**PROPOSAL FORM**

**Trustees Fidelity, Errors and Omissions Insurance**

1. The proposal form must be completed and signed by a representative of the proposer company who is duly authorised by the proposer to do so
2. Completing and signing this proposal form does not bind SHA to enter into a contract of insurance
3. A legal duty is owed to the insurers to disclose all facts, matters, or circumstances known or reasonably expected to be known to the proposer or any proposed insured person which are material to or which may influence the insurer in the consideration and judgement of the risk being proposed, its acceptance and the particular terms upon which it may be underwritten by the insurers
4. The proposal form is not exhaustive, which means that, after evaluating your answers, we might have additional questions. If there is insufficient space in this questionnaire to provide answers or information, please use additional sheets
5. By completing and signing this proposal form, you accept and acknowledge that you have read and fully understood it contents and their possible effect in relation to the contract of insurance that may consequently be entered into
6. Please attach the following information to the proposal form, as is applicable:
   1. Audited financial statements as at last latest year-end.
   2. Copy of the Trust Deed
7. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer
8. The duty of disclosure will continue throughout the currency of the contract and any material alterations are to be disclosed to underwriters immediately

**9.** The policy provides insurance on a discovery basis. Accordingly, insurer will only cover the insured for direct financial loss first discovered during the policy period

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| MAIN CONTACT REGARDING THIS RISK ASSESSMENT | |
| * 1. Name and Surname | Click or tap here to enter text. |
| * 1. Position | Click or tap here to enter text. |
| * 1. Phone number | Click or tap here to enter text. |
| * 1. E-Mail address | Click or tap here to enter text. |

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| TRUST OVERVIEW | | | | | |
| 1. Company name | Click or tap here to enter text. | | | | |
| 1. Principal address | Click or tap here to enter text. | | | | |
| 1. Postal address | Click or tap here to enter text. | | | | |
| 1. Phone number | Click or tap here to enter text. | | | | |
| 1. VAT registration number | Click or tap here to enter text. | | | | |
| 1. Trust registration number | Click or tap here to enter text. | | | | |
| 1. Website | Click or tap here to enter text. | | | | |
| 1. Date of Incorporation and subsequent re-registration/ name changes | | Click or tap here to enter text. | | | |
| 1. Type of Trust   Empowerment/Employee Trusts Business/Trading Trusts Charitable Trust  Special Trust Medical Scheme Bewind Trust  Other (specify) | | | | | |
| Click or tap here to enter text. | | | | | |
| 1. Legal Constitution   Companies Act Trust Property Control Act  Friendly Society Act  Other (specify) | | | | | |
| Click or tap here to enter text. | | | | | |
| SHA does NOT write pension funds, testamentary trust, family private trust or offshore trust | | | | | |
| 1. Details of activities | | | | | |
| Click or tap here to enter text. | | | | | |
| 1. Do the activities of the entity involve either | | | | | |
| * + 1. the provision or running of residential homes for, and/or | | | No Yes | | |
| * + 1. the regular care of, training, supervision or sole charge of persons under the age of 18, or of vulnerable adults, by members, employees or volunteers of the entity? | | | No Yes | | |
| If YES, please note that the risk falls wide of SHA’s risk appetite!! | | | | | |
| 1. Does the entity’s activities extend overseas? | | | | No Yes | |
| If YES, please state in what manner and in which countries | | | | | |
| Click or tap here to enter text. | | | | | |
| 1. Is the entity party to any joint venture arrangement or partnership agreement? | | | | | No Yes |
| If YES, please attach details, including Partnership Agreements | | | | | |
| *Please attach a copy of the audited financial statements as at last year-end and a copy of the Trust deed.* | | | | | |

