

PROPOSAL FOR COMMERCIAL CRIME INSURANCE

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. Physical Address

3. Full description of business activities.

4. Vat number

5. State the total number of employees in each of the below categories. (If employees fall into more than one category they should be included once only)

	<u>Number</u>
Management, admin, technical etc. (White Collar)	
Labourers etc. (Blue collar)	
Contracted employees (if you want these covered) including casual labour, guards etc.	
Total	

6. Give details of your screening process for new employees

7. Have any of your employees been dismissed for dishonesty during the last 12 months? YES / NO
If YES, give details for each dismissal

8. Do you accept and deposit cash daily? YES / NO

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

10. Describe your stock (separately for raw materials and finished goods, if applicable)

11. What is the highest value of any individual item of stock? Name the item.

12. By whom and how often are stock-takes done?

13. Is it possible for a single employee to load, release and authorise payments without authorisation from a second person in a position of authority? (Losses involving "ad hoc" payments which are processed by a single employee will not be covered) YES/NO

14. Is it possible for a single person to load and/or amend beneficiary details on payment platforms without authorisation from a second person in a position of authority? YES / NO

15. What procedures are in place to control the creation of new payees and all changes to payee details?

16. Has any insurer ever cancelled or refused to accept or continue any Fidelity Guarantee or Commercial Crime Insurance or imposed special conditions? YES / NO
If YES, give particulars

17. During the last five 5 years did you suffer direct financial loss as a result of:
a) Fraud by or dishonesty of an employee YES / NO
b) Any form of computer crime 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 _____