

Proposal form for Commercial Crime Insurance

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM.

PLEASE NOTE This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- Please answer ALL questions fully and do not leave any blank field - state “NIL”, “N/A” or “NONE” as applicable.
- If any changes / corrections need to be made to the form, you will need to initial above the amendment.
- Failure to provide accurate information may affect your ability to lodge a successful claim.
- If any part of this document is not understood, please contact us:

INTERMEDIARY DETAILS

Broker:	ALPHABELLE (PTY) LTD	Broker FSP number:	46984
Consultant's name:	VANESSA GOUS	Telephone number:	082 446 9876
E-mail address:	vanessa@alphabelle.co.za		



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Tailor-made Broker Solutions

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PO Box 11732, Silver Lakes, 0054 | 6 Avocet Corner, Hazeldean Office Park, Silver Lakes Rd, Silver Lakes, Pretoria
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1. Details of Proposed Insured

- a. Name of Proposer: _____
- b. Contact Person _____
- c. Physical Address: _____
- d. Telephone Number: _____ Cell No. _____
- e. E-Mail address: _____ Website: _____
- f. Co. Reg No.: _____ Vat No.: _____
- g. Full description of business activities:

- h. Do you subscribe and adhere to the principles of the King Code of Corporate Governance? Yes / No

2. Security

- a. Who is responsible for security? _____
- b. Describe perimeter protection of your premises. _____
- c. Describe access and departure controls for:
 - Your employees _____
 - Other persons _____
- d. Do you have area which are restricted to authorised employees only? Yes / No
If Yes, please list the areas and describe how access is controlled?
- e. Are areas of your premises monitored by CCTV? Yes / No
If Yes, please specify which areas are monitored and disclose your policies for the retention of the recordings.
- f. Describe your system of control for strong-rooms, safes, vaults or any other place you keep valuables.



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3. Employees

a. 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). Contracted employees supplied by third parties, such as security guards or temporary staff, may ne covered by the Policy, but must be declared below.

Category	Number
Senior Management	
Middle Management	
Accounts / Financial (with access to money / securities)	
Stock and Warehousing	
Purchasing and sales	
General Administration	
Security Personnel - employed	
Security Personnel – contracted (include only if you want these covered)	
Technical	
Blue Collar	
Other (specify)	
Other (specify)	
Total	

b. Has the number of employees changed materially over the last 12 months? Yes / No

If Yes, why? _____

c. Is the number of employees likely to change materially in the next 12 months? Yes / No

If Yes, why? _____

d. Are any of your employees based outside the borders of South Africa? Yes / No

If Yes, give particulars and state where included under a. above. _____

e. Give details of your screening process for new employees. _____



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- f. Have any of your employees been dismissed for dishonesty during the last 12 months? Yes / No

If Yes, please give details for each dismissal. _____

- g. Are all employees required to take an uninterrupted holiday of at least two weeks in each calendar year, during which they perform no duties and are required to stay away from the premises? Yes / No

4. Accounts

If any of the following questions is answered with a "no", please describe your system in each instance.

- a. Do you deposit cash daily? Yes / No
- b. Are official numbered receipts generated for all cash received? Yes / No
- c. Is all cash received recorded and receipted by a person other than the person responsible for banking? Yes / No
- d. Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries, by persons other than employees making cash book entries or bank deposits? Yes / No
- e. Do you monitor bank account transactions electronically on a daily basis? Yes / No
- f. Do you enforce strict and timeous credit control? Yes / No
- g. Are bank statements reconciled on receipt? Yes / No
- h. Is payroll outsourced or done internally? Yes / No
- i. How often and by whom is the payroll checked against a staff register? _____
- j. Are controls in place to monitor salary deductions such as tax, medical Aid etc? Yes / No

