

1.6	Do any of your activities involve work away from the premises?	YES	NO
	If yes, give brief details and state the number of employees involved and the turnover of such activities		
1.7	Do you employ sub-contractors?	YES	NO
	If yes, give brief details including annual turnover and state whether you are responsible for their actions.		

2.	TRADING CONDITIONS		
2.1	Any DISCLAIMERS?	YES	NO
	If yes, please attach copies of such disclaimers		
2.2	Any WAIVER OF RIGHTS or RECOURSE CONDITIONS?	YES	NO
	If yes, please attach copies of such conditions		

3.	COMPLAINTS / CLAIMS HISTORY		
	Describe the complaints you have received about your products or the claims that have been made against you for injury or damage allegedly caused by your products in the past 5 year.		
3.1	Please provide information on Date of Occurrence / Description of Damages / Amount Paid or Outstanding:		
3.2	What steps have you taken to prevent a recurrence of the above incidents?		

4.	INDEMNITY LIMIT		
4.1	What indemnity limit is required for any one 12-month period of insurance for your products?	R	

5.	DISCLOSURE		
5.1	Are you aware of any other facts that may be material to or have a bearing on Frontline's decision regarding this cover?	YES	NO
	If yes, give details		

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this form together with any other information supplied by me/us from the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF:

SIGNATURE:

NAME IN PRINT:

DESIGNATION:

DATE :

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal.

PRIVACY NOTICE - PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>