

Directors and Officers Liability

Proposal Form

Please note that this questionnaire is in respect of Directors and Officers Liability only and does not constitute a Needs Analysis

A. Proposer Details

1. Name of Company
South African Rugby Union
2. Address of Head Office and website
163 Uys Krige Drive, Tygerberg Park, SARU House, Platteklouf, 7500
3. Country of Registration / Incorporation
South Africa
4. If the Company stated in (1.) is a subsidiary of another company, please state the name and address of the ultimate Holding (Parent) Company.
N/A
5. (a) Type of Company (e.g. Public, Private, Section 21, Mutual, etc.,)
Association of persons (Union)
(b) VAT Vendor Number (ten-digit number)
4480121534
6. Nature of Business of the company and its Subsidiaries
Sport and entertainment
7. Date since the company has continuously carried on business.
1992
8. Number of Employees: Full Time Part Time
9. Are there any Joint Venture's or management- controlled associates which would need to be specified on this policy.

10. Do any Directors or Officers sit on boards of other entities or companies at the request of the Company named in (1) hereof for which Outside Directorship Liability would be required?

Yes ☒ No ☐

If so, please state their name(s) as well as the name of the company(ies) whose boards they sit on:

B. Shareholder Exposure

11. a) How many shareholders does the company have?

b) Number of shares.

- c) Are there any shareholders who own 20% or more of the issued shares:

Yes ☐ No ☒

If so, detail the shareholders and percentages owned:

- d) Do any of the shareholders listed in 11(c) above have any representation on any board of directors of the Company named in (1) hereof?

Yes ☒ No ☐

If so, please state their position and which company they represent:

C. Company Status

12. Is the Company:

a) Listed on any Stock Exchange?

Yes

☐

No

☒

If so, please state which Exchange, original date listing obtained and dates of last offer, tender and issue:

b) Traded in any other way? (Depository receipts or similar instruments) Yes

☐

No

☒

If so, please specify:

c) Has the Company, within the past 18 months:

i) Filed any registration statement for a public offering?

Yes

☐

No

☒

ii) Issued any shares (common or otherwise)?

Yes

☐

No

☒

Is any such offering or share issue contemplated in the next 12 months?

Yes

☐

No

☒

If yes, please provide details:

13. Planned any restructuring, merger or acquisitions:

D. Directors Insurance History

14. (a) If Directors and Officers Liability Insurance has been carried during the past 3 years please state:-

(i) The name of the Insurers

(ii) The period of the Policy

(iii) The Indemnity Limit

(iv) The Premium (last policy issued)

(v) Retro Active Date

- (b) As far as is known, have the Proposers ever been refused this type of insurance or had a similar insurance cancelled?

Yes ☐ No ☒

If so, please provide details: -

15. (a) Are there any pending matters which would fall within the scope of this proposed insurance and/or previous insurance which preceded this application?

Yes ☐ No ☒

If so, please provide details: -

- (b) Is any person proposed for insurance aware, AFTER INQUIRY, of any circumstances or incident which he/she has reason to believe might afford grounds for any future claim such as would fall within the scope of the proposed insurance?

Yes ☒ No ☐

If so, please give details: -

E. Required Cover

16. Amount of indemnity required

17. Is retro-active cover required?

Yes ☐ No ☐

If yes, as of what date:
(Maximum 12 months)

F. North American Cover

Only complete this section if the company or its subsidiaries listed in (1) above have any operations, listings, revenue or other business in the United States of America and/or Canada.

18. Please list the operations incorporated in North America and the percentage owned:

Name	Country of Incorporation	Percentage Owned
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19. Please give the total gross assets of the Company and its subsidiary companies in North America:

20. Please list any operations which are listed on any North American Exchanges together with the percentage of shares traded.

21. Details of American Depositary Receipts:

Level	Value	Ratio
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22. Market Cap of ADR's and percentage to overall market cap:

23. Please advise if the company or its subsidiaries listed in (1) trade, export goods or services within the USA/Canada without any operations in the states.

Yes ☐ No ☐

If Yes, please provide details of revenue turnover splits and contractual relations.

G. Declaration

I, the undersigned, being a Director or Officer of the Company referred to in Item (1) of this proposal hereby declare that:-

1. I am authorised to complete this proposal on behalf of the company referred to in Item 1 of this proposal and all subsidiary companies herein; and
2. All answers to the questions contained in this proposal are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief; and
3. I have read and understood the Important Notice at the end of this proposal; and
4. I understand that the submission of this proposal does not bind either the Underwriters or the Company specified in Item 1 or any of the Subsidiary Companies declared herein, to enter into a binding contract of insurance.

Signed Cape Town

Capacity GM: Operations and Finance

Company South African Rugby Union

Dated 20 November 2020

* It is important that the Company and all Subsidiary Companies declared herein, and the authorised Officer signing the Declaration above on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker since non-disclosure may affect an Assured's right of recovery under the policy or lead to avoidance of the contract.

H. Personal Information

Your privacy is very important to Aon South Africa (Pty) Ltd and we will use reasonable efforts in order to ensure that any information, including personal information, provided by you, or which is collected from you or third parties, is stored in a secure manner.

You acknowledge that any information supplied to us in terms of this proposal form is provided voluntarily. By submitting any information in terms of this proposal in any form, you further acknowledge that such conduct constitutes an unconditional, specific and voluntary consent to the processing (including storage) of such information including making that information available to other associated parties, insurers or reinsurers by us even if those insurers/reinsurers are situated outside the Republic of South Africa for use in connection with the provision of the services by us, which consent shall, in the absence of any written objection received from you, be indefinite and/or for the period otherwise required in terms of any applicable law.

Should you believe that we have utilised your personal information contrary to applicable law, you undertake to first attempt to resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator."

Important Notice

1. The following documents must be submitted with the proposal form: -
 - a) The latest audited financial statements for the last 2 financial years;
 - b) The latest audited accounts of the ultimate Holding Company (if applicable);
 - c) The latest interim statement (if applicable);
 - d) A copy of all circular letters sent to the company's shareholders during the past 12 months;
 - e) Company Organogram;
 - f) A copy of the latest 20F documents (if applicable)
2. This proposal must be fully completed in ink by a Director or the Company Secretary of the firm or company. All questions must be answered to enable a quotation to be given. Answer questions to the best of your knowledge and belief. The form must be signed and dated.
3. All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your broker.

4. Claims Made Policy

This proposal is for a claim made policy. This means the policy covers:

- 1) Claims made against you during the policy period; and
- 2) Events, of which you become aware during the policy period, which could give rise to a future claim provided you notify the Underwriters during the policy period of the circumstances of such events.

After the policy has expired, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.

It is therefore advisable to renew the insurance policy each year on a claim made basis with retro-active (past acts) cover.

5. The particulars and statements contained in this proposal form and any other information submitted are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

In addition to a completed proposal form, we require:

1. A copy of the latest audited and consolidated financial statements
2. If company is a start-up, a one pager business plan and at least a two-year financial forecast
3. Structure chart (format must indicate company shareholders and its subsidiary companies)
4. If company is a financial institution, a copy of the fund facts sheets is also required together with a prop and financial info