

CRIME SURVEY AND PROPOSAL FORM

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FRISK 2.0 is an AI toolkit designed by a panel of forensic experts in association with **Merlynn Intelligence Technologies** to help your organisation manage and reduce the risk of internal (employee) fraud. This document has been created to facilitate manual data collection which will be parsed through the system to identify vulnerabilities within the organisation and recommend risk management enhancements.

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

Implementing the recommendations suggested by FRISK 2.0 does not provide a guarantee against employee fraud, however, proactively managing the risk of employee fraud helps safeguard your business from falling victim to internal fraud.

I AGREE I DISAGREE

The Insured confirms that there are no material changes since the last Proposal Form received that may influence the Insurers not to grant this cover.

I AGREE I DISAGREE

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 its 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:
 - 6.1 Audited financial statements as at last year-end
 - 6.2 Newly established companies – business plan, 5-year financial forecast
 - 6.3 Risk and Audit Committee terms of reference / charter
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 as they arise
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

2.1.8 Do management physically check the documents that pertain to the actual payment being processed?						YES	NO
2.1.9 Do you flag and investigate duplicate payment amounts within accounting procedures						YES	NO
2.1.10 Creditor rotation: Do staff consistently deal with the same creditors or are accounts/creditors rotated between clerks?							
	Creditors are rotated between clerks						No rotation of creditors between clerks
2.1.11 Do you have a system in place with either your bank or an external service provider to verify that the account number correlates with the name of the account holder on every payment?						YES	NO
2.1.12 How often are bank account access passwords changed?							
		Less than 30 days	30-60 days	61-80 days	more than 180 days		Never
2.1.13 How often are creditors reconciled?							
		Less than 30 days	30-60 days	61-80 days	more than 180 days		Never
2.1.14 Are all payments centralised?						YES	NO
2.1.15 Are once-off payments subject to higher scrutiny than normal creditor payments?			YES	NO			N/A (No once-off payments are ever effected)
2.1.16 Are tokens used in the payment process?						YES	NO
2.1.17 How often are all bank accounts reconciled?							
		Never	Weekly	Monthly	Quarterly bi-annually		Annually
2.2 Financial Controls: Cash Risk							
2.2.1 Do you handle cash? (If NO continue to Section 2.3 Debtors Risk)						YES	NO
2.2.2 Do you make cash payments?						YES	NO
2.2.3 How often is cash banked?							Daily Weekly Monthly
2.2.4 Who checks cash banking?	Checked by peer	Checked by management					Checked & signed off by management
2.3 Financial Controls: Debtors Risk							
2.3.1 How often is debtors age analysis reviewed?							
		30-60 days	61-90 days	91-120 days	121-150 days		more than 150 days
2.3.2 Debtors reconciliation?							
							Checked but not signed off by management
							Checked & signed off by management monthly
							Checked & signed off by management quarterly
							Checked & signed off by management bi-annually
							Checked & signed off by management annually

2.3.3 By whom and how often are debtors age-analysis audits conducted?

- By debtors own management monthly
- By debtors own management quarterly
- By debtors own management bi-annually
- By debtors own management annually
- By management external to debtors quarterly
- By management external to debtors bi-annually
- By management external to debtors annually

2.3.4 How often are debtors rotated between debtors clerks?

- Never
- Annually
- Quarterly
- Ad-hoc

3. HUMAN RESOURCES RISK

3.1 Do all staff involved in any financial activity undergo background financial and criminal checks prior to employment?

