

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 copies of the agreement(s) providing Underwriting Authority, Binding Authority, or Pool Authority.**
- **Please include directors' and key personnels' CVs**
- 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): _____

Business Description²: _____

Head Office (Physical Address): _____

Postal Code: _____

Postal Address: _____

Postal Code: _____

Co Reg No: _____ VAT No: _____

Professional Association(s): _____

FSP Number: _____ Website: _____

Contact Person: _____ Contact number: _____

Date Company Established / Services Commenced: _____ / _____ / _____
(If commenced within the past 24 months - Please attach CV of key personnel/ Directors/ Principals)

Company Legal Constitution: _____ Partnership / Private Company / Public Company / Closed Corporation / Non-profit Organisation / Government / Sole Proprietor

PLEASE NOTE that in order for a Subsidiary to be included in the cover, the Subsidiary company must be named in the Proposal Form with its principal business activity and the first named Insured's shareholding interest so indicated.

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

Name of Subsidiary	Location	Date Established	Principal Activity

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:	

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

3 Is cover required for predecessor practices to the Proposer/s?

Yes No

If YES, please provide full details

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

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"/>
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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?

5 | STAFF COMPLIMENT

1 Please provide the following details for Directors/ Partners/ Principals:

Name in full of all Principals/ Directors/ Partners	Qualifications	Date Qualified	How many years full-time practical insurance experience?	How long a Director/ Partner/ Principal of the Firm or Company

2 Please state total numbers of staff members:

Partners / Principals / Directors	
Insurance Qualified Staff	
Other Staff (excl. admin)	
Administrative Staff	
Contract Hired Staff	
Total	

6 | FINANCIAL INFORMATION

1 Please state:

	Last Year	Current Year Estimate	Forthcoming Year End (Est)
Year end:	/ /	/ /	/ /
Gross Written Premium	R	R	R
Total Commission	R	R	R
Consulting Fees or other income (Profit Commission)	R	R	R
Total	R	R	R

2 Please state percentage of income derived from:

Territory	Last Year	Current Year Estimate	Forthcoming Year End (Est)
South Africa	%	%	%
Rest of Africa	%	%	%
Rest of World	%	%	%
Total	100%	100%	100%

3 Please state Classes of Business together with Percentage of Total Income:

	Last Year	Current Year Estimate	Forthcoming Year End (Est)
Professional Indemnity and Specialised Liability Risks	%	%	%
Marine / Aviation	%	%	%
Motor	%	%	%
Property	%	%	%
Life and Pensions	%	%	%
Other (Please specify on a separate page)	%	%	%
Total	100%	100%	100%

7 | ACTIVITIES OF PROPOSER

1 Is any Director or Partner, or, (so far as the Proposer is aware) any Shareholder also a Director, Partner or Shareholder in:

i) Any Insurance Broker or Agent

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Any other Underwriting Agency, Pool Manager or Holder of Binding Authority

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Any of the Insurers subscribing to the Agency, Pool or Authority.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please provide details on a separate page.

2 Does any Director/ Partner or Employee of the Proposer also act as an Insurance Broker or Agent to the Proposer?

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

3 Is the Proposer responsible for the:

i) Investment of premiums?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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ii) Reinsurance programme protecting the underwriting account?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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4 Does the Proposer undertake any other duties (e.g. loss adjusting) for which cover is required?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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5 Does the Proposer participate in "fronting" arrangements?

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

i) Source of Business:

Brokers %

Direct %

ii) Name of Insurers for whom you act:

<input type="text"/>
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iii) Maximum Limit:

8 | FUNDS TRANSFER

1 Does the Proposer use or subscribe to any Electronic Funds Transfer System which allow direct access by clients to the Proposer's data base?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, on a separate page, please provide a brief description of the services offered and approximate number of clients.

2 Does the Proposer use or subscribe to any Electronic Funds Transfer System which allow clients to directly execute a transfer of funds

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, on a separate page, please provide a brief description of the services offered and approximate number of clients.

3 i) If the Proposer is involved in wire transfers of funds does it specify and define:

	YES	NO
a. Authorised personnel	<input type="checkbox"/>	<input type="checkbox"/>
b. Authorised personnel of correspondents and corporate customers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Call-back procedures?	<input type="checkbox"/>	<input type="checkbox"/>
d. Transfer limits?	<input type="checkbox"/>	<input type="checkbox"/>

ii) Are there independent individuals designated to review and reconcile all wire funds transfer transactions at the end of each day?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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4 Describe, on a separate page, the procedures adopted when instructions are received by telephone, whether the instructions are recorded and how long the tapes are kept: a. If the Proposer is involved in wire transfers of funds does it specify and define:

- a. within the Commodity Department (if applicable)
- b. concerning the purchase/sale of stock (if applicable)
- c. within the Foreign Exchange Department (if applicable)

5 Transfer/Bank account change requests:

A. INTERNAL

i) Please describe the procedures in place to validate the authenticity of what appear to be internally generated fund transfer requests?

ii) Would procedures set out in (i) above apply to requests purporting to have come from the Executive Management (CEO/CFO etc)?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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B. EXTERNAL (i.e. Customer, Clients and Vendor Requests)

- i) What procedures do you have in place to authenticate the validity of:
a. Requested changes to a third party vendor or customer bank account information held on record?

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- b. Customer/client instructions to direct funds to a third party bank account recipient?

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- ii) If a "call back" is required, is this to a previously established number (i.e. one on record for the vendor or customer and not the contact information contained in the communication requesting a change to account details or a transfer).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- iii) Are transfer requests or bank information changes accepted solely via electronic communications? If Yes, what additional controls are in place to ensure that such requests are genuine and from an authorised person?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- iv) Is there any system in place to flag and seek additional sign off or confirmation for fund transfers in respect of those which are:

	YES	NO
a. Out of country		
b. To recipients in known high risk jurisdictions (e.g. China)		
c. Over a certain value		
(if Yes, at what value are transactions subject to such controls)	R	
d. Unusual or inconsistent with previous transfer behaviour		

- v) Are controls outlined above equally applicable VIP/High Net Worth customers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 6** Please explain how the authentication process in 4B above is checked/audited to ensure these processes are followed.

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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.

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NAME	CAPACITY
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SIGNATURE OF THE PROPOSER	DATE DD/MM/YYYY
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BROKER DETAILS

Broker:

Contact Person:	Tel:
Email:	Fax number: