

# EMPLOYMENT PRACTICES LIABILITY PROPOSAL FORM

## IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

## 1 | GENERAL INFORMATION

### Details of entities to be insured (the "Proposer")

Proposer's Name:

ID number (if Sole Trader):

Trading Name (if different from above):

Physical Address:

Postal Code:

Practice/Trading Address/es if different from the above:

Company Reg No:

VAT No:

Date Company Established / Services Commenced:

/ /

**As currently constituted**

Date Company Established / Services Commenced:

/ /

**As initially established:**

Contact Name:

Contact number:

Email:

Website:

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /  
Non-profit Organisation / Government / Sole Proprietor

## 2 | INSURANCE HISTORY

1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

Yes

No

If Yes, please state:

Insurers:

## THE POWER OF KNOWLEDGE

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 For the type of Insurance now being proposed, has any Insurer ever:

i) Required an increased premium or imposed special terms?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Refused to accept or renew any insurance for the body corporate

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Cancelled the insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If any answer is Yes to any of the above 3 questions, please provide full details


### 3 | REQUIRED COVER

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Name other Companies to be insured in terms of this policy.

COMPANY NAME	RELATIONSHIP

### 4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

iii) Otherwise affect the consideration of this proposal for insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please provide details:


2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please identify details (including loss date, amount claimed and a brief description):


3 What steps have been taken to prevent a recurrence?


4 Does the company anticipate any branch, office, or plant closure or redundancies or lay-offs during the next 12 months?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please Specify:

5 During the last five years has the company made any claim under an Employment Practices Liability policy?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please Specify:

**Examples of situations that could give rise to a claim would be a current or former employee or an applicant for employment who has expressed dissatisfaction with the employment relationship or the employment application process by:**

- i) Making a formal complaint of discrimination, harassment or unfair employment practises to a supervisor;
- ii) Threatening to hire a legal representative;
- iii) Asking for a severance package in excess of that being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it;
- v) Frequent complaining of discrimination, harassment or unfair treatment.

**Any circumstances reported or liable to be reported under 2.4 will be excluded from cover under any policy that may be issued.**

6 During the last 5 years has the company been involved in any proceedings before any of the following agencies under any of the following Acts?

	YES	NO
i) Commission for Conciliation, Mediation and Arbitration	<input type="checkbox"/>	<input type="checkbox"/>
ii) Labour Court	<input type="checkbox"/>	<input type="checkbox"/>
iii) Private Arbitration	<input type="checkbox"/>	<input type="checkbox"/>
iv) Skills Development and Training Act 1998	<input type="checkbox"/>	<input type="checkbox"/>
v) Employment Equity Act 1998	<input type="checkbox"/>	<input type="checkbox"/>
vi) Labour Relations Act 1995	<input type="checkbox"/>	<input type="checkbox"/>
vii) Basic Conditions of Employment Act 1998	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to any of the above is "yes" please give details:		

## 5 | EMPLOYEE DETAILS

1 Total no. of employees:

Permanent:

Temporary:

2 Annual salary bands (no. of employees per band):

BAND	PERMANENT	TEMPORARY
Under R 50,000		
R 50,000 – R 120,000		
R 120,001 – R 250,000		
R 250,001 – R 500,000		
Over R 500,000		

3 What is the company's average annual staff turnover rate during the last 3 years? \_\_\_\_\_

4 Please give details of the extent of union membership amongst employees \_\_\_\_\_

## 6 | HUMAN RESOURCES MANAGEMENT

1 Does the company have a personnel or HR department?

Yes

No  If "no", who performs this function?

\_\_\_\_\_

\_\_\_\_\_

2 Does the company have an employment handbook?

3 Are prospective employees required to complete an application form?

4 Does the company issue new employees with a letter of appointment?

5 Are new employees put through an induction course?

6 Does the company have a written disciplinary code?

7 Are terminations of employee service reviewed by

i) Personnel or HR Department?

ii) Legal Department?

iii) Outside legal counsel?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Yes

No

Yes

No

Yes

No

## 7 | LABOUR AUDIT

We may request permission to perform an audit of the proposer's employment practices in order to obtain further information for underwriting purposes and to offer advice on possible means of reducing the risk of claims.

## DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

.....  
**NAME**

.....  
**CAPACITY**

.....  
**SIGNATURE OF THE PROPOSER**

.....  
**DATE** DD/MM/YYYY

## BROKER DETAILS

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Broker: .....

Contact Person: ..... Tel: .....

Email: ..... Fax number: .....