- No background checks performed
- Only criminal checks
- Only financial checks
- Both financial & criminal checks

3.2 Do you conduct exit interviews?

- YES
- NO

3.3 Is payroll outsourced?

- YES
- NO

3.4 Are new employees & terminated employees loaded and removed from payroll/employee system by different HR staff?

- NO – Action performed by same staff
- YES – Different staff load new employees & remove terminated staff

3.5 Annual staff turnover?

- More than 5%
- Less than 5%

3.6 Do you utilise labour brokers to provide blue collar workers?

- YES
- NO
- N/A
(Do not utilise drivers)

3.7 Are all drivers, including contract drivers, checked for criminal records?

- YES
- NO
- N/A
(Do not utilise drivers)

3.8 Are financial and procurement staff required to adhere to a 2 week continuous mandatory leave period?

- YES
- NO

3.9 Are reference checks conducted on at least the last 2 employers via their HR department?

- YES
- NO

3.10 Are educational qualifications of applicants verified?

- YES
- NO

4. Does the insured have any direct or indirect exposure to Colombia, Brazil, Mexico, Ecuador, Peru, Philippines, Honduras, Chechnya, Zimbabwe, Nigeria, Somalia, Sudan, Chad, DRC, Congo, Ethiopia, Afghanistan, Iraq, Iran, Pakistan, Russia, Belarus, Ukraine, Cuba and North Korea? Or to any sanctioned individuals or entities? YES NO

If YES, please provide details:

5. Is the insured in full compliance with all US, EU and UK sanctions requirements? YES NO

If NO, please provide details:

4. PROCUREMENT RISK

4.1 Is there a documented procurement policy? YES NO

4.2 Do you have dedicated buyers / procurement staff? YES NO

4.3 How often do procurement staff submit a declaration of interest?

			N/A (no procurement staff)	Never	Annually	Bi-annually	More often than bi-annually
4.4	Do you have a gifts and entertainment policy and is the register maintained?	No Policy	Policy but register is not maintained			Policy and register is maintained	

4.5 Do you conduct lifestyle audits with procurement staff at least annually? NEVER YES NO
=YES but not annually

4.6 Do you have an anonymous tip-off or whistleblower facility? YES NO

4.7 Are procurement orders authorised by management? No Only those above R50 000 Only those above R100 000 All orders regardless of value

4.8 Are financial & criminal background checks conducted on all procurement staff? YES NO

4.9 Are regular internal audits conducted on procurement decisions? YES NO

4.10 Are staff employed within procurement regularly checked that they are not directly involved as members or shareholders of any business that may provide services to the company? YES NO N/A
(no dedicated procure)

4.11 Do you allow staff within your business to conduct business with family members? YES NO

4.12 Are directors able to effect procurement decisions on their own? YES NO

4.13 Are transactions that are authorised by procurement / purchasing staff specifically within 10% of their authorisation limits audited regularly? YES NO

4.14 Are invoices and other documentation loaded into the procurement software audited on a regular basis? YES NO N/A
(no procurement software in place)

5. IT SECURITY

5.1	How often are passwords changes enforced?	Never	Weekly	Monthly	Quarterly bi-annually	Annually
5.2	Do you have a dedicated IT manager?				YES	NO
5.3	Anti-virus software policy?	No requirement	Installed on certain computers or devices only		Installed on all computers & systems	
5.4	How often are network audits conducted?		Never	Monthly	Quarterly	Annually
5.5	IT Security (staff training and awareness)?		Provided to staff on a regular basis		Never	

6. AUDIT RISK

6.1	Do you have your own internal audit department?				YES	NO
6.2	Is internal audit outsourced?				YES	NO
6.3	Are management rotated within the business to audit different areas of the business at least on a project basis?				YES	NO
6.4	In the event you do not have an internal audit department do you have a formal approach to conduct your own procedural audits within all areas of your business?		YES	NO	N/A (organisation has its own internal audit)	

7. STOCK RISK

7.1	Do you have stock?			YES	NO	if NO continue to section 8 Physical Security
7.2	How often is a full stock count conducted?		Never	Monthly	Quarterly	Annually
7.3	When a full stock count is conducted are staff that do not work with the stock on a daily basis physically involved in the counting of the stock?				YES	NO
7.4	Do you conduct ongoing cycle counts?				YES	NO
7.5	Is there an independent verification conducted when stock is released from the stock holding facility?				YES	NO
7.6	Stock count outsourced to external parties?				YES	NO
7.7	Within stockholding facility, do you have a separate receiving and dispatch area?				YES	NO (no stock holding facility)

