

# PENSION FUND 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.**
- 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 Fund \_\_\_\_\_

Date Fund was Established \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Employer Company (if applicable): \_\_\_\_\_

Name of Employee Benefit Consultant / Broker: \_\_\_\_\_

Name of Fund Administrator / Insurer: \_\_\_\_\_

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

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

Current value of Fund assets: R \_\_\_\_\_ Current annual contributions to Fund: 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  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 
 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 Fund suffered any loss caused by dishonesty or negligence?

No  Yes  *Please Specify:* \_\_\_\_\_  
 \_\_\_\_\_

- i) Amount of loss \_\_\_\_\_ R \_\_\_\_\_
- ii) Date loss discovered \_\_\_\_\_ Date loss occurred: \_\_\_\_\_
- iii) Who discovered the loss: \_\_\_\_\_
- iv) How loss occurred: \_\_\_\_\_  
 \_\_\_\_\_

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 FUND**

1 Details of Trustees:

NAME	OCCUPATION	AGE	DATE APPOINTED

2 Details of the Principal Officer:

Name: \_\_\_\_\_ Employed by: \_\_\_\_\_  
 Qualifications: \_\_\_\_\_

3 Details of training (if any) provided for Trustees: \_\_\_\_\_

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

No  Yes  *Please Specify:* \_\_\_\_\_  
 \_\_\_\_\_

**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"/>
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2 Are Trustees able to input data into computer systems?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Do the Trustees receive regular reports of salary deductions and contributions by the Employer and of monies transferred to the Fund Managers?

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

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 / PRINCIPAL OFFICER) \_\_\_\_\_

SIGNATURE OF THE PROPOSER \_\_\_\_\_ DATE DD/MM/YYYY \_\_\_\_\_

## BROKER DETAILS

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

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

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