



In association with **Hollard.**

RENEWAL PROPOSAL FORM Commercial Crime

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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Please answer **EACH** question in its entirety and truthfully
Should insufficient space be provided please continue on your company letterhead

It is advisable to insure independently operating branches or subsidiary companies which are removed from the direct control of head office under a separate policy

1. Name of Proposer including **ALL** branches, subsidiaries and associated companies for which cover is requested

2. Physical Address _____

3. VAT Number _____

4. Company Website _____

5. Annual Turnover/Gross Revenue
- | | | | |
|-----------|--|--------------|--|
| Past year | | Current year | |
|-----------|--|--------------|--|

6. Describe **ALL** business activities

| |
|--|
| |
| |

7. Are any of your branches based outside the borders of South Africa
- | | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, give particulars*

| |
|--|
| |
|--|

8. Have you suffered a direct financial loss of more than R50 000 in the last 5 years as a result of:

| | | | | |
|---------------------------------|-----|--|----|--|
| Fraud/dishonesty by an employee | Yes | | No | |
|---------------------------------|-----|--|----|--|

*If **YES**, give particulars*

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| |
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| | | | | |
|--|-----|--|----|--|
| Any form of third party computer fraud or computer crime | Yes | | No | |
|--|-----|--|----|--|

*If **YES**, give particulars*

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| |
|--|



9 Number of employees in each of the following categories

(If an employee falls 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 be covered under the Policy, but must be declared below)

| | | | |
|---|--|-------------------------------|--|
| Executive management | | Security personnel (internal) | |
| Management | | Security personnel (external) | |
| Accounts/Financial (with access to money/securities) | | General administration | |
| Stock and Warehousing | | Blue collar workers | |
| Purchasing and sales | | Technical (engineers etc.) | |
| Others (specify) | | | |

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis of a contract of insurance and should the information supplied change between the date of this application and the time when the policy is issued, I/We will immediately notify ITOO of such changes.

Name (duly authorised)

Designation

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature

Date