

PROPOSAL FORM FOR Insurance Intermediaries

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 every question fully, and state “NIL”, “N/A” or “NONE” as applicable.
- Please complete separate Proposal Forms for each Partner to be included in the quotation and attach a list of all Partners.
- Please submit any additional information you feel may be of assistance to Underwriters, such as Brochures etc.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.

For the purposes of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a ‘material fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal.



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1. Details of Proposed Insured:

1.1. Name of the firm: _____

1.2. Practice Address: _____

1.3. Contact Person: _____ Tel No: _____

1.4. E-Mail address: _____ Website: _____

1.5. Co. Reg / ID No.: _____ Vat No. _____

1.6. Present Legal Constitution (Mark Relevant Box)

Sole Practitioner Partnership Incorporated Co. Limited Co. Closed Corp.

1.7. Date of commencement of Practice: As currently constituted: _____

As initially established: _____

1.8. Details of all Principals / Partners / Owners / Key Individuals of the registered FSP (attach another page if necessary)

Name	Qualifications	Date Qualified

1.9. Staff complement:

Total Number of:

Partners / Principals / Directors		Administration	
Key Individuals		Representative(s)	
Other		Total	

1.10. Are you involved in any Joint Venture Appointments? Yes / No

If yes, please give more details: _____



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2. Claims experience:

- a. 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, whether in terms of this Proposal or any other Proposal / Policy for the same type of cover (including but not limited to Single Projects)? Yes / No
- b. After enquiry, are any of the Proposed Insured / Partners / Directors / Members or Employees aware of any circumstances which would be covered under a policy of this type, or any other Policy for the same type of cover (including but not limited to Single Projects), that may result in any claims or any possible claims being made against them? Yes / No

3. Details of Insurance:

- 3.1.** Are you at present or have you in the past been Insured for this type of Insurance? Yes / No
If yes, please provide the following details:

- i. Name of Insurers: _____
- ii. Date cover expires/d: _____
- iii. Retro-active date: _____
- iv. Deductible: _____

- 3.2.** For the type of Insurance now being proposed, has any Insurer ever:

- i) Declined a Proposal or renewal for this Practice or any Partner / Principal? Yes / No
- ii) Required an increased premium or imposed special terms? Yes / No
- iii) Cancelled an Insurance? Yes / No
- iv) Has a finding ever been made against the Insured by any Regulatory Body or OMBUD, based on alleged negligence on the part of the Insured? Yes / No
- v) Has the Insured ever been the subject of an on-routine investigation by any regulatory authority? Yes / No
- vi) Has any current or past employee been detected, suspected or convicted of any misappropriation of money or property? Yes / No
- vii) Have there been any material changes, or any material changes planned in respect of the business or constitution? If YES, please advise full details: Yes / No

4. Professional / Business relationships:

- 4.1.** Are you a member of any of the following Professional Associations?

- | | | | | | |
|--------|--|-------|--|-------|--|
| SAFSIA | Yes <input type="checkbox"/> / No <input type="checkbox"/> | IBC | Yes <input type="checkbox"/> / No <input type="checkbox"/> | LUASA | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| ILPA | Yes <input type="checkbox"/> / No <input type="checkbox"/> | SAUMA | Yes <input type="checkbox"/> / No <input type="checkbox"/> | | |



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4.2. Please provide you FAIS Number – _____

4.3. Please advise what subcategories you are accredited for: -

1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 1.14, 1.20 AND 1.19

FIA Yes / No

Membership number:

FPI Yes / No

Membership number:

5. **Detailed Business Description** (Please be accurate – your policy contract is based on this information):

6. **Percentage Breakdown of Current Business Activities**

Subject to the Policy Wording Exclusions and the Schedule of Cover, the policy will only provide cover for activities as authorized in terms of your FSP Licence. If you undertake non FSP related activities, please specify these under section 8.3. below.

