

MEDICAL SCHEME 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 latest audited Financial Statements Report.**
- 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: _____

Registered No. of the Scheme _____

Date Fund was Established _____ / _____ / _____

Name of Employer Company (if applicable): _____

Name of Employee Benefit Consultant / Broker: _____

Name of Scheme Administrator / Insurer: _____

Contact Person: _____ Contact number: _____

Email: _____

Current value of Scheme assets: R _____ Current annual contributions to Scheme: R _____

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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, Website: 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
 No

ii) Refused to accept or renew any insurance for the body corporate

 Yes
 No

iii) Cancelled the insurance?

 Yes
 No

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
 No

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
 No

ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

 Yes
 No

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

 Yes
 No

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
 No

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 During the last five years has the Scheme suffered any loss caused by dishonesty or negligence or has any Officer been held liable for any loss?

 No

Yes Please Specify:

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5 After specific investigation are you aware of any circumstances that could reasonably be expected to give rise to a claim in terms of the insurance being applied for?

 No

Yes Please Specify:

5 | OFFICERS OF THE SCHEME

1 How many persons are employed directly by the Scheme?

2 Details of Trustees:

NAME	OCCUPATION	AGE	DATE APPOINTED	EMPLOYER NOMINATED/MEMBER ELECTED/INDEPENDENT

3 Details of the Principal Officer:

Name: Employed by:

Qualifications:

4 Details of training (if any) provided for Trustees:

5 Has a Trustee ever been dismissed or asked to resign?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please Specify:
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6 | ACCOUNTING SYSTEM

1 Do any of the Trustees have direct access via computer systems to information regarding salary deductions and Employer contributions?

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

2 Are Trustees able to input data into computer systems?

3 Do the Trustees receive regular reports of salary deductions and contributions by the Employer and of monies transferred to the scheme Managers?

If "yes" at what intervals?

4 How often do Trustees receive reports from the Fund Managers on investment performance and accumulated reserves and liabilities?

7 | AUDITS

1 How often do internal auditors report to Trustees regarding salary deductions and Employer contributions?

2 Name of external auditor Date appointed:

3 When was the last external audit carried out?

4 Were there any recommendations made by the auditor?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please Specify:
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5 Who is the actuary to the Scheme? Date appointed:

6 How often are actuarial reports submitted?

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: