

ANNEXURE 1 PRODUCTS LIABILITY

Thank you for considering AC & E PI & LIABILITY MANAGERS for a quotation.

POPIA NOTICE: The Information requested will be solely used to provide a quotation and to issue a policy if the quotation is accepted.

AC&E is a member of the South African Underwriting Managers Association ("SAUMA") and therefore also need to comply with the Code of Conduct implemented by SAUMA. As per the SAUMA Code of Conduct, AC&E is not allowed to deal with any policy holder (client) directly. All communication is exclusively through an intermediary (Broker). The relevant section can be found under Section 3, point 3 that reads as follows:

"DEFINITION OF A MEMBER

There are two categories of Membership.

FULL MEMBER

- *Does not deal with any policy owner directly. This means the market channel is exclusively through an Intermediary."*

1. Product Data

1. Business (please tick the items relating to your business)	Manufacture	
	Assembly	
	Processing	
	Packing	
	Wholesale/Retail	

Please provide details of all products

2. Trade Name	How long has product been in the market	Name of Manufacturer	Description of Product	Estimated Annual Turnover

3. Dangerous Products (Please specify flammable, explosive, poison, radio-active or describe danger)

4. Are directions given for handling & use			
a. By printing on container or product	Yes	No	
b. By separate leaflet or brochure	Yes	No	

Managing Director: Anne-Marie Fourie
An Authorised Financial Service Provider – FSP 45553

Acting on behalf of the Insurer New National Assurance Company Limited, FSP 2603 under a claims handling and underwriting mandate.

Insurer VAT No.: 4380101289

POPIA Notice: The information requested and provided will be solely used to assess risk or finalise the claim



PI & Liabilities Underwriting Managers (Pty) Ltd

A C and E PI & Liability Underwriting Managers (Pty) Ltd

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2013/145635/07 | VAT Registration Number: 4090266018

Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za

5. Containers (please provide full details of containers/packing)

6. Are the products "components" which are integrated into other products?
Yes No
If Yes please describe the components and in which industries/products they will be used

7. Are your products assembled by a third party supplier or do your products incorporate parts manufactured by a third party supplier?
Yes No
If Yes please give details below

8. Are the products or components manufactured overseas (outside RSA)?			
Yes No			
If Yes please complete the table below			
Product	Country	Annual Turnover	Representation*

*Representation by agency/concession/branch/other (please specify)

9. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of material or components or sub-contractors or processors in respect of any injury or damage?
Yes No
If Yes please supply copies of contracts/agreements/conditions

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10. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of material or components or sub-contractors or processors in respect of any injury or damage?
Yes No
If Yes please supply copies of contracts/agreements/conditions

11. Do you keep records of the source of supply of goods and materials which you use
Yes No
If Yes please provide details

12. Do you issue written guarantees or conditions of sale with or in respect of any of your products?
Yes No
If Yes please provide wordings

Please attach leaflets, brochures, specimen labels, guarantees or conditions, guarantees and conditions of sale

DECLARATION

I/we hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I/we have no reason to anticipate any claim being brought against me / us, that might constitute a claim under the insurance now being requested. I / we agree that this Proposal and Declaration be the basis of the contract between me/us and the Insurers.

Date _____

Signature of Principal / Partner / Director

Name of Signatory (Please Print)

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