6.1. Short term	Yes / No	% of GFI
6.1.1. Agriculture and Farming	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
a. What % of the total revenue is generated from Crop Insurance?		%
b. What is the insured value of the largest crop insurance account?	R	
6.1.2. Aviation – please complete the supplementary questionnaire.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.3. Bankers Blanket Bond (BBB)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.4. Commercial Crime	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.5. Commercial / Multiperil (Multimark)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.6. Construction and Engineering All Risk / Single Projects	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.7. Corporate, Assets All Risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.8. Directors & Officers / Management Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.9. F & I Risks – Applicable to Motor Dealerships (Scratch & Dent, Warranty Policies, Credit shortfall, Credit Life etc.)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.10. Funeral Cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.11. GAP Cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.12. Guarantees, Court and Bonds	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.13. Personal Lines	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.14. Professional Indemnity (PI) / Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.1.15. Marine – Please complete the supplementary questionnaire.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2. Long term		
6.2.1. Company Pension and Healthcare Consulting and Advisory	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.2. Employee Risk Benefits	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.3. Financial Planning, Investment Consulting and Advice	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.4. Fund & Asset Management (CAT II) – please complete the supplementary questionnaire (from page 9).	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%



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6.2.5. Incidental Tax Advice	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.6. Health Products (Hospital Plan)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.7. Life Products	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.8. Medical Aid Products	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.9. Property Syndication	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.2.10. Retirement and Health Administration, Actuarial	Yes <input type="checkbox"/> / No <input type="checkbox"/>	%
6.3. Reinsurance and Alternative (ART)		
TOTAL		%
Are you involved in the following activities Deceased Estates – Executrix, Wills and Testaments, Inter-vivos & Testamentary Trust?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

7. Your work outside the Republic of South Africa.

Do you undertake any work in territories outside South Africa? Yes / No

If yes, please advise:

Country	Fee Income
a.	R
b.	R
c.	R

8. Sanctions.

No Indemnity may be granted by Insurers in respect of any services provided by You in a SANCTION TERRITORY or to a SANCTIONED PERSON as listed by the United Nations, the United Kingdom, or United States of America.

9. Joint Broker Appointments.

Are you involved in any contract where you agreed with others to jointly provide the services as detailed under Question 5 & 6 above? Yes / No

Details of all Joint Broking Appointments you hold.

Client	Type of Portfolio	Joint Broker	Apportionment of Work / Fees

10. Outsource Agreements

Do you have such outsource agreements granted to you by any Insurer authorizing you to perform binder or any other functions on behalf of the Insurer. Yes / No

If YES, please complete the Supplementary questionnaire (from page 12).



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11. PART A. Professional Indemnity Insurance

It protects professionals and businesses from financial losses in case they are sued for providing inadequate services or advice. This covers claims made by clients for losses stemming from actual or alleged mistakes, negligence, or breach of duty. This covers legal fees, compensation, and other associated costs of defending a claim.

- i) When is your company's Financial Year-End? _____
- ii) Your Gross Income - **Please provide a copy of the latest verified financials.**

	Last Financial Year	Present Financial Year	Estimated financial Year
Commission / Brokerage Income	R	R	R
Binder and Outsource Fees	R	R	R
Broker Policy Charges and Fees	R	R	R
Other Additional Income	R	R	R
TOTAL FINANCIAL YEAR END	R	R	R

12. Quotations required:

- 12.1. Limit any one period of insurance inclusive of costs and expenses.** **Deductible (Excess (The amount carried by Insured per claim))**
 R_____ R_____

13. PART B. First & Third-Party Cyber Liability (Please let us know if you are interested in this cover).

(Designed to cover the resultant costs and damages from a privacy breach or a network security breach, providing comprehensive first and third-party coverages with an expert incident response process).

14. PART C – Third Party Impersonation Fraud (Automatically provided by Leppard).

This covers loss of Money belonging to the Insured resulting directly from an Insured Employee having, in good faith:

- 14.1.** Transferred Money from the Insured's Trust account into the incorrect account.
- 14.2.** Amended the bank details of a customer, supplier or service provider in the Insured's EFT payment system as a result of a fraudulent instruction from an impersonator (via email, telephone or Facsimile), communicated to an Insured Employee, by a person purporting to be:
 - i. A director, officer, partner, member or sole proprietor of the Insured or Insured Employee; or
 - ii. A customer, supplier, service provider, member or sole proprietor of the Insured or Insured Employee of such person or entity, that has a legitimate written agreement or a pre-existing written arrangement or agreement to provide goods or Professional Services to the Insured.

15. Risk Management

The purpose of this section is to obtain confirmation of your risk management protocol but also to provide you positive feedback regarding important business management to prevent claims against you and to Protect Your Reputation.

