



MEDICAL SCHEME TRUSTEES 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.
- **Please attach latest audited Financial Statements Report.**
- 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:

Postal Address:

Postal Code:

Registered No. of the Scheme:

Date Fund was Established: / /

Name of Employer Company (if applicable):

Name of Employee Benefit Consultant / Broker:

Name of Scheme Administrator / Insurer:

Contact Person: Contact number:

Email:

Current value of Scheme assets: **R** Current annual contributions to Scheme: **R**

1. Does the proposer have any exposure/involvement/investments in thermal coal-fired power plants, thermal coal mines, oil sands or New Arctic energy explorations activities? YES NO

If so what percentage?

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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 insurance for the Medical Scheme Trust?

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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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?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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b) Cause any loss to the Proposer, any predecessor or any past or present Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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c) Otherwise affect the consideration of this proposal for insurance?

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

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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

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"/>
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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. During the last five years has the Scheme suffered any loss caused by dishonesty or negligence or has any Officer been held liable for any loss?

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

5. After specific investigation are you aware of any circumstances that could reasonably be expected to give rise to a claim in terms of the insurance being applied for?

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

5 | OFFICERS OF THE SCHEME

1. How many persons are employed directly by the Scheme?

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2. Details of Trustees:

NAME	OCCUPATION	AGE	DATE APPOINTED	EMPLOYER NOMINATED/MEMBER ELECTED/INDEPENDENT

3. Details of the Principal Officer:

Name: Employed by:

Qualifications:

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4. Details of training (if any) provided for Trustees:

.....

5. Has a Trustee ever been dismissed or asked to resign?

YES		NO	
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If YES, please specify:

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6 | ACCOUNTING SYSTEM

1. Do any of the Trustees have direct access via computer systems to information regarding salary deductions and Employer contributions?

YES		NO	
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2. Are Trustees able to input data into computer systems?

YES		NO	
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3. Do the Trustees receive regular reports of salary deductions and contributions by the Employer and of monies transferred to the scheme Managers?

YES		NO	
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If "yes" at what intervals?

.....

4. How often do Trustees receive reports from the Fund Managers on investment performance and accumulated reserves and liabilities?

.....

7 | AUDITS

1. How often do internal auditors report to Trustees regarding salary deductions and Employer contributions?

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2. Name of external auditor:

.....

Date appointed:

.....

3. When was the last external audit carried out?

.....

4. Were there any recommendations made by the auditor?

YES		NO	
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If YES, please specify:

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5. Who is the actuary to the Scheme?

.....

Date appointed:

.....

6. How often are actuarial reports submitted?

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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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