

DIRECTORS & OFFICERS PROPOSAL FORM

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

DIRECTORS & OFFICERS LIABILITY

Kindly note no quote can be provided without your latest annual financial statements accompanying this proposal

If the company operates outside of South Africa please give details of the territories and percentage of business operations applicable:

If the company has changed its name and/or country of registration in the last 5 years, please provide details:

Are any shares of the Company traded in the USA or Canada?

YES

NO

Please give details:

Are any shares of the Company traded in any other jurisdiction?

YES

NO

Please give details:

What percentage shares are owned directly, indirectly or beneficially by the directors and officers?

Provide details of shareholder owning directly, indirectly or beneficially more than 10% of the total shares:

In the last 24 months has the company announced intention or plans to consolidate/merge with another entity?

YES

NO

Provide details:

If the company has sold or distributed any stocks or assets outside the normal course of business during the last 24 months, please give details:

DETAILS OF SUBSIDIARIES

Please give details of any subsidiaries to be included in this Insurance::

Name:	Business:	% Ownership

If any director or officer of the company sits on any outside board at the behest of the company, please provide the following:

Director Name	Company name

Is cover required for such outside board positions?

YES

NO

Has the company, its directors or officers been involved in any of the following:

Antitrust

Copyright

Patent

Litigation

Provide details of any civil action, criminal action or administrative proceeding alleging a violation of any laws relating to the sale or purchase of any shares, investments or securities?

Has the company, its directors or officers been involved in any of the following:

Any representative actions class actions or derivative suits If any, please provide details:

COVER REQUIRED

Limit of liability (Any one occurrence and in the aggregate): R/N\$

Retroactive Date:

Reinstatement Option: YES NO

OPTIONAL COVERS

Extension	Selected	Limit of Indemnity required
Discovery Period	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Deprivation of Assets Extension	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Extradition Costs	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fidelity Guarantee	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Injury and Damage Defence Costs	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Insolvency Exclusion Deleted	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Major Shareholder Exclusion Deleted	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Pollution Defence Costs	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reinstatement of Limit of Indemnity	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Special Excess Protection for Directors

YES

NO

Cyber Risk Liability

YES

NO

PART 3

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 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

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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