

PROPOSAL FORM

PROFESSIONAL INDEMNITY OHS PROFESSIONS

PLEASE NOTE:

- Answer all questions in full to assist underwriters in assessing your risk.
- Details in this proposal form shall form part of any subsequent insurance contract concluded between the Proposer and the Insurer.
- Completion of this proposal form does not bind the Proposer nor the Insurer to complete this insurance transaction.

PART 1

PROPOSER DETAILS

(Compulsory fields indicated with an *)

*Insured name:

Please provide or attach details of all subsidiary companies:

*Business Reg / ID No:

*Email Address:

*Website / Business Page:

*Tel No:

To which association are you member:

Membership number:

Vat Registration No:

*Physical Address:

Postal Address:

*Present Legal Constitution (Mark relevant box below)

Sole Practitioner

Partnership

Incorporated

Limited

Close Corporation

DATE OF COMMENCEMENT OF PRACTICE

*As Currently Constituted:

As Initially Established:

*DETAILED BUSINESS DESCRIPTION

*NAMES AND QUALIFICATIONS OF PRINCIPALS

1. In the case of Partnerships - Partners

2. In the case of Incorporated - Directors

3. In the case of Close Corporations - Members

4. In the case of Ltd Companies - Professionally qualified Directors and Employees

Name

Qualification

Date Qualified

How long in practice:

*CLAIMS INFORMATION

Give details of all claims or incidents that could lead to a claim made against the Proposal over the last 3 years:

Date of Claim

Description

Is the Proposer Insured / Partners / Directors / Members or Employees, AFTER ENQUIRY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them?

YES

NO

If yes; please provide full details:

BUSINESS PREMISES

Situation of Premises and activities undertaken from such premises

Should the space provided not be sufficient, kindly attach a separate list

Situation of Premises

Activities

PAST ACTIVITIES Companies sold and business activities discontinued in the past 5 years

Name of Company Sold	Date of Sale	Activity
Activities Discontinued	Date of Discontinuation	Activity

PART 2

*STAFF COMPLEMENT

Partners / Principals / Directors		Professional Assistants	
Interns / Clerks		All Other Staff	
Total Staff Count			

Please provide the following details in respect of business conducted outside of South Africa:

Do you or your firm do any business for your clients in the USA, Canada or Australia? YES NO

Does the firm or any Partner, Director, etc. own any assets in the USA, Canada or Australia? YES NO

If yes; please provide full details:

CO-OPERATION / PARTNERSHIP ARRANGEMENTS

Do you have any co-operation / partnership arrangements with other firms? YES NO

If Yes, do these firms carry out work in the name of your firm or vice-versa? YES NO

Does the other firm have a similar professional indemnity policy? YES NO

If Yes, for what limit of indemnity?

VERY IMPORTANT! If they carry out work in your name, please submit a declaration from them whereby they confirm that, after enquiry, they are not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

*FEE INCOME - AS AT THE PRACTICE'S FINANCIAL YEAR END

Please provide gross fees received during the past five years:

Year:	Gross Fees:	Year:	Gross Fees:
20 (Current Year)	R/N\$	20	R/N\$
20	R/N\$	20	R/N\$

PLEASE NOTE: This question must be completed accurately as the figures are used for rating purposes.

*DISCIPLINE(S) IN WHICH ENGAGED

Please list the approximate percentage of estimated gross income occurring from various activities.

1.	%	5.	%
2.	%	6.	%
3.	%	7.	%
4.	%	8.	%

*LIMITS OF INDEMNITY REQUIRED

(Please note: Without this information no quote can be provided)

Limit of Indemnity:	Excess:
Alternative Limit 1:	Excess:
Alternative Limit 2:	Excess:

OPTIONAL COVER

Do you require cover for the following extensions at an additional premium?

Type of cover	Indemnity Limit	Monthly Premium	Indicate if cover is elected	
Cyber Liability	R/N\$ 2,500,000	R/N\$ 125.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Directors and Officers	R/N\$ 2,500,000	R/N\$ 125.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employers Liability	Follow main limit of indemnity	R/N\$ 35.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>

OPTIONAL EXTENSIONS

Fee Recovery	Limited as per schedule	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Fidelity Guarantee	Limit required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Fines and Penalties	Limited as per schedule	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Joint Venture and /or Consortium Agreements	Included in limit of indemnity	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Liability following Employee Misappropriation	Limited as per schedule	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Mergers or Acquisitions	Included in limit of indemnity	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Second Reinstatement of Limit of Indemnity	Reinstatement of Limit of indemnity	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Product Liability	Limit required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

AUTOMATICALLY INCLUDED COVER AND EXTENSIONS

Breach of Confidentiality	Limited as per schedule	Included in Premium
Breach of Copyright	Limited as per schedule	Included in Premium
Claims Preparation Costs	Limited as per schedule	Included in Premium
Computer Crime	Limited as per schedule	Included in Premium
Criminal and Statutory Defence Costs	Limited as per schedule	Included in Premium
Defamation	Limited as per schedule	Included in Premium
Liability following Loss of Documents	Limited as per schedule	Included in Premium
One Automatic Reinstatement of Limit of Indemnity	Reinstatement of Limit of indemnity	Included in Premium
Sub-Contracted Duties	Included in limit of indemnity	Included in Premium
Support staff	Included in limit of indemnity	Included in Premium
Public Liability	Limited as per schedule	Included in Premium
Wrongful Arrest	Limited as per schedule	Included in Premium

***DETAILS OF INSURANCE**

Are you at present or have you in the past been insured?

YES

NO

Was the previous insurance on a "losses occurred" basis?

YES

NO

Previous Insurer details:

Insurer:

Indemnity Limit: R/N\$

Excess of: R/N\$

Each and every claim in the aggregate

Each and every claim

Retroactive Date:

Date of Expiry of coverage:

Has any proposal for insurance ever been declined?

YES

NO

Has any Insurer ever required:

Increased premiums or terms:

YES

NO

Special restrictions or conditions:

YES

NO

Has any Insurer ever terminated or refused to renew any insurance?

YES

NO

If the answer to any of the above is YES, please provide full details:

PLEASE ATTACH THE FOLLOWING DOCUMENTS WHERE APPLICABLE

Normal Trading Conditions



Publicity or Technical Brochure(s)



Copy of current schedule, reflecting retroactive date

PLEASE NOTE:

If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

PRIVACY AND PROTECTION OF YOUR PERSONAL INFORMATION

As part of our ongoing commitment to protecting personal information, we are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the use, acquisition, retention, transmission and deletion of the applicant or policy holder's personal information. For more information, kindly find the Privacy Notice on our website, www.rsum.co.za

DECLARATION

- ▶ I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.
- ▶ I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.
- ▶ I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.
- ▶ I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance

Signed at:

on

20

by

Signature:

CONTACT INFORMATION

RSUM (PTY) Ltd

Directors: BP Marais,
JC Marais (CA) SA
Reg no: 2020/448716/07
FSP no. 51113

Physical Address:

Main Road 70
Paarl
Western Cape
7646

Our Insurer:

Western National Insurance Company Limited (South Africa)
Tyger Waterfront, Charl Cronje Drive, Bellville 7535
Juristic Representative under FSP9465