5. Internal audit

- a. Do you have an internal audit department? Yes / No
If not, what audit procedures are in place? _____
- b. Who authorizes and carries out internal audits? _____
- c. Are "surprise audits" made? Yes / No
- d. Are all areas of the business audited on a regular basis? Yes / No
- e. Are the auditors authorized to originate entries? Yes / No
- f. When was the last internal audit carried out? _____
- g. Are all recommendations from audits implemented within reasonable time frame? Yes / No



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6. External audit

- a. Is your annual audit carried out by an independent firm of chartered accountants or professional auditors? Yes / No
- b. State their name. _____
- c. How long have your books been audited by the firm? _____
- d. Are all branches and / or subsidiaries to be included in this cover audited individually? Yes / No
- e. Do you have signed-off financial statements pertaining to your last trading year? Yes / No
- f. Have all recommendations from your most recent audit been implemented? Yes / No
- g. What was your Annual Turnover / Gross Revenue for the past year? R_____

7. Information Technology

- a. Is there a data security manual? Yes / No
- b. Do you record changes made to programmes including details of those responsible for the changes? Yes / No
- c. How do you ensure that unauthorised amendments to programmes are prevented, or are discovered within a reasonable time? _____
- d. Are levels of accessibility controlled by using passwords or similar security measures? Yes / No
- e. At what intervals are password changed? _____

8. Electronic Funds transfer

- a. What us the maximum permissible value per individual electronic transaction R_____
- b. Who authorizes electronic transactions? _____
- c. Is dual authority always required Yes / No
- d. Are all electronic transactions processed by a person other than those whom authorize such transactions? Yes / No
- e. What procedures are in place to control the creation of new payees and all changes to payee details?



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f. Describe your password policies and control relating to EFT's?

g. Are all electronic transactions reconciled within 48 hours? Yes / No

If No, please give details. _____

h. Are all electronic transactions subject to regular audits? Yes / No

9. Insurance history

a. Are you currently insured by either of these types of policy?

i) Fidelity Guarantee Yes / No

ii) Commercial Crime Yes / No

If your answer to either of the above is Yes, then please state:-

iii) The Current Insurer: _____

iv) Limit of Indemnity: _____

b. Has any Insurer ever cancelled or refused to accept or continue any Fidelity Guarantee or Commercial Crime Insurance or imposed special conditions? Yes / No

c. During the last 5 years, did you suffer direct financial loss as a result of
I. Fraud by or dishonesty of an employee? Yes / No

II. Any form of computer crime Yes / No

If your answer is Yes to either i. or ii. Above, please provide information for each of the losses below.

Amount	When committed	When discovered	Type of Loss

Give a brief description of how the Crime was committed?

Loss 1. _____

Loss 2. _____

Loss 3. _____



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What action did you take against the perpetrator?

Loss 1. _____

Loss 2. _____

Loss 3. _____

What steps have been taken to prevent recurrence?

Loss 1. _____

Loss 2. _____

Loss 3. _____

Declaration:

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or suppressed any material fact.
- ❖ I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- ❖ I/we also declare that no other policy is in force or will be affected during the currency of this policy now proposed other than a Money Policy or the policy declared earlier in this proposal.
- ❖ I/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

I hereby authorize and consent to Alphabelle

- Obtaining any documentation, information and data, including my claims history, relating to my insurance cover held by my previous and current indemnity provider(s).
- Processing all facts disclosed and obtained, for the purposes of assessing my risk profile and / or underwriting the risks and relating to performance of any policy rights and obligations.
- Using my anonymised data for research and education.

Your signature	Date
Your name & surname	Your Designation



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PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source.
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements.
- To compile non-personal statistical information to assist in assessing similar risks.
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances.
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control.

Further disclosures.

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

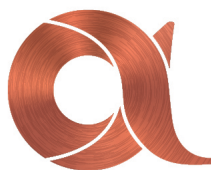
In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us):

- To request that we provide you with access to your personal information held/processed by us.
- To request that we erase or correct your personal information that we hold (where appropriate/possible).
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format.
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact us.

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