



## PROPOSAL FORM

### INSURANCE INTERMEDIARIES PROFESSIONAL INDEMNITY

#### **IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM**

1. The Proposal, together with other information requested by or provided to the Insurers, 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.
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.

Tradeforth 6 (Pty) Limited trading as Abelard Underwriting Agency  
 Registration No 1996/008912/07  
 Ground Floor, 292 Surrey Avenue, Randburg  
 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 (Pty) Ltd  
 FSB Practice No: 6377  
 Compliance Officer: Peter Veal





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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

***This is a proposal for a claims made policy***

The policy will only respond to claims and/or circumstances, which are first made against the Proposer and notified to the insurer/underwriter during the policy period. **The policy will not provide cover for:-**

- Events that occurred prior to the retroactive date of the policy.
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

**1. Details of Proposer:**

1.1 Proposer / Practice Name: \_\_\_\_\_  
 (Please attach details of \_\_\_\_\_  
 all subsidiary companies) \_\_\_\_\_

1.2 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.3 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_  
 Website address: \_\_\_\_\_  
 VAT Registration Number: \_\_\_\_\_  
 Company registration Number: \_\_\_\_\_

1.4 Present Legal Constitution (Mark Relevant Box):  
 Sole Practitioner ☐ Partnership ☐ Incorporated Co. ☐ Limited Co. ☐ Closed Corp. ☐

1.5 Date of commencement of Practice: As currently constituted: \_\_\_\_\_  
 As initially established: \_\_\_\_\_

1.6 Names and Qualifications of Principals.

- i) In case of Partnerships – Partners
- ii) In case of Incorporated Companies – Directors
- iii) In case of Limited Companies – Professionally qualified Directors and Employees
- iv) In case of Closed Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

1.7. Are any branches of the Proposer located outside of South Africa?

Yes ☐ No ☐

If Yes, please provide full details:

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**2. Detailed Business Description:**

2.1. Please provide full details of all activities involved in:-

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(if engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)

**3. Claims experience**

3.1 Have any claims ever been made against the Proposer / Partners / Directors / Members or Employees for the type of cover for which you are now applying, whether in terms of this Proposal or any other Proposal / policy for the same type of cover (including but not limited to Single Projects)?

Yes ☐ No ☐

If Yes, please provide full details:

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3.2 After enquiry, are any of the Proposer / Partners / Directors / Members or Employees aware of any circumstances which would be covered under a policy of this type, or any other policy for the same type of cover (including but not limited to Single Projects), that may result in any claims or any possible claims being made against them?

Yes ☐ No ☐

If Yes, please provide full details:

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#### 4. Details of Insurance

4.1 Are you at present or have you in the past been insured? Yes ☐ No ☐

If yes, please provide the following details:

Name of insurers: \_\_\_\_\_

Date cover expires/d: \_\_\_\_\_

Expiry of "Run-off" cover (if any): \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Excess applicable: \_\_\_\_\_

4.2 For the type of insurance now being proposed, has any insurer ever :

i) declined a proposal or renewal for this Practice or any Partner / Principal? Yes ☐ No ☐

ii) required an increased premium or imposed special terms? Yes ☐ No ☐

iii) cancelled an insurance? Yes ☐ No ☐

If Yes, please provide full details:

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4.3 Do you require cover in respect of any liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes ☐ No ☐

#### 5. Staff complement

Total number of:

Partners / Principals / Directors	
Professional Assistants / Accounts Executives	
All other staff	
<b>Total Staff Complement</b>	

#### 6. Business Associations

Details of all Joint Broking Appointments held by Proposer.

Client	Type of Portfolio	Joint Broker	Apportionment of Work / Fees



## 7. Disciplines in which engaged.

7.1 Are you a member of any of the following Professional Associations?

SAFSIA Yes ☐ No ☐  
 IBC Yes ☐ No ☐  
 LUASA Yes ☐ No ☐  
 ILPA Yes ☐ No ☐  
 SAUMA Yes ☐ No ☐

7.2 Please provide your FAIS FSP Number? \_\_\_\_\_

7.3 Please advise what FAIS categories/sub-categories you are accredited for:  
 \_\_\_\_\_  
 \_\_\_\_\_

## 8. Approximate percentage of estimated gross income accruing from various activities:

Activity		Percentage
1.	Life and Pensions (including Retirement Annuity Business)	%
2.	Investment Advice / Financial Planning (i.e educational policies) (please provide full details)	%
3.	Funeral Policies and/or Plans	%
4.	Medical Aid / GAP Cover	%
5.	Mortgage broking in conjunction with Life and Pensions broking / Agency	%
6.	Mortgage broking in conjunction with Life and Pensions broking	%
7.	Fire / Motor / Accident Business	%
8.	Multimark Goods in Transit Business	%
9.	Liability Business	%
10.	Marine Hull Business (please provide full details)	%
11.	Aviation Hull & Liability Business (please provide full details)	%
12.	Reinsurance / Reassurance Business (please provide full details)	%
13.	Foreign Business	%
14.	Other Activities (please provide full details)	%
Total		100%

## 9. If applicable, please advise us with which Long-Term Insurers you have broker contracts with (e.g Sanlam) and what percentage of your Long-Term business is placed through them:

Insurer		Percentage
1		
2		
3		
4		
5		

# 10. Acceptance / Claims Authority

10.1 Do you have any Binding Underwriting and/or Claims Settlement Authorities, otherwise than in terms of standard Agency Contracts? Yes ☐ No ☐

If Yes, please provide the following details:-

a) Classes of business acceptable there under:

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b) Names of insurers subscribing there to:

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c) Maximum permitted limit each acceptance:

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d) Claims settlement authority limits:

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e) Method of accepting business (e.g. Underwriting Stamp, Letter of acceptance):

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f) Source of business (e.g. Proposer's own business, named sub-agents):

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g) Is any change envisaged in relation to these authorities for the next 12 months?:

Yes ☐ No ☐

If Yes, please provide details:-

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# 11. Fee income (VAT exclusive) (as at the company's financial year end)

Financial Year end: \_\_\_\_\_

Please give the audited fees (VAT exclusive) for the past **5 years**:

Year End		Fees	Year End		Fees
1)		R	4)		R
2)		R	5)		R
3)		R	Estimate for the next 12 months:		R
(Note: - Should the cover being requested relate to a new business venture an Estimated Fee Income figure for the coming 12 months is still a requirement)					



## 12. Quotations required

12.1 Limit any one period of insurance inclusive of costs and expenses

R \_\_\_\_\_

R \_\_\_\_\_

R \_\_\_\_\_

12.2 Deductible (Excess)

(The amount carried by Proposer per claim)

R \_\_\_\_\_

R \_\_\_\_\_

R \_\_\_\_\_

12.3 Do you require a quote on one or two reinstatements of the Limit during the period of Insurance?

Yes ☐ No ☐

12.4 Do you require any of the following Extensions?

12.4.1 Dishonesty of staff other than Principals/Directors

Yes ☐ No ☐

12.4.2 Pension Trustees

Yes ☐ No ☐

12.4.3 Mortgage Broking in connection with Life Assurance

Yes ☐ No ☐

12.4.4 Mortgage Broking

Yes ☐ No ☐

12.4.5 Additional Proposers (if yes, provide details)

Yes ☐ No ☐

### Declaration:

I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or suppressed any material fact.

I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/we undertake to inform insurers/underwriters of any material alteration to these facts occurring before the completion of the contract.

\_\_\_\_\_  
Signed on behalf of Proposer

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Position held at Proposer

\_\_\_\_\_  
Date