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| MANAGEMENT OF ENTITY’S FUNDS | | | | |
| How are the investments managed? | | | | |
| 1. Professional managers | | | | No Yes |
| If YES | | | | |
| * + 1. Provide name, length of time and experience | | | | |
| Name | Click or tap here to enter text. | | | |
| Length of Service | Click or tap here to enter text. | | | |
| Experience | Click or tap here to enter text. | | | |
| * + 1. Have there been any change in the external professional managers used by the entity within the last three years? | | | | No Yes |
| If YES, please provide details below | | | | |
| Click or tap here to enter text. | | | | |
| 1. Does the entity and/or its Trustees maintain full legal rights against such external professional managers | | | | No Yes |
| * + 1. If NO, please provide details below | | | | |
| Click or tap here to enter text. | | | | |
| * + 1. Directly by Trustees | | | | No Yes |
| 1. Are you able to confirm that | | | | |
| * + 1. the entity’s activities are solely confined to fund raising and/or provision of advice or support to an identifiable group or community and that such advice and support- | | | | No Yes |
| * + 1. does not involve providing any form of treatment and/or medical/surgical care or advice? | | | | No Yes |
| * + 1. does not involve providing any legal, financial or environmental advice? | | | | No Yes |
| * + 1. does not involve undertaking any scientific or medical research | | | | No Yes |
| * + 1. is free of any specific charge or fee and is not the subject of a contract for the provision of professional services? | | | | No Yes |
| OR | | | | |
| * + 1. that the entity is either a sports, social or recreational society, association or club | | | | No Yes |
| AND THAT | | | | |
| * + 1. the entity does not undertake any certification, examination, licensing or regulatory activities or functions? | | | | No Yes |
| If NO, please provide details below | | | | |
| Click or tap here to enter text. | | | | |
| 1. What is the entity’s total gross income for the last complete financial year? | | Click or tap here to enter text. | | |
| 1. What is the entity’s total annual asset value for the last complete financial year? | | Click or tap here to enter text. | | |
| 1. Provide a percentage breakdown of the source of such income between: | | | | |
| Funding from Government, Local Authorities or Government/Local Authority agencies | | Click or tap here to enter text. | | |
| Subscriptions and membership fees | | Click or tap here to enter text. | | |
| Voluntary income/donations | | Click or tap here to enter text. | | |
| Fee-generating activities *- please complete question below* | | Click or tap here to enter text. | | |
| Other *- please complete question below* | | Click or tap here to enter text. | | |
| Total | | 100% | | |
| If income is derived from fee-generating activities or ‘other’ sources please provide full details below | | | | |
| Click or tap here to enter text. | | | | |
| 1. Do you agree with the following statements? | | | | |
| * + 1. you do not anticipate any major changes in these activities in the forthcoming twelve (12) months | | | No Yes | |
| * + 1. there have been no fundamental changes in the entity’s activities over the last five (5) years | | | No Yes | |
| * + 1. the entity’s total gross income from each of its last three (3) financial years and its estimated gross income from its current financial year does not vary from one successive year to another by more than 25% | | | No Yes | |
| * + 1. no work is undertaken or activities conducted outside South Africa | | | No Yes | |
| If NO please provide details below | | | | |
| Click or tap here to enter text. | | | | |

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| STAFF AND LOCATIONS | | | | | |
| 1. South Africa | No. of Employees |  | No. of Locations |  | |
| Rest of Africa | No. of Employees |  | No. of Locations |  | |
| Rest of World | No. of Employees |  | No. of Locations |  | |
| 1. Please list the names and qualifications of all key personnel / key individuals  |  |  |  |  | | --- | --- | --- | --- | | Name | Length of Service | Qualifications | Specific Responsibilities | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |
| 1. Does the proposer ensure continuing professional development of its professionals? | | | | | No Yes |
| If NO, please attach details on how the proposer ensures that its professionals continue to be competent in the rendering of their professional services | | | | | |
| 1. Are any branches and subsidiaries allowed to maintain different operational procedures than Head Office / parent company? | | | | | No Yes |
| If YES, is prior approval required from Head Office / parent company? | | | | | No Yes |
| 1. Are criminal history, employment history and credit checks performed on all employees, including when recruiting new employees? | | | | | No Yes |
| 1. Are all employees required to take an uninterrupted, two-week holiday each calendar year? | | | | | No Yes |
| 1. Are there established employee leaving procedures, including termination of access to computer systems? | | | | | No Yes |
| 1. Is dual control maintained over the handling of: | | | | | No Yes |
| * 1. Securities? | | | | | No Yes |
| * 1. Company / corporate cheques? | | | | | No Yes |
| * 1. Dormant accounts (if inactive for longer than 3 months)? | | | | | No Yes |
| * 1. Access codes, test keys? | | | | | No Yes |
| 1. Is there a process in place to have and independent employee check the payroll to ensure that it is accurate and correct including, but not limited to, account numbers and active employees only? | | | | | No Yes |
| If this function is outsourced, is there an audit protocol included in the agreement? | | | | | No Yes |
| 1. Have any employees been dismissed for any fraudulent activities / dishonesty during the last 12 months? | | | | | No Yes |
| If YES, please provide details for each dismissal below | | | | | |
| Click or tap here to enter text. | | | | | |

