PROFESSIONAL INDEMNITY PROPOSAL FORM
Part 1 – General Information

The proposal must be completed and signed by the Insured. This proposal is a quotation request and shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

1. Inception Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Broker: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Name of Insured: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Name of Insured Practice: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Contact Person: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Contact No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Postal Address: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Registered Address: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Identity Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Registration No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Telephone Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Fax Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Email Address: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Website: www

Date established: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PRESENT LEGAL CONSTITUTION

(please mark the box with an (x))

Close Corporation [ ] Limited Co. [ ] Partnership [ ] Sole Practitioner [ ] Incorporated Co. [ ]

2. Date of Commencement of Practice:

2.1 As currently constituted [ ] 2.2. As Initially established [ ]

3. Disciplines(s) in which engaged


4. Names & Qualifications of Directors

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<tr>
<th>Name</th>
<th>Qualification</th>
<th>Date Qualified</th>
<th>How long in practice</th>
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4.1 Number of other employees:


5. Finance Details

Please state your total fee income / commission (including fees paid to sub contractors and consultants)

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<th>Previous year:</th>
<th>Estimated for this year:</th>
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5.1 Indemnity Limit required: R

5.2 Excess: R

5.3 Retroactive Date: R

5.4 Reinstatement of Sum Insured: YES □ NO □

5.5 Dishonesty of Staff: YES □ NO □

5.6 Libel and Slander: YES □ NO □

5.7 Loss of Documents: YES □ NO □

5.8 Computer Crime: YES □ NO □

6. Claims History

6.1 Has the company had any claims in the past five years? If “yes”, please give details.

6.2 Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance? If “yes” please specify:

6.3 Is any partner or director of principal aware, after inquiry, of any circumstances, which may result in any claim, being made against the firm, their predecessors in business or any of the present or past partners or directors of principal? If “yes” please specify:

6.4 Are you at present or have you in the past been insured? If “yes” please specify:

6.5 Is Indemnity to apply to any Principal who has left / retired / died? If “yes” please specify:

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PROFESSIONAL INDEMNITY PROPOSAL FORM
Part 2 – Fidelity Guarantee Insurance

1. GENERAL INFORMATION

1.1 Number of Branches to be included

   Domestic [ ]

   Foreign [ ]

1.2 Nature of the Business:


1.3 When established:


1.4 Annual Turnover or Gross Revenue:

   a) This year:

   b) Last year:

   c) Next year: (estimate)

2. INSURANCE HISTORY

2.1. Do you currently hold Fidelity Guarantee Insurance? YES [ ] NO [ ]

2.2. Has any Insurer ever cancelled or refused to accept or continue any Fidelity Guarantee Insurance or imposed special conditions? If “Yes”, please give details.


3. EMPLOYEES

3.1. State the number of employees in each of the following department / Positions:

   a) Management:

   b) Accounts / Financial:

   c) Computer:

   d) Stock & warehousing:

   e) Other:

3.2. Has the number of employees changed much over the past 12 months, and are you expecting any major future changes. If “Yes” why?


3.3. How many of your employees are based outside the borders of South Africa?


3.4. Are previous employers contracted prior to employment or new staff? YES [ ] NO [ ]

3.5. Is at least one other reference checked? YES [ ] NO [ ]

4. ACCOUNTING SYSTEM

If any of the following questions are answered with “NO”, describe your system in each instance.
4.1. Are cash and cheques deposited daily? YES [ ] NO [ ]

4.2. Do the employees who reconcile the monthly bank statements also either: YES [ ] NO [ ]
   a) Sign cheques? YES [ ] NO [ ]
   b) Handle deposit? YES [ ] NO [ ]
   c) Have access to cheque signing machines or signature plates? YES [ ] NO [ ]

(It is advisable for the reconciliation to be done by an employee who also signs cheques, handles deposits, or who has access to cheque signing machines or signature plates, because under each circumstances loss may be cancelled)

4.3. Are monthly statements sent to customers by post? YES [ ] NO [ ]

4.4. Is countersignature on all cheques required? YES [ ] NO [ ]

4.5. Describe the controls relating to access to cash, cheques & safes? YES [ ] NO [ ]

5. REMUNERATION
5.1. Describe the procedures employed in the payment of salaries and wages.

5.2. How often and by whom is the payroll checked against a staff register?

6. STOCK & WAREHOUSING
6.1. Describe your stock.

6.2. What is the approximate highest unit value? R
   Name it item:

6.3. Is there a separation of duties in respect of?
   a) Shipping and Receiving? YES [ ] NO [ ]
   b) Inventory control, accounting and audit? YES [ ] NO [ ]

6.4. Is a complete inventory made with physical check of stock and equipment?
   a) Stock? YES [ ] NO [ ]
   b) Equipment? YES [ ] NO [ ]
   c) If so, by whom? YES [ ] NO [ ]
   d) How often? YES [ ] NO [ ]
6.5. When was your last stock-take?

6.6. Were there any discrepancies? If “Yes” give details

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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|7. AUDITS
|INTERNAL AUDITS
|7.1. Are there internal audits performed in addition to the external audits? If “Yes” how often?|YES|NO|
| |a) Does the internal audit include all locations?|YES|NO|
| |b) Are accounting systems consistent at all locations?|YES|NO|
| |c) Are “surprise audits” made?|YES|NO|
|7.2. Are all your operations, including the branches to be included in this insurance, audited on a regular basis?|YES|NO|
|7.3. When was the last internal audit carried out?| |

|EXTERNAL AUDITS
|7.4. Is your statutory annual audit carried out by an independent firm of Chartered Accounts on a regular basis?|YES|NO|
|7.5. State their name?| |
|7.6. How long have your books been audited by this firm?| |
|7.7. Are these audits complete and unqualified? If “No”, please describe the limitations.|YES|NO|
|7.8. Are all branch offices to be included in this cover audited individually?|YES|NO|
|7.9. When was the last audit carried out?|YES|NO|

|COMPUTER CONTROLS
|8.1. Are electronic machines used to transfer funds? If “Yes” attach copy of procedures.|YES|NO|
|8.2. Do persons other than employees have physical or electronic access to your facilities? If “Yes” describe circumstances and controls in effect.|YES|NO|
|8.3. Are passwords changed at regular intervals and always after an employees service is terminated. If passwords are not used, describe alternative methods used.|YES|NO|
|8.4. Is the use of terminals restricted only to authorised personnel?|YES|NO|

9. ELECTRONICS FUNDS TRANSFER
Please either attach a copy of procedures or answer the following
9.1. Annual Rand value of funds electronically transferred:
   Average daily amount: 
   R

9.2. Are dual signatures required?
   If yes, for what amounts?
   If yes, by whom?
   YES NO 
   R

9.3. Are all transactions audited?
   If yes, by whom?
   How often?
   YES NO 

9.4. Does the bank acknowledge transfers?
   If yes, describe by what means?
   YES NO 

9.5. Is there a separation of duties between those who are authorised to
   approve electronic funds transfers and those who release amounts
   entered into the computer?
   YES NO 

10. LOSS HISTORY
10.1. During the last five (5) years, did you suffer any Fidelity Guarantee loss
   of money and/or other property belonging to you or for which you were
   responsible, or did you suffer direct financial loss as a result of fraud by
   or dishonesty of an employee?
   If yes, give details?
   YES NO 

11. INSURANCE REQUIREMENTS
11.1. Limit of Liability, any one loss / year? 
   YES NO 
11.2. Additional Claims Preparation Costs, if required? 
   YES NO 
11.3. Retroactive cover extension - no previous policy in force 
   YES NO 
   If yes, how many years? 

Declaration
I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete. 
I/We confirm that we have not misled or misinformed underwriters of any material facts, and agree that this 
proposal form shall be the basis of the insurance contract.

Name: 
Date DD MM YY 
Title/Position: 
Signature 

Email: pi@cgbrokers.co.za 
Tel: 021 948 0630 Fax: 021 948 0632