

**COMMERCIAL CRIME INSURANCE PROPOSAL FOR BODY CORPORATE AND
HOMEOWNERS ASSOCIATION TRUSTEES
(IN TERMS OF THE CSOS LEGISLATION)**

Please note that the proposer is obliged to reveal any information which may influence the insurer in deciding whether to underwrite this risk, calculate the premium or impose special conditions.

1. Name of Proposer _____

2. Address _____

3. Limit of Indemnity Required:

The limit of indemnity is the total value of the community scheme's investments and reserves at the end of the last financial year plus 25% of the community scheme's operational budget for its current financial year.

4. State the total number of employees and/or trustees to be covered by the policy. Should you require a managing agent to be covered by this policy, please specify the name of the relevant person or entity below (It should be noted that if the managing agent has their own policy in place, the limit of indemnity in respect of such policy will be considered to be a deductible in terms of this policy)

	<u>Number</u>
Total number of Trustees	
Total number of employees who are not trustees	
Name of managing agent:	
Total	

5. Do your assets exceed your liabilities? If not, please provide us with your Financial Statements YES
NO

6. Have any of your employees/trustees been dismissed for dishonesty during the past three months? YES
NO
If YES, give details for each dismissal

_____ YES
NO

7. Do you accept and deposit cash daily? YES
NO

8. Are the duties in respect of cash being received, banked and reconciled to bank statements segregated? (no single person may perform all these functions) YES
NO

9. What is the maximum permissible value per individual electronic transaction?

R _____

10. Is dual authority for electronic financial transactions always required? YES
NO

11. With regard to electronic transactions, what procedures are in place to control the creation of new payees and all changes to payee details?

12. Has any insurer ever cancelled or refused to accept or continue any Fidelity Guarantee or Commercial Crime Insurance or imposed special conditions?
If YES, give particulars

YES
NO

13. During the last five 5 years did you suffer direct financial loss as a result of:
a) Fraud by or dishonesty of an employee
b) Any form of computer crime

YES/NO
YES/NO

If your answer is YES to either a) or b) above, please provide information for each of the losses below.

Amount	When Committed	When Discovered	Type of Loss

DECLARATION

We declare that the statements and particulars in this proposal are true and that we have not misstated or suppressed any material facts. We agree that this proposal 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 also declare that no other policy is in force, or will be effected during the currency of the policy now proposed other than a Money Policy or the policy declared earlier in this proposal.

We undertake to inform the Company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

The Parties acknowledge that, for the purposes of performing this contract, it will be necessary to process the insured's private information, including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers, even if those reinsurers are situated outside the Republic of South Africa, for use in connection with the performance of this contract and any related reinsurance contract.

Signing this proposal form does not bind the proposer to complete this insurance, nor does it bind the company to accept the proposal.

SIGNATURE OF PROPOSER _____

DESIGNATION _____

DATE _____