



In association with **Hollard.**

PROPOSAL FORM  
**Commercial Crime  
Short**

**Hollard.**

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

[www.itoo.co.za](http://www.itoo.co.za) | [@itooexpert](https://twitter.com/itooexpert)

ITOO is an Authorised Financial Services Provider. FSP No. 47230



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. Contact Number & Email Address \_\_\_\_\_

5. Annual Turnover/Gross Revenue

**Past year**

**Estimation for Current year**

6. Describe **ALL** business activities


7. Are any of your branches based outside the borders of South Africa

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

*If YES, give particulars*

--

Number of employees in each of the following categories

*(If employees fall into more than one category they should be included once only)*

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



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

If **YES**, please provide details:


**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 any other Commercial Crime Insurance policy.

We undertake to inform the Company of any material alteration to these facts of ALL operations, whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance, nor does it bind the company to accept the proposal.

\_\_\_\_\_  
Name (duly authorised)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Signature

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

  
Date