

Please answer ALL questions completely.
Should any question or part thereof not be applicable, please state "N/A".
Should insufficient space be provided, please continue on your company letterhead.

1. Name of Insured _____
2. Physical address _____ Postal code _____

3. Company reg. number _____
4. VAT number _____
5. Insured's website _____
6. Describe ALL business activities _____

7. Number of premises, situation of premises and activities undertaken from such premises

No. of premises	Situation of premises
_____	_____
_____	_____

8. Does the Insured have public/products liability insurance? Yes No
If Yes, please provide full details

Cover Required

Limit	
Labour Costs Liability	R10 000 Max per claim
Deductible	R350 per claim

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.
I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.
I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iTOO of such changes as soon as reasonably possible.

Name (duly authorised) _____ Designation _____

Signature _____ Date

Y	Y	Y	Y	M	M	U	U
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