

**PROPOSAL FORM**

- A. Please answer all questions leaving no blank spaces.
- B. If you have insufficient space to complete any of your answers, continue on your headed paper.
- C. 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.
- D. Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.
- E. Please attach any additional information which may assist Underwriters in assessing your risk/ exposures. For example: Copy of specimen contracts, Brochures/ marketing information/ Copies of any disclaimer notices.
- F. If your organisation has been in operation for less than three years please attach copies of CV's of each key individual.

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**A. PARTICULARS OF PROPOSER**

- 1. State the name and address of the Proposer, listing all subsidiaries for which cover is requested, indicating the location, date of establishment and principal activity of each company.

Proposer \_\_\_\_\_

Head Office Physical Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

<u>Name of Subsidiary</u>	<u>Location</u>	<u>Date Established</u>	<u>Principal Activity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Company Registration No. (If applicable)

\_\_\_\_\_

3. VAT Registration No.

\_\_\_\_\_

4. When established:

As currently constituted \_\_\_\_\_

As initially established \_\_\_\_\_

5. Present legal constitution

(Please mark relevant box below)

- a) Sole Practitioner
- b) Partnership
- c) Private Company
- d) Public Company
- e) Close Corporation

**B. ACTIVITIES OF PROPOSER**

1. Please state the discipline(s) in which the Proposer is engaged  
\_\_\_\_\_
  
2. Number of body corporates/ complexes (including HOAs) being managed  
\_\_\_\_\_
  
3. Maximum number of units within the largest complex  
\_\_\_\_\_

**C. NAMES AND QUALIFICATIONS OF PRINCIPALS**

- a) In the case of Partnerships – Partners
- b) In the case of Incorporated Companies – Directors
- c) In the case of Limited Companies – Professionally qualified Directors and Employees
- d) In the case of Close Corporations – Members

<u>Name</u>	<u>Qualifications</u>	<u>Date Qualified</u>	<u>How long Principal in this Practice</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. STAFF COMPLIMENT**

1. Please state the number of employees in each of the following categories:
    - a) Qualified staff (incl. Members, Directors and Partners) \_\_\_\_\_
    - b) Semi-skilled staff \_\_\_\_\_
    - c) Unskilled staff \_\_\_\_\_
- TOTAL: \_\_\_\_\_

**E. FINANCIAL INFORMATION**

1. Please state your immediate past Financial Year End: \_\_\_\_\_

2. Please state Total Revenue for your immediate past Financial Year End

\_\_\_\_\_

2 (a) if turnover includes other activities, please advise

% managing agent activity .....

% other activity eg rentals .....

3. Please state Total Revenue for your previous Financial Year End.

\_\_\_\_\_

3 (a) if turnover includes other activities, please advise

% managing agent activity .....

% other activity eg rentals .....

**F. CLAIMS EXPERIENCE**

1. Have any claims ever been made against the proposed Insured/ Partners/ Directors/ Members or Employees for the type of cover for which you are now applying? YES  NO

If yes, please provide full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are any of the Proposed Insured/ Partners/ Directors/ Members or Employees, after enquiry, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them? YES  NO

If yes, please provide full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. INSURANCE HISTORY**

1. Are you in the present of have you in the past been Insured? YES  NO

If Yes, please state:

- a) Name of Insurers \_\_\_\_\_
- b) Indemnity Limit \_\_\_\_\_
- c) Excess (each and every claim) \_\_\_\_\_
- d) Date of expiry of coverage \_\_\_\_\_
- e) Retroactive Date \_\_\_\_\_

2. For the type of Insurance now being Proposed, has any Insurer ever:

- a) Declined Proposal or renewal? YES  NO
- b) Required an increased premium or imposed special terms? YES  NO
- c) Cancelled the Insurance? YES  NO

If any answer is Yes, please provide full details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. REQUIRED COVER**

1. Please state the amount of indemnity required by ticking appropriate box

R1,000,000	<input type="checkbox"/>
R2,500,000	<input type="checkbox"/>
R5,000,000	<input type="checkbox"/>
R10,000,000	<input type="checkbox"/>
R20,000,000	<input type="checkbox"/>

2. Please state the deductible requested:

R10,000	
R15,000	
R30,000	

	R5,000	<b>NAMA MEMBERS</b>
	R10,000	
	R25,000	

3. 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  NO

4. Details of staff qualified with Paddocks UCT Certificate in Sectional Title Management:

Total number of staff		Remarks
No of portfolio managers		
No of assistants to portfolio managers		
Total number of staff with UCT Paddocks qualification (attach copies of certificates)		
No of staff presently doing certificate		
No of staff intending doing certificate		

5. Do you require retro cover? YES / NO if yes from when .....

(retro date will be from the date premium is paid and policy issued unless specifically requested eg if a retro date of six months ago / 12 months ago is requested, an adjusted quote will be presented – might be say 15% more expensive for 12 months).

**DECLARATION**

We declare that the statements and particulars in this Proposal Form are true to the best of our knowledge and belief and that we have not misstated, suppressed or omitted any material facts.

We agree that this Proposal Form together with any other information supplied by us shall form the basis of any contract of Insurance effected thereon and shall be incorporated therein.

We undertake to inform Insurers of any material alteration of these facts whether occurring before or after completion of the contract of Insurance.

Signing this Proposal Form does not bind the Proposer to complete this Insurance.

We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Phoenix Underwriting Managers (Pty) Ltd.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

FOR AND ON BEHALF OF: \_\_\_\_\_

SIGNED BY:

\_\_\_\_\_

PARTNER/ DIRECTOR/ MEMBER

\_\_\_\_\_

PARTNER/ DIRECTOR/ MEMBER

**PLEASE NOTE:**      **This Proposal Form should be completed by YOU and signed by YOU. If the Proposal Form has been completed by your BROKER, review the Proposal Form before signing it. DO NOT sign a BLANK Proposal Form.**

Addsure is an authorised financial services provider FSP licence no 15269.

Applications can be faxed to our office 021 5519764, emailed [pima@addsure.co.za](mailto:pima@addsure.co.za) or posted PO Box 963, Milnerton, 7435.

See [www.pima.co.za](http://www.pima.co.za) for more details.