



PROPOSAL FORM

RESIDENTS ASSOCIATIONS LIABILITY QUESTIONNAIRE

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM

1. The Proposal, together with other information requested by or provided to the Insurers/underwriters, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. "Not Applicable" and "N/A" are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.

Tradeforth 6 (Pty) Limited trading as Abelard Underwriting Agency
 Registration No 1996/008912/07
 Ground Floor, 292 Surrey Avenue, Randburg, Johannesburg
 PO Box 2155 Pinegowrie, 2123
 Tel +27 11 326-2951, Fax 0866 351 124 (Local) +27 11 326-2952 (Intl)
 Directors: DJC Cox (Managing), CE Diederiks, CP Norrington*British, K L Waugh

F.A.I.S. Compliance Details
 FSP Licence Number: 28
 Compliance Practice: Associated Compliance
 FSB Practice No: 6377
 Compliance Officer: Peter Veal



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11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.
12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood.

RESIDENTS ASSOCIATIONS LIABILITY QUESTIONNAIRE

1. Name of Full Legal Entity _____
to be Insured: _____

2. Address: _____

3. Please provide the Company:
Registration Number : _____ Vat Number : _____

4. Telephone Number: _____ Fax No: _____

5. Number of Private Dwellings within the area under the control of the Association:
Houses _____
Townhouses/Clusters _____

6. (a) Do you employ a Professional Security Contractor?: Yes ☐ No ☐

(b) If "Yes"

(i) Name of Security Contractor _____

(ii) Are Firearms used? Yes ☐ No ☐

(iii) Has full recourse been retained? Yes ☐ No ☐

7. (a) Please provide details of all claims made against the Proposer, **whether or not insured**, over the past five years:

:

(b) Is the Proposer aware, **after enquiry**, of any circumstances which may subsequently give rise to a claim or claims being made against them, **whether or not insured**?

Yes ☐ No ☐

If "Yes", please provide full details:

8. Please indicate the Indemnity Limit required: R _____
9. Please provide the following documentation:
- (a) Copy of a map of the area under the control of the Association. Please outline the relevant area and indicate those access roads which have been closed and those which have Boom/Access Control
 - (b) Copy of final permission from the relevant Authorities, including any requirements of such Authorities.

DECLARATION AND SIGNATURE

The answers given above represent the true position to the best of my knowledge and belief and I agree that they shall form the basis of the contract of insurance proposed, should such contract be effected.

Signed at _____ this _____ day of _____ 20 ____

For and on behalf of the Proposer

Name of Authorised Signatory: _____

Position held: _____

Signed: _____

ENDORSEMENTS AND MEMORANDA

Please note that the insurance provided will be subject to the following:-

- Endt 1. It shall be a condition precedent to the liability of the Insurers to provide indemnity under this Policy that the Insured shall at all times comply with all Statutory, Provincial and/or Municipal regulations governing the conduct of the Business.
- Endt 2. It shall be a condition precedent to the liability of the Insurers to provide indemnity under this Policy that the Insured shall at all times retain all rights of recourse against those providing any service to or on behalf of the Insured.
- Endt 3. It is understood and agreed that the indemnity granted by this Policy excludes the personal liabilities of the Owners and/or Occupiers of the premises within the area which forms the subject of the insurance by this Policy.
- Endt 4. It is understood and agreed that the indemnity granted by this Policy excludes claims arising out of the ownership possession or use of firearms unless such claim arises from the employment by the Insured of professional Security Contractors and then subject to special Endorsement Endt 2 above.

Subject otherwise to the terms, exclusions, conditions and limitations of this Policy