



PROPOSAL FORM EVOLUTION PRO

1. It is suitable for providers of professional services only with a fee income of R10, 000, 000 or less per annum.
2. Only complete the sections of cover you require.
3. A different proposal form is required for businesses above that threshold.
4. This form can be completed online if your broker has generated a quote on our Pocket Underwriter system.

 011 731 3600  info@sha.co.za  www.sha.co.za

 The Pavillion, Wanderers Office 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
**Santam**

BUSINESS DETAILS

Type of organisation

Sole Proprietor

Private Co.

Public Company

Non- Profit
Company

State Owned
Company

Name of Business/ Practice

Details about your profession (What do you do?)

Company registration number

Company vat number

Annual Professional Fee Income (Last Year)

Turnover (Last Year)

Total Wageroll (including management)

Total asset value (Fixed and Current assets)

Number Of Employees

Contact Person

Contact Number

E-Mail

Website Address

Physical Address

Postal Address

By completing and signing this proposal form, the proposer accepts and acknowledges that it has read and fully understood its contents and their possible effect in relation to the contract of insurance that may be entered into

1. PROFESSIONAL INDEMNITY SECTION

(only complete this section if you require this cover)

Limit of liability required (Max R10, 000, 000)

Deductible/first amount payable

1.1 Do you currently have an insurance policy providing this coverage which is in force?

NO YES

If **YES**, what is the retroactive date

1.2 Is more than 50% of professional fee income generated outside of South Africa?

NO YES

1.3 If in the engineering space do you have any engineers with less than 5 years experience?

NO YES

1.3.1 If in the engineering industry, do you have any engineers with less than 5 year's experience?

NO YES

If so, how many?

1.3.2 Names and Qualifications of Principals / Partners / Directors / Members as applicable.

Name	Qualifications	Date qualified	How long principal in this practice
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1.4 Do you do business with clients in USA, Canada or Australia?

NO YES

1.5 Do you outsource business to any other firms/companies?

NO YES

1.5.1 If so, do you ensure that these other firms have their own PI insurance?

NO YES

1.6 Has the insured (employees/partners/directors/members) incurred any claims or suffered any losses in the last 36 months that has or could have given rise to a claim under a professional indemnity policy whether or not insurance was in force?

NO YES

1.6.1 If yes, did the aforementioned claims exceed R300,000 in total (over 36 months)?

NO YES

1.7 After enquiry, are any of the Management / Employees of the Insured aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them?

NO YES

1.8 Has the insured ever had any proposal or renewal for professional indemnity declined or had cover cancelled by insurers?

NO YES

2. LOSS OF DOCUMENTS

(only complete this section if you require this cover)

Limit of Liability required

Deductible/First Amount Payable

2.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date

3. FEE RECOVERY

(only complete this section if you require this cover)

Limit of Liability required

Deductible/First Amount Payable

3.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date

4. WRONGFUL ARREST

(only complete this section if you require this cover)

Limit of Liability required

Deductible/First Amount Payable

4.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date

5. STATUTORY DEFENCE COSTS

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

5.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date ①

6. DEFAMATION

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

6.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date

7. FIDELITY GUARANTEE

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

7.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date

7.2 Is any employee allowed to sign cheques alone or access internet banking alone. i.e without a dual signatory?

NO YES

7.2.1 If **YES**, are these transactions checked and approved by Management at least once a month?

NO YES

7.3 Are cash book entries checked and reconciled with vouchers and bank statements at least every 6 months by a member of management?

NO YES

- 7.4 Has the insured (employees/partners/directors/members) incurred any claims or suffered any losses in the last 36 months that has or could have given rise to a claim under a fidelity guarantee policy or section whether or not insurance was in force? NO YES
- 7.4.1 If **YES**, did the aforementioned claims exceed R300,000 in total (over 36 months)? NO YES
- 7.5 After enquiry, are any of the Management / Employees of the Insured aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them? NO YES
- 7.6 Has the insured ever had any proposal or renewal for fidelity guarantee declined or had cover cancelled by insurers? NO YES