Basic Risk Management means a record, implementation and continuous monitoring of proper internal procedures to mitigate risk. We want to know if you have implemented the following: -



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15.1. General Risk Management	
a. Do you keep a record of all communication to Your Customers about identifying and confirming uninsured risks and exposures which includes Your Customer's decision not to insure such risks and exposures (Applicable to short-term brokers)?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Do you keep a record of all communication about Your Customer's needs and exposures including instructions from You to any Insurer?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Record of Advice – Do you record in writing or electronically any renewal discussion advice provided and communicated to Your Customer?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do you have a written mandate in place for each client?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Do You do a Needs Analysis with each client?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f. Do You have a formal renewal process with dated reminders to Your Customer?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
15.2. Cyber Third-Party Liability	
a. Do You establish the identity, authenticity and authority of any person sending You instructions?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Do You confirm that the banking details from or to which funds are transferred are authentic and belong to the sending or receiving party?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Do You ensure an absolute non-acceptance of telephonic instructions to alter banking, personal, email, telephone or similar detail?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do You verify that any email instructions match and are identical to the applicable Records You hold?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Do You protect your computer, data and electronic systems with: -	
i. Up to date security and security patches?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
ii. Data backup protocols in separate secure locations?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
iii. Authentication processes to allow only trusted connections?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
iv. External firewalls to prevent external access?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
v. Password and access policy to maintain security and prevent unauthorized access?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
15.3. Fidelity Own Money / Third-Party Property and Money.	
a. Are criminal and credit checks performed on new Employees during the policy period?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Do You have an enforced leave policy in place with a minimum of five consecutive days in a calendar year?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Do You have a segregation of duties and dual authority with regards to processing, loading, releasing and authorizing payments and electronic funds transfers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do You have a policy in place to ensure that payee's and/or beneficiaries' details on electronic funds transfers are verified with the actual account holder before making a payment?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Are procedures in place to control the creation of new payees and/ or beneficiaries and changes to existing payees and / or beneficiaries including the telephonic confirmation of bank details and recording thereof?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f. Are all bank tokens and bank access cancelled on the termination of an employee's employment within the company?	Yes <input type="checkbox"/> / No <input type="checkbox"/>



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Material Information

This form has prompted you to provide certain information. There may be additional material information which is specific to your business profile, and which has not been provide above.

This material information should be declared to us separately.

Material information means any information which might influence our judgment in accepting your risk. If you willfully suppress or conceal or fail to disclose material information this could affect indemnity. Disclosing information will also allow us to assess your risk positively which could lead to significantly improved policy terms.

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 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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ANNEXURE A – CAT II - The Fund and Asset Management Questionnaire.

ADDITIONAL QUESTIONS FOR FINANCIAL SERVICES PROVIDERS

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures.

In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. FUNDS TRANSFER INSTRUCTIONS & AUTHENTICATION	
1.1. Do you make use of a linked investment service provider (LISP)?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
❖ <i>If Yes, please list them.</i>	
1.2. Does the investor deposit funds directly to the LISP?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
❖ <i>If No, please explain.</i>	
1.3. Are withdrawals paid directly by the LISP to the investor.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
❖ <i>If No, please explain.</i>	
1.4. How are investors withdrawal instructions (fax, email or otherwise) recorded and authenticated?	
2. INTERNAL CONTROLS	
2.1. Do you require all Directors and Employees to declare their outside business interests and specify relationships which could lead to possible conflicts of interest?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.2. Are the duties of each Employee arranged so that no one Employee is permitted to control any transaction from commencement to completion?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
❖ <i>If No, please explain.</i>	
3. INVESTMENT STATEMENTS	
3.1. Do your investors receive automated investment statements via the LISP?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
❖ <i>If No, please explain what system / process is used to create the investment statements and what checks and balances are in place to ensure the integrity of the information being disseminated to clients?</i>	
3.2. How often are investment statements issued to investors? i.e. Daily / Monthly / Annually.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.3. Who submits the investment statements to the investors, if not via the LISP?	
4. ASSET / FUND MANAGEMENT / ADMINISTRATION	
4.1. Do you have bespoke or white labelled (broker fund) investment products?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
❖ <i>If Yes, please provide a full description of the product and include confirmation of the underlying assets.</i>	



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4.2. Who manages the investment in these products? i.e. answer 4.2. (a) OR 4.2. (b) below.
a. If you do, please confirm how you do the analysis and determine the blend of the fund?
b. If you do not, please confirm who does this work and specifically how you contract with, monitor or manage the performance of the relevant party.