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| AUDITS | |
| 1. Do External Auditors audit all operations at least annually? | No Yes |
| If NO, please attach details | |
| 1. Have all recommendations made by External Auditors regarding internal controls been complied with following the last audit? | No Yes |
| If NO, please attach details | |
| 1. Is there an audit and risk committee which monitors the effectiveness of internal controls and reports directly to the Board? | No Yes |
| If NO, please provide details on how the Board and accounting officer of the company gain the assurance they require on governance, risk management, the control environment and the integrity of the financial statements?  If YES, please attach the following   * + - * 1. Audit and Risk Committee Terms of Reference         2. Audit and Risk Committee Charter         3. Audit and Risk Committee calendar of activities         4. Audit and Risk Committee Performance Evaluation | |
| 1. Is there an Internal Audit Department which has separate duties from the auditing services provided by an external accountant? | No Yes |
| If YES, |  |
| 1. Is there an established audit cycle which encompasses all operations? | No Yes |
| 1. Is the Internal Audit department independent of any other function? | No Yes |
| 1. Does the Internal Audit team periodically review segregation of duties, accuracy of records, management and supervisory procedures and the physical and non-physical internal controls? | No Yes |
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| 1. How often are full internal audits conducted? | Click or tap here to enter text. |
| 1. Are all directors and employees required to declare their outside business interests and specify relationships which could lead to possible conflicts of interest? | No Yes |
| *SHA reserves the right to call for relevant extracts from audit and risk committee minutes during the claim process.* | |

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| INTERNAL FINANCIAL CONTROLS | |
| *(If the answer to any of the following questions is NO, please give full details of any alternative methods of control)* | |
| 1. Has a framework for internal financial controls been identified for the company? | No Yes |
| 1. Does the framework include operations and regulatory compliance? | No Yes |
| 1. Has the internal controls been mapped to the framework defined? | No Yes |
| 1. Is the proposer educating leadership, executive management and control owners regarding the content in the framework? | No Yes |
| 1. Based on the defined framework are there any gaps in current processes, control activities, or documentation and, if so, how are these being addressed? | |
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| 1. What policies are in place and who is responsible for communicating internal control considerations to external parties (e.g. third-party service providers)? Please attach details. | |
| 1. Does the proposer use information technology and data analytics to help continuously monitor internal control systems? | No Yes |
| 1. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion without referral to others for: | |
| 1. Signing cheques or authorising payments? | No Yes |
| 1. Issuing fund transfer instructions? | No Yes |
| 1. Amending fund transfer procedures? | No Yes |
| 1. Opening new accounts, including new vendors, suppliers, service providers etc.? | No Yes |
| 1. Refunding monies, returning of goods, issuing and any other credit or refund? | No Yes |
| 1. Awarding contracts following a tender? | No Yes |
| 1. Loading or updating payment beneficiary details? | No Yes |
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| 1. How does the proposer ensure that payments are made to the legitimate / correct bank account? | |
| Click or tap here to enter text. | |
| 1. Are all supporting documents validated before authorising payments? | No Yes |
| 1. Is petty cash kept and a quarterly independent check of vouchers, receipt and cash balance made? | No Yes |
| 1. Are cash book entries independently checked with bank statements, bank paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with case and unpresented cheques at regular intervals? | No Yes |
| 1. Are monthly bank account statements reconciled in a timely manner? | No Yes |
| 1. What is the approximate annual value of fund transfers? | Click or tap here to enter text. |

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| COMPUTER SYSTEMS | |
| 1. Are passwords used to give varying levels of access to your computer system and fund transfer systems based on the need and authorisation of user basis? | No Yes |
| If NO, describe the alternative methods used to protect access to the computer system. | |
| 1. Are passwords changed regularly? | No Yes |
| 1. Are access controls designed so that users cannot gain access to programs and files to which they have not been specifically granted access to through a formal procedure? | No Yes |
| 1. Are all key source documents maintained in a secure environment prior to being entered into the computer system in order to prevent unauthorised modification or inappropriate use of data? | No Yes |
| 1. Does the proposer utilise any recognised software packages to control access to your computer system? | No Yes |
| If YES, does the proposer modify such software to their own specifications? | No Yes |
| 1. Are programming and processing operations separated physically and as to personnel involved? | No Yes |
| 1. Can programming staff operate the live system? | No Yes |
| 1. Are there at least two employees on duty during any Data Processing shift? | No Yes |
| 1. Is access to Data Processing premises restricted to authorised personnel only? | No Yes |
| 1. Are employees allowed remote access to the company’s main computer facilities? | No Yes |
| If YES: |  |
| 1. Is access controlled by ‘one time’ password systems? | No Yes |
| 1. Is access limited to non-sensitive systems and data? | No Yes |
| 1. Is the message traffic protected by encryption? | No Yes |
| If NO, please attach provide details on controls in place below. | |
| Click or tap here to enter text. | |
| 1. Is there cyber breach / malware etc. protection software / firewall installed? | No Yes |
| If YES, is this upgraded on a regular basis? | No Yes |
| 1. Is intrusion / unauthorised access activity / breaches monitored and reported on a 24 hour basis by penetration specialists? | No Yes |
| If YES, is this an external service provider or internal employees? | No Yes |
| 1. Does the proposer use or subscribe to any Electronic Funds Transfer Systems? | No Yes |
| 1. Does the Proposer user or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer’s database? | No Yes |
| If YES, please specify which one | |
| 1. Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow clients to directly execute a transfer of funds? | No Yes |
| 1. Does the Proposer permit the initiation of Funds Transfer by telephone instruction from clients? | No Yes |
| If YES, do all clients to whom this facility is available complete written agreements outlining legal responsibilities, transfer limits and call back parameters for verification? | No Yes |
| If YES please attach agreement  If NO, please elaborate on the call back parameters for verification | |
| 1. Are all conversations, including these instructions, recorded? | No Yes |
| 1. Please describe the procedures adopted when instructions are received telephonically? |  |

