

# PROPOSAL FORM EVOLUTION COMPOSITE LIABILITY

1. This is a Specialist Liability Multiperil Policy Application Form (includes Cyber Liability, Directors and Officers and many other covers)
2. Only complete the sections of cover you require.
3. This cover is only suitable for businesses that meet the following criteria:
  - a. Annual turnover under R50m
  - b. Annual wageroll under R10m
  - c. Less than 100 employees
4. If you save a tree and don't print this form there are pop-up explanations wherever you see this symbol ⓘ
5. This form can be completed online if your broker has generated a quote on our Pocket Underwriter system.

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📍 The Pavillion, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196

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## EVOLUTION COMPOSITE LIABILITY QUESTIONNAIRE

The SHA Evolution Liability policy has many extensions of cover in it. You should only complete the sections that you wish to obtain insurance coverage for. This application form can also be completed online in our Pocket Underwriter system. The headings of each cover type are embedded with pop-up explanations which you can read by hovering your cursor over them so please save a tree and don't print this form.

Please ensure you complete your business details in A to O below, before proceeding to the cover

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### BUSINESS DETAILS

*(Completing this section is compulsory)*

- A. Name of business
  
- B. Business description (what do you do?)
  
- C. Company registration number
  
- D. Company vat number
  
- E. Physical address
  
- F. Postal address
  
- G. Contact person
  
- H. Contact number
  
- I. Contact email address
  
- J. Website address
  
- K. Annual turnover ①
  
- L. Total wage roll (including management) ①
  
- M. Number of premises ①
  
- N. Number of employees ①
  
- O. Total asset value (fixed and current assets) ①

## 1. PUBLIC LIABILITY

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

- 1.1 Do you currently have an insurance policy providing this coverage which is in force?  
If **YES**, what is the retroactive date ①
- NO YES
- 1.2 Does the business operate in or have any premises in North America (USA and Canada)?
- NO YES
- 1.3 Is the business involved in the provision of any educational, after-care, sporting or recreational facilities or activities for minors (under the age of 18)?
- NO YES
- 1.4 Does the business provide any healthcare or medical treatment of any kind?
- NO YES
- 1.5 Has the business suffered any loss, damage, sickness or injury or incurred any liability in the last 12 months that has or could have given rise to a claim under a public liability policy whether or not insurance was in force?
- NO YES
- 1.6 Has the insured ever had any proposal or renewal for public liability declined or had cover cancelled by insurers?
- NO YES
- 1.7 Is more than 50% of your income derived from work done outside SA?
- NO YES

## 2. PROPERTY BEING WORKED UPON

*(only complete this section if you require this cover)*

Limit of Liability required

Deductible/First Amount Payable

- 2.1 Do you currently have an insurance policy providing this coverage which is in force?  
If **YES**, what is the retroactive date ①
- NO YES
- 2.2 Is the business involved in any way in the servicing, repair or maintenance of any vehicle or of any component of any vehicle?
- NO YES
- 2.3 Has the business ever suffered any loss, damage, sickness or injury or incurred any liability for third party property being worked upon in the last 12 months that has or could have given rise to a claim under any the insurance now proposed whether or not insurance was in force?
- NO YES

### 3. REMOVAL OF SUPPORT

*(only complete this section if you require this cover)*

Limit of Liability required

Deductible/First Amount Payable

- 3.1 Do you currently have an insurance policy providing this coverage which is in force? NO YES
- If **YES**, what is the retroactive date ①
- 3.2 Do the general activities of the business include piling or excavating of land? NO YES
- 3.3 Has the business ever suffered any loss, damage, sickness or injury or incurred any liability for removal of support in the last 18 months that has or could have given rise to a claim under the insurance now proposed whether or not insurance was in force? NO YES

### 4. SPREAD OF FIRE MITIGATION EXPENSES

*(only complete this section if you require this cover)*

Limit of Liability required

Deductible/First Amount Payable

- 4.1 Do you currently have an insurance policy providing this coverage which is in force? NO YES
- 4.2 Are there any plantations or forests either on the property belonging to the business or adjacent to the property? NO YES
- 4.3 Has the business incurred any fire extinguishing costs in the last 12 months? NO YES

### 5. GRADUAL POLLUTION

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

- 5.1 Do you currently have an insurance policy providing this coverage which is in force? NO YES
- If **YES**, what is the retroactive date ①

- |     |  |    |     |
|-----|--|----|-----|
| 5.2 | Does the business operate, own or possess any underground storage tanks?   | NO | YES |
| 5.3 | Is the business involved in the provision of any waste removal or recycling activities to third parties or do you own or operate any landfill sites?   | NO | YES |
| 5.4 | Have you been made aware of any pollution related incident emanating from the business property by your own investigation or by any third party or government authority in the past 3 years? | NO | YES |

## 6. PRODUCT LIABILITY AND DEFECTIVE WORKMANSHIP

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

- |     |  |    |     |
|-----|--|----|-----|
| 6.1 | Do you currently have an insurance policy providing this coverage which is in force?   | NO | YES |
|     | If <b>YES</b> , what is the retroactive date ①   |    |     |
| 6.2 | Is the business involved in the manufacture or production of tobacco products?   | NO | YES |
| 6.3 | Is the business involved in the manufacture, supply, distribution or sale of any explosives, detonators, fireworks, firearms or weapons?   | NO | YES |
| 6.4 | Is the business involved in the production, manufacture, sale or distribution of agri-chemicals, seeds or animal feed?   | NO | YES |
| 6.5 | Is the business involved in the production, manufacture or distribution of pharmaceuticals?  | NO | YES |
| 6.6 | Is the business involved in the production, manufacture, sale or distribution of concrete, cement or ready-mix?  | NO | YES |
| 6.7 | Are any of the business's products exported to the United States or Canada?  | NO | YES |
| 6.8 | Have you been held liable or been accused of being liable for property damage or injury to third parties arising out of any product supplied or work performed by employees in the past 12 months? | NO | YES |

