



PROFESSIONAL INDEMNITY Motor Dealers & Motor Dealership Groups Proposal Form

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.
- 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):

.....

Head Office (Physical Address):

.....

Postal Code:

.....

Subsidiaries/Any other branches:

.....

Postal Code:

.....

Company Reg No.:

VAT No.:

.....

Professional Association(s):

.....

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 / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

.....

Website:

.....

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. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at Lloyd's

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

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"/>
-----	--------------------------	----	--------------------------

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:

(a) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) Refused to accept or renew any insurance for the body corporate?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES to any of the above 3 questions, please provide full details:

3 | Required Cover

1. State the LIMIT OF INDEMNITY and EXCESS required:

	Option 1:	Option 2:	Option 3:
Limit:	R	R	R
Excess:	R	R	R

2. Do you require backdated retro-active cover?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please advise how many years backdated cover is required:

1 Year	<input type="checkbox"/>	2 Years	<input type="checkbox"/>
--------	--------------------------	---------	--------------------------

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide full details:

4 | Previous Losses/Existing Circumstances

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

- (a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?
- (b) Cause any loss to the Proposer, any predecessor or any past or present Principal?
- (c) Otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

if YES, please provide full 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"/>
-----	--------------------------	----	--------------------------

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 | Additional Information

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. Has the ownership of the Proposer/s changed, or has there been any merger or take-over at any time in the past?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide full details:

3. Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

6 | Staff Compliment

1. Total number of staff involved in insurance activities:

Partners / Directors / Principals	
Key individuals	
Financial Managers:	
Representatives	
Finance & Insurance Personnel:	
All Other Staff:	
Total	

7 | Joint Broking

1. Details of all Joint Broking Appointments (F&I Managers, etc.) held by the Proposer:

Client:	Type of Portfolio:	Joint Broker:

8 | Professional Business Relationships

1. Are you a member of any Professional Associations?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2. FSP License Number?

3. Please advise what sub-categories you are licensed for:

Financial Product:	A Advice:	B Intermediary Service:
Long Term Insurance: Category A		
Short Term Insurance: Personal Lines		
Long term Insurance: Category B		
Long term Insurance: Category C		
Short-term Insurance: Commercial Lines		

4. If licensed for any other categories, please provide the details thereof below:

9 | Financial Information

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

Activities	Approximate Percentage:
Credit shortfall	%
Motor and related Business	%
Motor/Accident Business	%
Gap Insurance	%
Credit protection	%
Extended warranties	%
Valuations for third parties	%
Other (please specify below)	%
Total	100%

10 | Fees And Commission

(as per company's financial year-end in respect of activities as stated in question 9)

1. Financial Year-end:

2. Please give the audited fees for the past 5 years: In respect of Insurance and Finance Activities only:

Year End:	Fees:
/ /	R
/ /	R
/ /	R
Estimated for coming 12 months:	R

3. For the last financial year, please state:

Average Commission:

R

Fee per client:

R

4. Please state the maximum car price per dealership:

R

11 | Risk Management

1. Have all necessary staff completed the RE and KI qualifications successfully?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, what are the steps taken to ensure this is being done:

2. If staff are working under supervision, how is this managed and monitored?

3. Do you have a person dedicated to risk management of the company?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please specify.

4. Do you have any risk management procedures in place to avoid claims?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please specify/attach.

5. Do you have a System to avoid conflict of interest?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

6. Does the practice have any form of quality management in place?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please specify/attach.

7. Do you have any risk management procedures in place to avoid fraud?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please specify/attach.



PROFESSIONAL INDEMNITY Motor Dealers & Motor Dealership Groups Proposal Form

Please Read

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

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.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here <https://www.camargueum.co.za/legal>.

.....
Name:

.....
Signature

.....
Date: DD/MM/YYYY

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. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at **Lloyd's**

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