8. MISAPPROPRIATION OF TRUST FUNDS

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

- 8.1 Do you currently have an insurance policy providing this coverage which is in force?
Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage. NO YES
- If **YES**, what is the retroactive date
- 8.2 Are Trust Money balances checked by one of the Partners at least once every 6 months? NO YES
- 8.3 Is an external audit of Trust Money balances undertaken by the firms auditors at least once every 6 months? NO YES
- 8.4 Has the insured (employees/partners/directors/members) incurred any claims or suffered any losses in the last 36 months that has or could have given rise to a claim for Misappropriation of Trust Funds whether or not insurance was in force? NO YES
- 8.5 Has the insured ever had any proposal or renewal for Misappropriation of Trust Funds declined or had cover cancelled by insurers? NO YES
- 8.6 Do you have a formal due diligence document in place for verifying the identity and banking details of every client before initiating any transfer of funds or change any banking details? NO YES
- If **YES**, does it include a telephonic call back procedure to the client to verify the authenticity of the instruction received prior to making any payment out of the trust account?
- 8.7 In respect of Trust Money, please indicate the amount of Trust Money held at the Financial Year End for the last three years.
- | Year end | Amount held in trust | Year end | Amount held in trust |
|----------|----------------------|----------|----------------------|
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9. EMPLOYMENT PRACTICES

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

- 9.1 Do you currently have an insurance policy providing this coverage which is in force?
Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.
- NO YES
- If **YES**, what is the retroactive date
- 9.2 Does the insured business have an HR Policy with a disciplinary code which is utilised before any disciplinary action is taken against any employee?
- NO YES
- 9.3 Has the insured been involved in any CCMA, Bargaining Council or Labour Court matters in the last 12 months?
- NO YES
- 9.4 Are any retrenchments, redundancies or dismissals for operational requirements planned for the next 18 months by the insured?
- NO YES

10. DIRECTORS AND OFFICERS

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

- 10.1 Do you currently have an insurance policy providing this coverage which is in force?
Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.
- NO YES
- If **YES**, what is the retroactive date
- 10.2 Has the company or any of its directors ever been involved in any wilful breach of trust or wilful misconduct proceedings?
- NO YES
- 10.3 Have any of the directors ever been ineligible or disqualified from holding a fiduciary position?
- NO YES
- 10.4 Is the company running at a loss or do its liabilities exceed its assets?
- NO YES
- 10.5 Have any claims, insured or not, ever been made, or do you anticipate any claims being made, against any director or officer in their personal capacity?
- NO YES
- 10.6 Has the insured ever had any proposal or renewal declined or had cover cancelled by insurers (in respect of the Directors and Officers Liability)?
- NO YES

11. JOINT VENTURE CONSORTIUM AGREEMENTS

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

11.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date

12. PUBLIC LIABILITY

(only complete this section if you require this cover)

Limit of liability required

Deductible/first amount payable

12.1 Do you currently have an insurance policy providing this coverage which is in force?

Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.

NO YES

If **YES**, what is the retroactive date ①

12.2 Do you operate in or have premises in the USA or Canada?

NO YES

12.3 Is the insured involved in the provision of any educational, after-care, sporting or recreational facilities or activities for minors (under the age of 18)?

NO YES

12.4 Does the insured provide any healthcare or medical treatment of any kind?

NO YES

12.5 Has the insured suffered any loss, damage, sickness or injury or incurred any liability in the last 12 months that has or could have given rise to a claim under a public liability policy whether or not insurance was in force?

NO YES

12.6 Has the insured ever had any proposal or renewal for public liability declined or had cover cancelled by insurers?

NO YES

13. PERSONAL ACCIDENT COVERAGE

(only complete this section if you require this cover)

Please select the benefits you require for all employees by making a tick in the boxes below:

Death (choose one option only)

R 50, 000 R 100, 000 R250, 000 R350, 000 R500, 000

Permanent Disability (choose one option only)

R 50, 000 R 100, 000 R250, 000 R350, 000 R500, 000

Temporary Total Disability Income Protection (choose one option only)

Accident Only

Maximum benefit payable per week (choose one option only)

R 1, 000 R 2, 000 R3, 000 R4, 000 R5, 000

Emergency Expenses (choose one option only)

R 25, 000 R 50, 000

- 13.1 Is the insured registered with the Compensation for Occupational Injuries and Diseases (COID) Fund? NO YES
- 13.2 Does the insured have any employees conducting business outside of South Africa, including on a contract basis? NO YES
- 13.3 Have any claims for the benefits above been made under any personal accident or employee benefits policy in the past 12 months? NO YES
- 13.4 Do you currently employ any contract workers or temporary workers? NO YES

DECLARATION

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected. I confirm that the information and documentation submitted, is correct, to the best of my knowledge.

The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. Signing of this application does not bind the company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance form part of the policy should a policy be issued.

Signed

On behalf of the Proposer

Date

Capacity

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.

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:

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Braamfontein
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2017

Physical address:

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