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| LOSS INFORMATION | |
| *(If the answer to any of the following questions is YES, please attach full details)* | |
| 1. Is the Proposer currently involved in any litigation relevant to coverage sought as a defendant? | No Yes |
| 1. Has any application made by the Proposer or its predecessors in business for Professional Indemnity / Civil or Fidelity Guarantee / Crime Insurance ever been declined? | No Yes |
| 1. Has any Professional Indemnity / Civil or Fidelity Guarantee / Crime Policy in the name of the Proposer or its predecessors in business ever been cancelled? | No Yes |
| 1. Please give details of any losses sustained during the past five (5) years (losses of a type that may be covered by this insurance) and before application of any deductible, retention or excess, whether insured or not. | |
| |  |  |  |  | | --- | --- | --- | --- | | Nature of Loss | Date Committed | Date Discovered | Amount | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Please describe corrective measures taken to prevent similar losses and the actions taken against the perpetrator | |
| 1. Click or tap here to enter text. | | |
| 1. Click or tap here to enter text. | | |
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| INSURANCE HISTORY AND REQUIREMENTS | | | | | |
| 1. Details of current Crime and Civil Liability; Bankers Blanket Bond/ Computer and Electronic Crime/ Professional Indemnity or similar insurance | | | | | |
| Limit of Indemnity | | Aggregate Any One Claim | | Click or tap here to enter text. | |
| Retention | | Click or tap here to enter text. | | | |
| Retroactive Date | | Click or tap here to enter text. | | | |
| Expiry Date | | Click or tap here to enter text. | | | |
| *Please attach expiry policy and wording in order for us to revert with a comparable quotation. Premium information may be redacted* | | | | | |
| 1. Coverage Requirements | | | | | |
| Limit of Indemnity | Combined Single Limit of Indemnity - ALL Sections  Applies per Section | | | | |
| Option 1 | | Option 2 | | Option 3 |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | | | | | |
| Each and Every Claim Excess | Option 1 | | Option 2 | | Option 3 |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |

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| INFORMATION ATTACHED TO THE FORM | |
| 1. Latest Audited Annual Reports and Interim Reports of the proposer (consolidated if subsidiaries are to be included) |  |
| 1. Latest Auditing Firm’s Letter of Recommendation to Management and Management’s written response |  |
| 1. Trust Deed |  |

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| DECLARATIONS |
| 1. I/We declare that the above statements are true and complete 2. At the present time, other than as stated above, l/We have no reason to anticipate any claim being brought against me/us that would constitute a claim under the Insurance now being renewed or applied for 3. I/We declare that, in the event of this being a renewal of a policy currently insured via SHA Risk Specialists a division of Santam Limited, there have been no material alterations to the risk as submitted to underwriters originally, and if a new application that all material facts have been disclosed 4. I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration. 5. Due to SHA’s FSCA Licensing status and, in light of the requirements set out in the Protection of Personal Information Act 2013 (POPIA), we are not, strictly speaking, allowed to contact you directly and would generally communicate with you via your broker. However, there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy. Therefore, please indicate below how you would prefer to be contacted in the unlikely event that we should need to contact you directly.   SMS E-Mail Phone Mobile Post |

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|  | | Chairman | Managing Directors / CEO |
| Name | Click or tap here to enter text. | | Click or tap here to enter text. |
| Signature |  | |  |
| Date | Click or tap to enter a date. | | Click or tap to enter a date. |

**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.

Personal Information of Minors (Complete if Applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*full name of competent person*), hereby provide my consent to the processing of any information provided herein relating to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of minor whose personal information is disclosed herein*) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised

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 the 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)

Postal address:

PO Box 31533

Braamfontein

Johannesburg

2017

Physical address:

JD House

27 Stiemens Street

Braamfontein

Johannesburg

2001