete the coverage requirements in the table below

COVER	OPTION 1	OPTION 2
Public Liability		
Pollution Liability	Same as Public Liability	
Products Liability		
Negligent Advice	Same as Products Liability	
Statutory Defence Costs	Automatic R250,000	
Wrongful Arrest	Automatic R250,000	
Defamation	Automatic R250,000	
Employer's Liability	Same as Public Liability	
Errors and Omissions		
African Territories		
Advertiser's Liability		
Breach of Copyright		
Carrier's Liability		
Carrier's Liability (Con Loss)		
Claims preparation costs		
Contractor's Liability		
Custody & Control		
Exhibitor's Liability		
Incidental Medical Malpractice		
Lateral Support		
Motor Third Party		
North American Jurisdiction		
Passenger Liability		
Products Inefficacy		
Professional Fees		
Pure Economic Loss		
Warehouseman's Liability		

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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 you, any predecessor or any past or present Principal?
- b. Cause any loss to you, any predecessor or any past or present Principal?
- c. Otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If YES, please provide details:

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please supply details (including loss date, amount claimed and a brief description):

5 | GENERAL UNDERWRITING INFORMATION

Do you work on or around aircraft or drones or supply products used in aircraft?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Is a portion of your core business focused around children?

Examples include: Crèche, school, hiring jumping castles, selling jungle gyms, adoption agency

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you distribute medical products or offer services as part of the medical profession?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you engage in mining activities or supply products or services which are intended primarily for underground mining?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you use equipment or operate in an environment where items can be dropped on third parties?

Examples include crane operators; window washers; scaffolding, forklifts, stevedores; building contractors

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do people visit the premises operated or owned by you more than 1000 times during a month?

Examples include: shops, events organisers, amusement parks, religious venues

No, typically less than 1000 visits	<input type="checkbox"/>	Not sure/More than 1000 visits	<input type="checkbox"/>
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Do you manufacture or wholesale vehicle safety critical components?

Examples include brakes, tyres, airbags, seat belts

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you engage in offshore work? Are there any marine exposures?

Examples include ship repairs, ship chandler, work at oil rigs

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you operate a dump site or offer a waste disposal service for others?

Examples include dump site operators, waste collection services

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you operate coal-fired power plants, coal mines, oil sands or new Arctic energy exploration activities or do you derive more than 30% of your revenue from supporting such operations?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you require cover for Warehouseman's Liability, Carriers' Liability or Custody & Control?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, Please complete question 11 in B – Appendix
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Do you provide security services for others?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, Please complete question 13 in B – Appendix
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Is the combined size of all your property to be insured in terms of this policy more than 25 hectares?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, Please complete question 8 in B – Appendix
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Do you operate an outsourced labour or employment service?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, Please complete question 10 in B – Appendix
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Do you operate in the hospitality industry or offer team-building or other recreational activities?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, Please complete question 9 in B – Appendix
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Do you manufacture or distribute seed, fertilizer, agri-chemicals or animal feed?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, Please complete question 12 in B – Appendix
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Please describe any loss scenarios that this policy specifically needs to cover.

NOTES

DID YOU KNOW?

Camargue clients get a free legal consultation on any legal matter bothering the business. Anywhere in South Africa. Almost any topic – even if it is not covered by the policy.

6 | PRODUCT LIABILITY (includes defective work)

For a Products Liability quotation please complete this section.

Do people rely on the your Products or services for personal health or safety?

Examples include: burglar alarms, seat safety belts in cars, CCTV, padlocks, vitamin tablets

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Are you involved in the production or distribution of tobacco, cannabis or vaping related products?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Are you involved in the production or distribution of concrete, cement or ready-mix?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If YES, please specify in the notes area below
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Do you manufacture or distribute pharmaceuticals or herbal remedies?

NO		YES		If YES, please describe the products, specify their scheduling classification and state the expected income from each product
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OTHER MATERIAL DISCLOSURES: Are there any other facts that the underwriters should take into consideration?

NOTES

DID YOU KNOW?

Camargue clients get free unlimited telephonic legal advice. Almost any topic – even if it is not covered by the policy.

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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.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed at <https://www.camargueum.co.za/legal>

.....
NAME	CAPACITY
.....
SIGNATURE OF THE PROPOSER	DATE DD/MM/YYYY

BROKER DETAILS

Broker:

Contact Person:	Tel:
Email:	Fax number:

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