

# MEDICAL SCHEME TRUSTEES LIABILITY RENEWAL 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")

Policy No: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_

## 2 | REQUIRED COVER

### 1 State the LIMIT OF INDEMNITY and EXCESS required:

|        |   |   |   |
|--------|---|---|---|
| Limit  | R | R | R |
| Excess | R | R | R |

## 3 | PREVIOUS LOSSES

### 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:

## 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 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"/> |
|-----|--------------------------|----|--------------------------|

If YES, please identify details (including loss date, amount claimed and a brief description):

|  |
|--|
|  |
|  |
|  |

**4 | GENERAL UNDERWRITING INFORMATION**

1 Full value of the Fund's assets:

R

Amount of annual contributions:

R

**5 | MATERIAL CHANGES TO THE RISK**

Have there been any material changes to the risks covered under this policy, or to the Proposer's business activities in the last 12 months?

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

If Yes, please provide details:

|  |
|--|
|  |
|  |
|  |

**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**

Broker: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Fax number: \_\_\_\_\_