



PROPOSAL FORM

General Public Liability Pollution (Sudden or Accidental) And Products Liability

This Proposal Form, together with the information provided, has been compiled in such a manner as to provide the Underwriters with as much information as possible with regard to the evaluation of the risk and the insurance requirements of the Proposer as named herein. Completion of the Form does not bind the Proposer or the Underwriters to complete the insurance transaction.

To assist Underwriters in assessing liability for rating purposes, The Proposer is requested to answer all questions. Should there be insufficient space provided herein, please provide balance of information on additional pages.

**PLEASE NOTE THAT NO QUOTATION CAN BE PROVIDED UNLESS ALL QUESTIONS HAVE BEEN ANSWERED
AND THIS PROPOSAL SIGNED, DATED AND INITIALLED ON ALL PAGES**

Tradeforth 6 (Pty) Ltd trading as Abelard Underwriting Agency
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F.A.I.S Compliance Details
FSP Licence Number: 28
Compliance Practice: Intelligent Compliance and Education (Pty) Limited
FSB Practice No. 554
Compliance Officer: Peter Veal

Member of
SAUMA





**General Public Liability
Pollution (Sudden or Accidental)
And Products Liability**

1. Names of Entities to be insured: _____

(hereinafter referred to as the "Proposer")

2. Postal Address: _____

3. Physical Address: _____

4. Telephone Number: _____ Fax No: _____

5. Company Registration Number: _____ VAT No: _____

6. Website Address: _____

7. Nature of Business _____

8. When Established: _____

9. Names and Qualifications of Principal Directors / or Partners

| NAME | DESIGNATION | QUALIFICATION |
|------|-------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

10. Is the Proposer ISO accredited and or certified, or any other such recognised equivalent? Yes/No:

If YES, please give details: _____

11. Situation of premises and activities undertaken from such premises (e.g. Manufacture, Storage, Offices, etc.):

| SITUATION OF PREMISES | ACTIVITIES |
|-----------------------|------------|
| | |
| | |
| | |
| | |
| | |

12. Full description of Business activities:

13.. Actual Turnovers for the past 3 years: (Turnover being value of sales plus VAT)

| PERIOD FROM | PERIOD TO | TURNOVER |
|------------------------------------|-----------|----------|
| | | R |
| | | R |
| | | R |
| ESTIMATED TURNOVER NEXT 12 MONTHS: | | R |

14. (a) Past Companies/Subsidiaries –Companies or Subsidiaries sold or deregistered in the past 5 years:

| NAME OF COMPANY SOLD | DATE OF SALE | ACTIVITY |
|----------------------|--------------|----------|
| | | |
| | | |
| | | |

(b) Past Activities Business activities and/or Products discontinued in the past 5 years:

| ACTIVITY/PRODUCTS | DATE DISCONTINUED |
|-------------------|-------------------|
| | |
| | |
| | |

15. POLLUTION LIABILITY

15.1 How and where does the Proposer dispose of manufacturing waste and effluent?

15.2 Is any waste of a toxic nature? Yes/No

If YES, please give details:

15.3 Have the Proposer, in the last 5 years, been prosecuted for contravention of any statute or law relating to the release from any premises of a substance into sewers, rivers, sea, air or on the land?

Yes/No

If YES, please give details:

15.4 Have any claims or complains been made against the Proposer resulting from sudden and accidental pollution?

Yes/No

If YES, please give details:

16. PRODUCTS LIABILITY

16.1 Does the Proposer operate a Research and Development Department and/or provide any design, formula, specification or technical advice?
 Yes/No

If YES, please specify details and qualifications of personnel, including Design Team and prelist nature of research design formula specification technical advice undertaken.

16.2 Does the Proposer manufacture any of the Products under Licence?
 Yes/No

If YES, please provide a copy of the relevant Licence Agreements,

16.3 Are any of the Products manufactured by others under Licence from the Proposer?
 Yes/No

16.4 Please provide details of all Products manufactured, supplied, services, treated or altered by or on behalf of the Proposer together with anticipated failure rate and Estimated Turnover for the current year, in the box below.

Table I Products designed & manufactured by the Proposer:

| PRODUCT DESCRIPTION | FAILURE RATE | ANNUAL TURNOVER |
|---------------------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |

Table II Products manufactured/assembled by the Proposer – no design:

| PRODUCT DESCRIPTION | FAILURE RATE | ANNUAL TURNOVER |
|---------------------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |

Table III Products sold, supplied or distributed by the Proposer – no design or manufacture/assembly:

| PRODUCT DESCRIPTION | FAILURE RATE | ANNUAL TURNOVER |
|---------------------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |

16.5 Are any other products or activities, not excluded above, contemplated by the Proposer during the next 12 months?

Yes/No

If YES, please give details:

| PRODUCT DESCRIPTION | FAILURE RATE | ANNUAL TURNOVER |
|---------------------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |

16.6 Countries to which Products are exported – indicate the Estimated Turnover next to each country.

| PRODUCT DESCRIPTION | COUNTRY | ANNUAL TURNOVER |
|---------------------|---------|-----------------|
| | | |
| | | |
| | | |
| | | |

17. USA / CANADA EXPORTS

The insurance offered does not provide for the defence of actions brought against the Proposer in the USA/ Canada. Such claims will be defended in RSA under RSA jurisdiction. Should the Proposer require defence in USA / Canada, please answer the following:

17.1 Does the Proposer have any assets or premises registered in USA / Canada?

Yes/No

If YES, please give details:

17.2 Does any Director / Partner hold citizenship in USA / Canada?
 Yes/No

If YES, please give details:

17.3 Does the Proposer have trading agreements with and USA/Canada domiciled operation?
 Yes/No

If YES, please give details:

17.4 Has the Proposer given any USA / Canada Citizen a power of attorney to act its behalf?
 Yes/No

If YES, please give full details:

17.5 USA / Canada Turnover:

| PRODUCT DESCRIPTION | STATE | ANNUAL TURNOVER |
|---------------------|-------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

18. EMPLOYERS COMMON LAW LIABILITY

18.1 Total Salary / Wage Roll R_____

Total number of employees: _____

19. GENERAL QUESTIONS AND INFORMATION

19.1 Please provide all information regarding claims paid and outstanding, as well as details of all complaints which have not yet developed into claims.