## 7. INEFFICACY

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

- 7.1 Do you currently have an insurance policy providing this coverage which is in force?  
If **YES**, what is the retroactive date ①
- 7.2 Is the business involved in the production, manufacture, sale or distribution of agri-chemicals, seeds or animal feed?
- 7.3 Does the business supply any ingredients or components used in the manufacture or production of paint, waterproofing materials, anti-corrosion formulations, concrete, cement or ready-mix
- 7.4 Have you been held liable or been accused of being liable for third party losses due to the failure of any product in the past 12 months?
- NO YES  
NO YES  
NO YES  
NO YES

## 8. PRODUCT RECALL

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

- 8.1 Do you currently have an insurance policy providing this coverage which is in force?
- 8.2 Does the business have a documented and tested product recall plan in place?
- 8.3 Does the business record and track all batches of products supplied?
- 8.4 Has the business recalled any product within the last 12 months?
- NO YES  
NO YES  
NO YES  
NO YES

## 9. PRODUCT GUARANTEE

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

- 9.1 Do you currently have an insurance policy providing this coverage which is in force?
- 9.2 Has the business recalled any product within the last 12 months?
- NO YES  
NO YES

## 10. STATUTORY DEFENCE COSTS

*(only complete this section if you require this cover)*

10.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date ①

## 11. WRONGFUL ARREST AND DEFAMATION

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

11.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date ①

## 12. EMPLOYMENT PRACTICES

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

12.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date ①

12.2 Does the business have an HR Policy with a disciplinary code which is utilised before any disciplinary action is taken against any employee?

NO YES

12.3 Has the business been involved in any CCMA, Bargaining Council or Labour Court matters in the last 12 months?

NO YES

12.4 Are any retrenchments, redundancies or dismissals for operational requirements planned for the next 18 months by the business?

NO YES

### 13. CONTINGENT PLANT HIRE LIABILITY

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

13.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If YES, what is the retroactive date ①

### 14. ADVERTISERS LIABILITY

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

14.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If YES, what is the retroactive date ①

### 15. INFRINGEMENT OF INTELLECTUAL PROPERTY RIGHTS

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

15.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If YES, what is the retroactive date ①

### 16. PURE FINANCIAL LOSS

*(only complete this section if you require this cover)*

Limit of liability required



Deductible/first amount payable

16.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date ①

16.2 Are any professional services rendered by the business? (accounting, legal, engineering, design, financial, technology)

NO YES

16.3 Have there been any incidents in which the business has been accused of causing a financial loss to a third party in the past 3 years

NO YES

## 17. GRATUITOUS ADVICE

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

17.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date ①

17.2 Does the business charge a fee for advice that is given to third parties?

NO YES

## 18. DIRECTORS AND OFFICERS

*(only complete this section if you require this cover)*

Limit of liability required

Deductible/first amount payable

18.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date ①

18.2 Has the business or any of its directors ever been involved in any wilful breach of trust or wilful misconduct proceedings?

NO YES

18.3 Have any of the directors ever been ineligible or disqualified from holding a fiduciary position?

NO YES

18.4 Is the business running at a loss or do its liabilities exceed its assets?

NO YES

18.5 Have any claims, insured or not, ever been made, or do you anticipate any claims being made, against any director or officer in their personal capacity?

NO YES

18.6 Has the business ever had any proposal or renewal declined or had cover cancelled by insurers (in respect of the Directors and Officers Liability)?

NO YES

## 19. MOTOR EXCESS OF LOSS

*(only complete this section if you require this cover)*

Note that this cover can only be provided if the business has a primary motor liability policy with a minimum limit of R5m in place.

Limit of liability required

19.1 Does the business have an underlying motor policy which provides a minimum of R5,000,000 motor third party liability?

NO YES

## 20. PERSONAL ACCIDENT COVERAGE

*(only complete this section if you require this cover)*

Please select the benefit you require for all employees by making a tick in the boxes below:

<b>Death</b>	1x Annual Earnings	2x Annual Earnings	3x Annual Earnings
<b>Permanent Disability</b>	1x Annual Earnings	2x Annual Earnings	3x Annual Earnings
<b>TTD Income Protection</b>	Accident Only		
<b>Emergency Expenses</b>	R25 000	R50 000	R100,000

20.1 Is the business registered with the Compensation for Occupational Injuries and Diseases (COID) Fund?

NO YES

20.2 Does the business have any employees conducting business outside of South Africa, including on a contract basis?

NO YES

20.3 Have any claims for the benefits above been made under any personal accident or employee benefits policy in the past 12 months?

NO YES

20.4 Does the business provide any legal, accounting, engineering, architectural, project management, recruitment, labour broking services or technology services?

NO YES

## DECLARATION

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected. I confirm that the information and documentation submitted, is correct, to the best of my knowledge.

The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. Signing of this application does not bind the company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance form part of the policy should a policy be issued.

**Signed**

*On behalf of the Proposer*

**Date**

**Capacity**

## PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
  - To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
  - To compile non-personal statistical information to assist in assessing similar risks;
  - To assess the risk to be underwritten
- and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
  - To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

### Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: [complaints@santam.co.za](mailto:complaints@santam.co.za)  
Telephone: 0860 102 725  
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: [complaints.IR@justice.gov.za](mailto:complaints.IR@justice.gov.za)

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