

# GENERAL TRUSTEES 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.
- **Please attach a copy of the latest audited financial statements.**
- **Please attach a copy of the trust deed.**
- 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: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name and address of the Auditors: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Registered No. of Trust \_\_\_\_\_

Date Trust was Established \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

## 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: \_\_\_\_\_

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

## THE POWER OF KNOWLEDGE

**AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW**  
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.  
33 Glenhove Road, Melrose Estate, 2196. Postnet Suite 250, Private Bag X4, Bedfordview 2008  
Telephone: 011 778 9140, Facsimile: 011 778 9199, E-mail: [camargue@camargueum.co.za](mailto:camargue@camargueum.co.za), Website: [www.camargueum.co.za](http://www.camargueum.co.za)

Underwritten by certain underwriters at Lloyds, Compass Insurance Company Limited and Bryte Insurance Company Limited

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"/>
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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"/>
----	--------------------------

iii) Cancelled the insurance?

Yes	<input type="checkbox"/>
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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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### 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"/>
----	--------------------------

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"/>
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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"/>
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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 Has the Trust ever suffered any loss caused by dishonesty or negligence?

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


5 Is there any record of fraud, dishonesty, bankruptcy or insolvency on the part of any Trustee, either past or present?

No

Yes

.....  
.....  
.....

**5 | TRUSTEES**

NAME	OCCUPATION	AGE	DATE APPOINTED
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**6 | TRUST ASSETS**

1 Are all assets registered in the name of the Trust?

Yes

No

*Please Specify:*

.....  
.....

2 Who exercises custody and control over the assets? .....

**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 (TRUSTEE)**

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

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

**BROKER DETAILS**

Broker: .....

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

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