

PROPOSAL FORM FOR CORPORATE PROTECTION

Please provide all requested information, attaching answers on a separate sheet if necessary.

Please return to send by e-mail	
То	Email
From	Contact number
Email	
Date	Pages
🕓 011 731 3600 🛛 🔄 info@sł	na.co.za 🌐 www.sha.co.za
📀 The Pavilion, Wanderers Office F	Park, 52 Corlett Drive, Illovo, 2196

Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies.

a division of





- 1. Name of the group, organisation or company to be insured under this policy
- 2. Full address including country
- 3. Business activity
- 4. Company gross annual revenue
- 5. Total number of employees worldwide
- 6. Are all employees to be covered?
- 7. If the answer to question 6 is NO, please state for whom is required and where they live/travel to
- 8. If the answer to question 6 is YES, please list all countries where the company operates including employee headcount in each
- 9. Please list countries visited for business purposes
- 10. Please list expatriate headcount by country if applicable
- 11. Please state limit (sum insured) required. More than one option can be requested

5 million	10 million			
20 million	30 million			
Other				
Currency:	ZAR	USD	EUR	GBP
If other, please speci	fy			

- 12. Date on which cover should commence
- 13. Period of cover required
- 14. Do you currently have or have you at any time had, kidnap insurance?
- 15. If the answer to question 14 is YES, please provide details

NO

YES





16. Do you have a crisis management plan?	NO	YES
17. Please answer the following statement I confirm that neither the company nor those to be insured have ever suffered a threat or incident of kidnap for ranse extortion, detention or hijack.	om, NO	YES
If NO please give full details		

SIGNED ON BEHALF OF THE CLIENT / INSURED

I/We hereby accept the terms as indicated in this corporate protection renewal terms document

I/We further confirm that the cover agreed to herein, as well as the sums insured, are adequate and appropriate and are in line with the needs of my/our business and employee requirements

Although SHA would generally communicate with you via your broker, 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 prefer to be contacted in the event that we should need to contact you directly.

SMS E-	-Mail Pł	hone	Mobile	Post
Signature of client		Company name		
Designation		Date		

SIGNED ON BEHALF OF THE BROKER

I confirm that a needs analysis has been conducted in order to ensure the continued appropriateness and relevance of the benefits offered under the Policy, in respect of the needs of the above noted employer / educational facility and the insured employees / students.

I confirm that where applicable, any fee charged in addition to the standard 20% broker commission has been disclosed to and agreed to by the insured employer / educational facility / policyholder.

Signature of broker	Brokerage name
Full name	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.

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(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.zaTelephone: 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

