

GENERAL PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Hollard.

Please complete and answer all questions

1. Name of Proposer:

Trading as:

2. Business registered as: CC PTY (LTD) Sole Proprietor

Other (please specify):

3. VAT registration no.: Date company established:

4. Previous trading names:

5. Postal address: :

Physical address: :

6. Telephone No:

E-mail:

Facsimile No:

Website:

7. Detailed description of all business activities:

8. Please indicate whether your company provides or offers any of the following activities and whether the activity is sub-contracted:

	Activity provided by		Activity subcontracted out		Name of sub-contractor
Any activities in a Big Five area <i>(e.g. bush walks, bush drives)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Horse riding	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Quad biking	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Mountain biking	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Trampolines	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Inland water activities <i>(e.g. white water rafting, etc.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>

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	Activity provided by		Activity subcontracted out		Name of sub-contractor
Costal water activities <i>(e.g. deep sea fishing, water skiing, etc.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Scuba diving or shark cage diving	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Canopy tours	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Hot air ballooning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Airborne activities <i>(e.g. sky diving, microlights, etc.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Extreme sports <i>(e.g. bungee jumping, rock climbing, etc.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Wellness centre	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
Any other activities <i>(please specify)</i> :	<input type="text"/>				

9. Do you have proof of sub-contractors insurance? YES NO

10. Where activities are provided by you (in-house), please provide details of the daily systems and procedures in place for the checking of equipment used in the activities.

11. Are you a member of: SATSA ASATA Other (please specify):

	Previous 12 months	Next 12 months (estimate)
12. Turnover of the organisation	R <input type="text"/>	R <input type="text"/>
Number of guests / passengers	R <input type="text"/>	R <input type="text"/>
Average duration of stay	R <input type="text"/>	R <input type="text"/>

13. Please provide details of any Public Liability or Professional Indemnity claims made against your organisation during the past 5 years, as well as any circumstances which may give rise to a Public Liability or Professional Indemnity claim. Please include any claims which are still to be settled or under dispute.

Date of claim	Description of claim	Claim settlement
<input type="text"/>	<input type="text"/>	R <input type="text"/>

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14. Is Public Liability cover currently in force? YES NO If yes, please provide the following:

Current insurer:	<input type="text"/>	Branch:	<input type="text"/>
Policy number:	<input type="text"/>	Expiry date:	<input type="text"/>
Limit of indemnity: R	<input type="text"/>	First amount payable:	<input type="text"/>

15. Limit of indemnity required. (Minimum limit is R5 million) R

16. Has any insurer at any time :

Declined your insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Imposed special terms? YES <input type="checkbox"/> NO <input type="checkbox"/>
Refused to renew your policy? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, why? <input type="text"/>

17. Copies of the following documentation to accompany this proposal:
• **Current brochures** • **Booking conditions** • **Indemnities signed by guests**

18. Where did you hear about us?

<input type="checkbox"/> Referral	<input type="checkbox"/> Website	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Trade Show	<input type="checkbox"/> Existing client
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IMPORTANT NOTICE

The information provided within this Proposal, as well as any additional / substantiating documentation provided, forms the basis of the insurance contract entered into with Insurers. You are required to immediately advise Insurers of any changes to the material facts affecting or altering your risk. The Insurers reserve the right to decline any proposal without assigning a reason.

DECLARATION

I understand that non-disclosure or misrepresentation of any material fact may entitle Insurers to void the insurance. I declare that all information and statements herein are true and correct.

Print Name	<input type="text"/>	Signature:	<input type="text"/>
On behalf of:	<input type="text"/>	Dated:	<input type="text"/>