19.2 Has the Proposer previously been Insured? Yes/No

If YES, please advise as follows:-

(a) Was the previous insurance on a "Claims Made" basis (ie claims made against the Assured during the Period of Insurance) or on a "Losses Occurring" basis (ie Injury or Damage occurring during the Period of Insurance)? _____

(b) If cover was "Claims Made", what was the Retroactive Date? _____

(c) Limit of Indemnity of such previous insurance? R_____

19.3 Did any previous Insurer ever require increased Premiums or apply special terms, conditions, or other restrictions?

Yes/No

If YES, please give details:

19.4 Has any Insurer ever declined to provide any insurance, terminated any insurance prior to the expiry date thereof or refused to renew any insurance?

Yes/No

If YES, please give details: _____

19.5 Please attach the following documents:

- a) Normal Trading Conditions
- b) Publicity or Technical Brochure/s

19.6 (a) Please state Limit of Indemnity required: R _____
 (b) Alternative Limits for Quotation: (i) R _____
 (ii) R _____

DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers/Underwriters

I/We agree that this Proposal together with any 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 Inderwrs/Underwriters of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signed at _____ on this _____ day of _____

Signature on behalf of the Proposer _____

Capacity _____



Products Guarantee & Recall Addendum

This Addendum need only be completed where Product Guarantee and/or Recall Insurance is required and must accompany a fully completed Proposal for General Public Liability, Pollution (Sudden or Accidental) and Products Liability Insurance. Further, the information required is applicable only in respect of those Products for which the Proposer requires Guarantee or recall Insurance.

1. Names Proposer: _____

2. List of Products (in general terms) produced or supplied:

| Type of Product | Approx Annual Turnover | Date First Marketed |
|-----------------|------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. Do you have a Research and Development Department? Yes/No
 If yes, please specify details and qualifications of the personnel/design team.

4. Please advise whether you hold ISO accreditation Yes/No
 If yes, please specify details. _____

5. Please provide details of the:
 6.1 Largest contracts in the last three years; _____
 6.2 Average contract size; _____
 6.3 Average batch size. _____

6. Please state the failure rate of each product after handover.
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %



Products Guarantee & Recall Addendum

7. Please give details of any new type of product to be marketed during the next twelve months.

8. Please state Overseas Markets other than U.S.A./Canada to which products are exported:-

| Product | Approx Ann T/O | Country/Region | Representation * |
|---------|----------------|----------------|------------------|
| | | | |
| | | | |
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| | | | |
| | | | |

E.G. Branch/Subsidiary/Agency/etc. in country concerned

9. In respect of exports to U.S.A. and/or Canada please provide the following on a separate sheet:-

- 9.1 Full description of all Products exported and the approximate percentage of turnover applicable to each product.
- 9.2 Period over which the Proposer has been producing each product.
- 9.3 Explanation of the means of export to U.S.A.:
 - a) Direct Subsidiary in U.S.A.;
 - b) Incorporated in part of machinery or commodity sold direct by manufacturers;
 - c) Sold F.O.B. in country of origin to selling agent in U.S.A.

9.4 Any Power of Attorney or Assets in the U.S.A.? Yes/No

If yes, please specify details.

9.5 Full details of all contractual terms, warranties (including all oral or written undertakings) given by or to U.S.A. sellers or suppliers.

9.6 Is the U.S.A. seller/supplier insured for Products Liability (including imports): Yes/No:

State Limit of Indemnity if known. _____

9.7 Have you previously been insured for exports to U.S.A.? Yes/No:

Products Guarantee & Recall Addendum

10. 10.1 Please advise the plans which exist to initiate a Product recall.

10.2 Is it necessary for the Proposer's distributors to co-operate in a recall? Yes/No.

If yes, have they been briefed? Yes/No.

11. 11.1 Are records maintained to trace the location of Products. Yes/No.

11.2 Please advise whether the Products carry:-

a) the Proposer's Company name? Yes/No.

b) the Proposer's Trade Mark? Yes/No.

c) a part number? Yes/No.

d) a production batch number? Yes/No.

11.3 How long are records kept? _____

12. Are the Proposers's Products incorporated into other Manufacturers Products? Yes/No.

If yes, please provide details.

Would the other manufacturer(s) initiate a recall? Yes/No.

13. What the Proposer's estimate cost of a recall? R_____

14. What aggregate Indemnity Limit is required? R_____

15. What self-insured Deductible is the Proposer willing to carry? R_____



Products Guarantee & Recall Addendum

16. Has any claim been made against the Proposer during the last ten years which could have been the subject of a recall: Yes/No

If yes, please provide details including the amount claimed.

17. Is the Proposer, after enquiry, aware of any circumstances which could give rise to a claim under the proposed insurance? Yes/No

If yes, please provide details.

18. Please attach the following documents:-
Trading conditions normally used;
Any "hold harmless" or waiver of rights of recourse agreement;
Brochures illustrating the various products;
Proposers latest annual report.

DECLARATION

I/We declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I/we have not withheld any information material to this proposal. I/We agree that this proposal and accompanying documents or papers shall form the basis of the Contract proposed.

Signed: _____ on behalf of the Proposers.

Position held: _____

Date _____