8. PHYSICAL SECURITY

- | | | |
|---|-----|---------------------------------------|
| 8.1 Does your business make use of security guards? | YES | NO
(if NO continue to declaration) |
| 8.2 Do you employ your own security guards? | YES | NO |
| 8.3 Do you outsource your physical security requirements to a third party service provider? | YES | NO |
| 8.4 Do you have a signed contract in place with all your security vendors? | YES | NO |
| 8.5 Do you ensure that all the security vendors have a valid security officers liability policy in place? | YES | NO |

9. REVENUE AND UTILITY SERVICES

- | | | | | |
|---|-------|---------|-----------|----------|
| 9.1. Are payments of this nature physically checked by management prior to payment? | YES | NO | | |
| 9.2. How often are revenue and tax payments reconciled by management? | Never | Monthly | Quarterly | Annually |
| 9.3 How often are utility and public services payments reconciled by management? | Never | Monthly | Quarterly | Annually |
| 9.4 If you are using a diesel powered generator, have you incorporated systems of control over usage? | YES | NO | | |

10. LOSS INFORMATION

(If the answer to any of the following questions is YES, please attach full details)

- | | | | | |
|---|------|-----------|-----------------|--------|
| 10.1 Is the Proposer currently involved in any litigation as a defendant relevant to coverage sought? | YES | NO | | |
| 10.2 Has any application made by the Proposer or its predecessors in business for Professional Indemnity / Civil or Fidelity Guarantee / Crime Insurance ever been declined? | YES | NO | | |
| 10.3 Has any Professional Indemnity / Civil or Fidelity Guarantee / Crime Policy in the name of the Proposer or its predecessors in business ever been cancelled? | YES | NO | | |
| 10.4 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 |
| 10.4.1 | | | | |
| 10.4.2 | | | | |
| 10.4.3 | | | | |

10.4.3

10.4.3

10.5 Please describe corrective measures taken to prevent similar losses as well as any actions taken against the perpetrator(s)

10.5.1

10.5.2

10.5.3

10.5.4

10.5.5

11. INSURANCE HISTORY AND REQUIREMENTS

11.1 Limit of indemnity Combined Single Limit of Indemnity – ALL Sections Applies per Section

Option 1

Option 2

Option 3

11.2 Each and every claim excess

Option 1

Option 2

Option 3

11.3 Extensions required
(Always subject to the policy terms, conditions and exclusions):

Additional Discovery Period

Insured is granted an additional period of twelve (12) months to either Discover a loss or to identify circumstances that may give rise to a claim for indemnity in terms of this Policy

Unidentifiable Employees Clause

If a loss is alleged to have been caused by the fraud or dishonesty of any of the employees and the Insured shall be unable to designate the specific Employee or Employees causing the loss, the Insured's claim in respect of such loss shall not be invalidated by their inability to do so

No Claims Bonus

No Claim Bonus shall be offered as a return premium subject to No Claims being paid, nor any matters notified and renewal being offered to and obtained by SHA

Aggregate Reinstatement

If limit of indemnity is reduced by reason of a claim being paid, the Limit of Indemnity shall be automatically reinstated (one time) to the amount of such reduction

12. INFORMATION ATTACHED TO FORM

12.1 Latest annual report and audited financials for the company

12.2 Newly established companies – business plan, 5 year financial forecast

12.3 Risk and Audit Committee terms of reference / charter

13. DECLARATIONS

- 13.1 I/We declare that the above statements are true and complete
- 13.2 At the present time, other than as stated above, I/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
- 13.3 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
- 13.4 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.
- 13.5 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

CHAIRMAN

MANAGING DIRECTORS / CEO

Name _____

Name _____

Signed _____

Signed _____

Date _____

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 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
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
Postal address: PO Box 31533
Braamfontein, Johannesburg, 2017

Physical address:
JD House, 27 Stiemens Street
Braamfontein, Johannesburg, 2001

CHAIRMAN

Name _____

Signed _____

Capacity _____

Date _____

I confirm that all information is true and correct as at today's date.
Any material changes to this information will be communicated to the insurer as soon as reasonably possible

Thank you for participating in FRISK

