

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Refused to accept or renew any insurance for the body corporate

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Cancelled the insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Is cover required for predecessor practices of the Proposer/s?

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

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

4 Is cover required for the previous business activities of any Principal?

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

Name of Principal:			
Name of Previous Firm:			
Period:	From / / To / /	From / / To / /	From / / To / /
Fees for Last 3 years:	20__ R 20__ R 20__ R	20__ R 20__ R 20__ R	20__ R 20__ R 20__ R
Reason for leaving:			
Position in Firm:			
Is there separate insurance covering the activities of this Firm for the Period stated above?			

5 Is cover required for any past Partner or Principal?

Yes

No

If Yes, please state:

Name of Partner / Principal	Qualifications	How long with the Proposer/s

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?

5 | NAMES AND QUALIFICATION OF DIRECTORS/PARTNERS & KEY PERSONNEL

1 Please provide details of all current Principals including qualifications:

Name in full of all Principals/ Directors/ Partners	Qualifications	Date Qualified	How many years full-time practical industry experience?

2 ADDRESS/ES of Proposer/s:

All addresses must be shown together with the Principal responsible for the work at each office

Address	Principal in charge	Approx % of total fees

6 | STAFF COMPLIMENT

1 Please state total number of staff members:

Partners / Principals / Directors	
Qualified staff (excluding principals)	
All other	
Total	

2 Do you sub-contract work to any outside party?

Yes No

If YES, please provide details:

7 | FINANCIAL INFORMATION

1 Please state for the Proposer/s total gross fees/Income received:

	Last Year	Current Year Estimate	Forthcoming financial year
Year end:	/ /	/ /	/ /
Total Fees	R	R	R
Average Fee	R	R	R
Largest Fee	R	R	R

2 Please provide a split of gross fees received for the last complete financial year:

Audit, accountancy and company tax for quoted companies	%
Other audit and accountancy (including related tax work)	%
Personal tax work	%
Corporate tax work	%
Merchant bank work	%
Management consultancy	%
Secretarial and share registration	%
Executorships and trusteeships	%
Insolvencies, liquidations and receiverships	%
General insurance commissions	%
Stock exchange commissions	%
Directorships	%
Computer consultancy	%
Mergers, acquisitions, disposals	%
Other consultancy only	%
Other work - please give full details	%
Total	100 %

3 What proportion of fees in last complete financial year derived from "small" client work of fee value below R350,000 per client

%

4 Are any services provided to public/listed companies

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, what proportion of fees in the last financial year were derived from services provided to public/listed companies

10% or less;

More than 10%

5 Has any overseas work been carried out in the past?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please state gross fees in respect of this work

	Last financial year			Current financial year			Forthcoming financial year		
Period:	From	/	/	From	/	/	From	/	/
	To	/	/	To	/	/	To	/	/
USA/Canada	R			R			R		
Other	R			R			R		

6 i) Has any person for whom insurance is now sought ever been the subject of disciplinary proceedings by any professional organisation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Has the Proposer/s at any time undertaken work of any description for Lloyd's of London or any Lloyd's managing or members' agent?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Does any person for whom insurance is now sought act as trustee of any pension fund?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iv) Has the Proposer/s at any time undertaken work of any description for clients in the entertainment industry?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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v) In the last complete financial year, did more than 20% of fee income derive from one client?

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

7 Is the Proposer/s authorised for investment business?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please identify regulator and type/s of business for which authorised:

8 i) Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Has the proposer/s suffered any loss in the last 6 years through fraud or dishonesty?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please identify regulator and type/s of business for which authorised:

iii) Do all cheques drawn for more than R175,000 require at least two signatures?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iv) Is cash in hand and petty cash checked independently of the employees responsible at least monthly and additionally without warning at least every six months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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v) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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vi) Are employees receiving cash and cheques in the course of their duties required to pay daily?

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

..... NAME CAPACITY
..... SIGNATURE OF THE PROPOSER DATE DD/MM/YYYY

BROKER DETAILS

Broker:	
Contact Person:	Tel:
Email:	Fax number: