



EMPLOYMENT PRACTICES LIABILITY 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

1. Details of entities to be insured (the "Proposer")

Proposer's Name:

.....

ID number (if Sole Trader):

.....

Trading Name (if different from above):

.....

Physical Address:

.....

Postal Code:

.....

Practice/Trading Address/es if different from the above:

.....

.....

Company Reg No:

VAT No:

.....

Date Company Established / Services Commenced:

/ /

As currently constituted

.....

Date Company Established / Services Commenced:

/ /

As initially established:

.....

Contact Name:

Contact number:

.....

Email:

Website:

.....

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation / Non-profit Organisation / Government / Sole Proprietor

.....

Occupation/Business Activities

.....

Annual Turnover/Revenue

.....

2. Does the Proposer have any exposure to, involvement with any of the following activities:

i) Thermal coal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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ii) Oil Sands?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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THE POWER OF KNOWLEDGE

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. Postnet Suite 250, Private Bag X4, Bedfordview 2008
Telephone: 011 778 9140, Facsimile: 011 778 9199, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za

Underwritten by certain underwriters at Lloyd's, Compass Insurance Company Limited and Bryte Insurance Company Limited

iii) Artic energy exploration activities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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iv) Cannabis?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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v) Does the Insured/Proposer business model derive at least 30% of their revenue from thermal coal, oil sands, Artic energy exploration activities and/or cannabis?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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vii) Does the Proposer have any business dealings, clients or any other such exposure in the following regions: Belarus, Cuba, Iran, North Korea, Russia, South Sudan, Sudan, Syria, Venezuela, or Donetsk (DNR) and/or Luhansk (LNR) regions of Ukraine?

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

a) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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b) Refused to accept or renew any Employment Practices Liability insurance for the company?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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c) 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. Name other Companies to be insured in terms of this policy.

COMPANY NAME	RELATIONSHIP

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		NO	
YES		NO	
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	
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If YES, please identify details (including loss date, amount claimed and a brief description):

3. What steps have been taken to prevent a recurrence?

4. Does the company anticipate any branch, office, or plant closure or redundancies or lay-offs during the next 12 months?

YES		NO	
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If YES, please specify:

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5. During the last five years has the company made any claim under an Employment Practices Liability policy?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify:

Examples of situations that could give rise to a claim would be a current or former employee or an applicant for employment who has expressed dissatisfaction with the employment relationship or the employment application process by:

- a) Making a formal complaint of discrimination, harassment or unfair employment practises to a supervisor;
- b) Threatening to hire a legal representative;
- c) Asking for a severance package in excess of that being offered;
- d) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it;
- e) Frequent complaining of discrimination, harassment or unfair treatment.

Any circumstances reported or liable to be reported under 2.4 will be excluded from cover under any policy that may be issued.

6. During the last 5 years has the company been involved in any proceedings before any of the following agencies under any of the following Acts?

	YES	NO
a) Commission for Conciliation, Mediation and Arbitration		
b) Labour Court		
c) Private Arbitration		
d) Skills Development and Training Act 1998		
e) Employment Equity Act 1998		
f) Labour Relations Act 1995		
g) Basic Conditions of Employment Act 1998		

If the answer to any of the above is "yes" please give details:

5 | EMPLOYEE DETAILS

1. Total no. of employees:

Permanent:

Temporary:

2. Annual salary bands (no. of employees per band):

BAND	PERMANENT	TEMPORARY
Under R 50,000		
R 50,000 – R 120,000		
R 120,001 – R 250,000		
R 250,001 – R 500,000		
Over R 500,000		

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3. What is the company's average annual staff turnover rate during the last 3 years?

4. Please give details of the extent of union membership amongst employees:

6 | HUMAN RESOURCES MANAGEMENT

1. Does the company have a personnel or HR department?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please specify:

2. Does the company have an employment handbook?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Are prospective employees required to complete an application form?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Does the company issue new employees with a letter of appointment?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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5. Are new employees put through an induction course?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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6. Does the company have a written disciplinary code?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7. Are terminations of employee service reviewed by:

a) Personnel or HR Department?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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b) Legal Department?

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

c) Outside legal counsel?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7 | LABOUR AUDIT

We may request permission to perform an audit of the proposer's employment practices in order to obtain further information for underwriting purposes and to offer advice on possible means of reducing the risk of claims.

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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:
.....

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