

*Islamic-Conscious Insurance*  
**PROPOSAL FORM**  
General Liability, Pollution (Sudden or Accidental)  
And  
Products Liability / Defective Workmanship  
And  
Employers 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."*

**CLAIMS MADE POLICY**

Please ensure that you complete this form fully to enable us to provide you with an accurate and speedy quotation. The truth of the statements made in this form and any other documentation you may provide to us will be incorporated within your policy should our terms be accepted.

The completion of this form does not bind **YOU** or **US** to any contractual arrangement unless you accept our terms for the issuing of an insurance policy.

From the date that you sign this proposal any change in risk or any claims or circumstances that may give rise to claims against you at a later date, must be declared to us. This applies whether or not the completion of this proposal is for a new policy or renewal of an existing policy.

Existing insurances with us and generally with other Insurers will lapse at midnight on the last day of your expiring policy. Any extensions of cover or requests to hold covered must be received and agreed by this office prior to the expiry of the current policy.

Liability policies may be written on a "Claims Made" basis which means that;

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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

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- Indemnity provided is in respect of claims made against you or you becoming aware of circumstances occurring that could lead to claims being made against you during the currency of the policy.
- Policies have a "Retroactive Date" which excludes claims emanating from work undertaken prior to this date.
- Provided there has been no gap in cover we will allow the "Retroactive Date" to remain unchanged on any new policy issued by us.

### GENERAL INFORMATION

Name of Insured: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Provide details of other Offices (use a separate sheet if required):

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web site: \_\_\_\_\_

Registration Numbers – Company: \_\_\_\_\_ Vat: \_\_\_\_\_

Original Commencement Date of Firm: \_\_\_\_\_

Names & Qualifications of Principal Directors and / or Partners:

| NAME | DESIGNATION | QUALIFICATION | NUMBER OF YEARS IN THIS BUSINESS |
|------|-------------|---------------|----------------------------------|
|      |             |               |                                  |
|      |             |               |                                  |
|      |             |               |                                  |
|      |             |               |                                  |

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

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

Full detailed description of business activities: (State clearly whether you construct, erect, repair, manufacture, supply or otherwise & state % of each such activity)

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Actual Turnover for the last 3 years:

Date of Financial Year End \_\_\_\_\_

|                                             | PERIOD |    | TURNOVER |
|---------------------------------------------|--------|----|----------|
|                                             | FROM   | TO |          |
| Year 1                                      |        |    | R        |
| Year 2                                      |        |    | R        |
| Year 3                                      |        |    | R        |
| Anticipated turnover for forthcoming year : |        |    | R        |

Does the Proposer use a standard form of contract/agreement or Letter of Appointment for all contracts entered into? Yes € / No €

***If Yes, please attach a sample to this proposal form.***

Do you employ sub-contractors? Yes € / No €  
If yes, give brief details including annual turnover and state whether you are responsible for their actions

Are full rights of recourse maintained in contract with all sub-contractors and/or suppliers (importers/manufacturers) Yes € / No €

If Yes, does the Proposer ensure that such other sub-contractors and/or suppliers carry their own insurance? Yes € / No €

Does the Proposer issue any Brochures, Leaflets or other marketing material describing the Proposer's services? Yes € / No €

***If Yes, please attach copies (or supply website address which contains such marketing information in the space provided below).***

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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, Gardenvue, 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](http://www.engineeringace.co.za)

### 1. POLLUTION LIABILITY

1.1 How and where do you dispose of manufacturing waste and effluent?

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1.2 Is any of your waste of a toxic nature?

YES

☐

NO

☐

If YES; please give details.

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1.3 Have you, during the last 5 years, been prosecuted for contravention of any standard law relating to the release from the location of a substance into sewers, rivers, sea, and air or on the land?

YES

☐

NO

☐

If YES; please give details?

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1.4 Have any claims been made against you or complaints made resulting from sudden and accidental pollution?

YES

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NO

☐

If YES; please give details?

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**2. PRODUCTS LIABILITY / DEFECTIVE WORKMANSHIP**

(Complete this section only if you require a quote on this cover)

- 2.1 a) 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.

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- 2.1 b) Is design or advice ever given in exchange for a fee?

YES ☐ NO ☐

- 2.1 c) Is design or advice ever given gratuitously?

YES ☐ NO ☐

- 2.1 d) Please provide full details of quality testing procedure carried out during and after manufacture:

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- 2.2 Are any of the products manufactured by the Proposer under Licence?

YES ☐ NO ☐

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If YES; please provide a copy of the Licence Agreement and specify product.

2.3 Are any of the products manufactured by others under licence from the Proposer?

YES

☐

NO

☐

If YES; please provide a copy of the Licence Agreement and specify product.

2.4 Please provide hereunder details of all products manufactured, supplied, serviced, treated or altered by or on behalf of the Proposer together with anticipated failure rate and estimated turnover for the current year.

a)

| PRODUCTS DESCRIPTION | DESIGNED & MANUFACTURED /<br>ANTICIPATED FAILURE RATE | ESTIMATED<br>TURNOVER |
|----------------------|-------------------------------------------------------|-----------------------|
|                      |                                                       |                       |
|                      |                                                       |                       |
|                      |                                                       |                       |
|                      |                                                       |                       |
|                      |                                                       |                       |

b)

| PRODUCTS DESCRIPTION | MANUFACTURED (no Design) /<br>ANTICIPATED FAILURE RATE | ESTIMATED<br>TURNOVER |
|----------------------|--------------------------------------------------------|-----------------------|
|                      |                                                        |                       |
|                      |                                                        |                       |
|                      |                                                        |                       |
|                      |                                                        |                       |
|                      |                                                        |                       |

c) Products sold, supplied or distributed by Proposer (excluding products under (a) and (b):

| DESCRIPTION | ANTICIPATED FAILURE RATE | ESTIMATED<br>TURNOVER |
|-------------|--------------------------|-----------------------|
|             |                          |                       |
|             |                          |                       |
|             |                          |                       |
|             |                          |                       |
|             |                          |                       |

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d) Please give details of:

| MAJOR CUSTOMERS | ANNUAL SALES |
|-----------------|--------------|
|                 |              |
|                 |              |
|                 |              |
|                 |              |
|                 |              |

e) Five largest contracts during the past 2 years:

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_
- iv) \_\_\_\_\_
- v) \_\_\_\_\_

f) Other activities undertaken by Proposer (eg. Contracting, hire, service and/or maintenance etc.):

| DESCRIPTION | ANTICIPATED FAILURE RATE | ESTIMATED TURNOVER |
|-------------|--------------------------|--------------------|
|             |                          |                    |
|             |                          |                    |
|             |                          |                    |
|             |                          |                    |
|             |                          |                    |

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

YES ☐ NO ☐

If YES; please give details as required by Question 2.4

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2.6 Countries to which products exported (if exports undertaken to North America and/or Canada, Question 2.7 below **MUST** be completed):

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2.7 Export to North America and/or Canada:  
*(Only to be completed if Proposer exports to North America and/or Canada)*

a) Full description of all products exported and approximate percentage of total applicable to each product.

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b) For how long has Proposer been producing each product? \_\_\_\_\_

c) For how long has the Proposer been exporting these products to North America and to which States?

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d) What percentage of each product goes to each State?

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e) Means of export to North America and Canada, ie. :

- i) Direct Subsidiary in such country.
- ii) Incorporated in part of machinery or commodity sold direct by Manufacturers.
- iii) Sold F.O.B. in country of origin to Selling Agent in North America / Canada.

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f) Any Power of Attorney or assets in North America, Canada?

YES

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NO

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If YES; please give full details.

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g) Please give full details of all contractual terms, warranties, including all oral or written undertakings given by or to North American or Canadian sellers or suppliers.

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h) Is the North American or Canadian seller or supplier insured for Products Liability, including imported goods?

YES

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NO

☐

State Limit if known:

R \_\_\_\_\_

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

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## 2.8 IMPORTS

a) Does Proposer import any product(s) and/or raw material(s) for incorporation into Proposer's Product(s), from other countries?

YES

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NO

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If YES, please provide full details of each type of import

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b) Please provide details of country of origin and supplier per type of import

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c) How long has Proposer been importing each product/raw material from such supplier(s)?

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d) Does Proposer implement any quality assurance test on such imports prior to selling on Products or prior to incorporation into Proposer's own Products?

YES

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NO

☐

e) What quality / service guarantees does Proposer obtain from supplier(s)?

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f) Has Proposer experienced any problems with quality of Products or raw material(s) or service from any of these ASIA suppliers in the past?

YES

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NO

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If YES, please provide full details per supplier / import

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### 3. EMPLOYERS COMMON LAW LIABILITY

*(If to be included)*

PLEASE NOTE that the Insurance Policy for which Proposer is making application will not provide cover for any amounts recoverable under any Act anywhere in the world in terms of which any employee may claim compensation for work related injuries.

3.1 Total Salary / Wage Roll? R \_\_\_\_\_

3.2 Total Salary / Wage Roll of employees who fall outside the scope of any applicable workmens compensation legislation? R \_\_\_\_\_

3.3 Number of employees in 3.1 above? \_\_\_\_\_

3.4 Number of employees in 3.2 above? \_\_\_\_\_

### 4. GENERAL INFORMATION

4.1 Please give details of all claims made against the Proposer over the last 3 years:

| DATE OF CLAIM | DESCRIPTION |
|---------------|-------------|
|               |             |
|               |             |
|               |             |

4.2 Is the Proposer, after enquiry, aware of any circumstances which may subsequently give rise to a claim under the proposed insurance?

YES ☐ NO ☐

If YES; please give full details.

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**4.3 Has the Proposer previously been insured?**

YES ☐ NO ☐

If YES; was such insurance on a "claims made in the period of insurance" basis or "losses occurring in the period of insurance"? Please state basis and indemnity limit of such previous insurance.

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b) If "Claims Made Basis", please state present Retroactive Date: \_\_\_\_\_

c) Has any Proposal for insurance ever been declined?

YES ☐ NO ☐

d) Has any Insurer ever required:

i) Increased premiums or terms?

YES ☐ NO ☐

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ii) Special restrictions or conditions?

YES ☐ NO ☐

e) Has any Insurer ever terminated or refused to renew any insurance?

YES ☐ NO ☐

If the answer to any of the above is "YES", please give full details:

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4.4 Please attach the following documents:

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

4.5 Please state the Limit/s of Indemnity required: \_\_\_\_\_

**CONSUMER PROTECTION ACT**

- Are you aware of and fully conversant with the implications and obligations imposed on your business by the Consumer Protection Act? Yes / No
- Please detail steps taken to ensure compliance of your contract conditions / waivers of liability / limitations of liability / or any other obligations imposed on your business by the Consumer Protection Act.

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**Declaration:**

I/We the undersigned do hereby declare and state as follows that:

- The information contained in this application form is true and correct and that I/we have not miss-stated or suppressed any material fact.
- I/we understand that the information contained herein will be used for the assessment of my risk and together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I/we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

\_\_\_\_\_  
Signature of proposer or person signing on  
behalf of the proposer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Position held

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