4.3. Please provide the following Fund values:

Total Third-Party Funds Under Management	As at last financial year end	As at current / last date of interim report
Discretionary Management	R	R
Non-Discretionary Management	R	R
Administration	R	R

4.4. Names of all Fund Managers, length of service, specific responsibilities and person qualifications:

Name	Length of Service	Responsibilities	Qualifications

4.5. Complete / Provide a Fact Sheet for each Fund:

Fund Name (Own Managed Fund)	Fund Size
	R
	R
	R
	R



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ADDITIONAL INFORMATION



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ANNEXURE B – Supplementary Questionnaire.

OUTSOURCE AGREEMENT SUPPLEMENTARY QUESTIONS.

Please complete a questionnaire for EACH Outsource Agreement.

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures.

In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. List the Insurer.

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2. List the classes of business.

3. Is the Outsource Agreements in writing and signed by

3.1. The authorized / mandated signatories on behalf of your brokerage. Yes / No

3.2. The authorized / mandated signatories on behalf of the relevant Insurer Yes / No

If either of the above has been answered no, please provide FULL and DETAILED reasons.

4. Are there contractual requirements for each Outsource Agreement set out in accordance with Prudential Standard GO15? If no, please provide DETAILED reasons.

5. What is the maximum limit authorized under this Outsource Agreement?

6. Have you contractually limited your liability to the subscribing Insurer? Yes / No

If yes, please provide the total maximum R-Value.

7. Do you delegate any activities under this Outsource Agreement to any other party? Yes / No

If yes, please provide FULL details.

8. Do you have claims settlement authority for this Insurer? Yes / No

If yes, please provide the maximum settlement limit.

9. Do you place reinsurance in respect of this Outsource Agreement? Yes / No



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10. Have there been ANY claims / notifications / circumstances notified in relation to this Outsource Agreement? Yes / No

If yes, please provide FULL details.

11. Have there been any material changes in respect of this Outsource Agreement in the past twelve months? Yes / No

If yes, please provide details.

12. Are there any material changes in respect of this Outsource Agreement planned in the next twelve months? Yes / No

If yes, please provide details.

13. Do you undertake any work in respect of this Outsource Agreement outside of South Africa? Yes / No

If yes, please list the countries.

14. Select one. Is this Outsource Agreement?

14.1. Non-discretionary with no deviation from the Outsource Agreement in respect of the type of risk, the rates, the period of insurance or the policy wording applicable, as specified in the Outsource Agreement.

14.2. Non-discretionary with no deviation from the Outsource Agreement in respect of the type of risk, the period of insurance or policy wording applicable but with a limited amount of deviation permissible to the extent of discounts or loadings specifically outlined within the Outsource Agreement.

14.3. Non-discretionary with no deviation from the Outsource Agreement in respect of the type of risk and wording applicable but deviation permissible in respect of the period of Insurance of non-specified discounts or loadings.

14.4. Discretionary Outsource Agreement with no limits in respect of the type of risk, ratings, wording, or the period of Insurance.

Your signature	Date
Your name & surname	Your Designation



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ANNEXURE – Marine and Aviation supplementary Questions

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures.

In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. Marine	
1.1. Number of years' experience in this field.	
1.2. Maximum Value / Sum Insurance any one policy on your books.	
1.3. Average number of policies written annually.	
❖ Please provide a percentage split for the activities below	
1.4. Small / Light Craft	%
1.5. Goods in Transit (In SA Only)	%
1.6. Marine Cargo (SA Only)	%
1.7. Stock Throughput	%
1.8. Commercial Hull	%
1.9. Other – please specify.	%
	100%
2. Aviation	
2.1. Number of years' experience in this field.	
2.2. Maximum Value / Sum Insured any one policy in your books.	
2.3. Average number of policies written annually.	
❖ Please provide a percentage split for the activities below.	
2.4. Private Aircraft (Light Sport Aircraft / Small Experimental Kit Aircraft / Microlights / Gyrocopters).	%
2.5. Commercial / Corporate Aircraft / Microjets / Cargo / Charter)	%
2.6. Helicopters (Private Operators / Lite Aircraft)	%
2.7. Drone	%
2.8. Other – Please specify	100%

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.

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		



Tailor-made Broker Solutions

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