PROPOSAL FORM
Corporate Protection
Special Coverages Application

1. Name of Insured _____
2. Corporate mailing address _____ Code _____
3. Company Registration No _____
4. Nature of Business _____
5. Total Assets ZAR _____ Annual Revenues ZAR _____
6. Total Employees _____
7. List locations of all resident and no resident employees and the number of employees at each location:

COUNTRY	CITY	TOTAL NUMBER OF LOCAL NATIONALS	TOTAL NUMBER OF EXPATRIATES

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

8. If coverage is desired for volunteers / independent contractors, list the number by location:

COUNTRY	CITY	TOTAL NUMBER OF LOCAL VOLUNTEERS	TOTAL NUMBER OF INDEPENDENT CONTRACTORS

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

9. List details of anticipated foreign travel:

COUNTRY	NUMBER OF EMPLOYEES	FREQUENCY

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

10. Security precautions taken for foreign travel:

_____

_____

_____

11. Does the applicant own, lease or charter any ships or vessels? Yes ☐ No ☐

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

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12. Does the applicant have a formal evacuation plan for expatriate employees traveling to or living in high risk countries? If **Yes**, please attach a copy Yes ☐ No ☐

13. Is the applicant interested in learning more about preventative security consulting? Yes ☐ No ☐

14. Details of prior kidnap or extortion threats or attempts:

15. Limits requested:

16. Details of Existing Coverage:

17. Please provide details of increased visibility (public status) of applicant:

PRIVACY

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

SIGNATORY'S DECLARATION

To the best of my/our knowledge and belief and after due enquiries, the statements and information contained in, and attached to, this Application Form are true and no material fact has been withheld.

I/we understand a material fact is one likely to influence acceptance or assessment of the risk by the Insurer **(NB: in case of doubt or any changes in the information on this application form between the date of this declaration and the inception date of the policy, please disclose or refer to your insurance broker)**. I/we agree that such statements and information shall form the basis of the insurance contract to be effected.

The person signing this Application Form should be duly authorised to sign on behalf of the Applicant and should make all necessary enquiries of his/her fellow directors, officers and employees to enable the questions to be answered and on whose behalf he/she signs.

Important notice: False or incomplete information or the omitting of information may lead to a complete, retroactive deprivation of the insurance coverage. Already paid insurance indemnities may be claimed back (violation of duty to disclosure).

Name: _____ Title: _____

Signature: _____ Date: _____

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