



In association with **Hollard.**

PROPOSAL FORM D&O Renewal

Hollard.

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

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



Please answer **ALL** questions completely
 Should any question or part thereof not be applicable, please state "N/A"
 Should insufficient space be provided, please continue on your company letterhead

Please attach a copy the latest Audited Financial Statements

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. Describe **ALL** business activities

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

Yes		No	
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*If **YES**, give particulars*

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ANNUAL FINANCIAL STATEMENTS INFORMATION

1. Financial Year End _____ 2. Name of Auditor _____

3. Was the opinion of the auditors qualified

Yes		No	
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4. Was there an emphasis of matters on the auditor's report

Yes		No	
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*If **YES**, provide details*

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5. Contingent liabilities

Yes		No	
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*If **YES**, please supply all details including description and amounts*

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6. Are there any plans or have there been any mergers and or acquisitions

Yes		No	
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*If **YES**, provide details*

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7. Are there any other material issue/issues to be disclosed

Yes

No

If **YES**, provide details

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Product description	Current financial year	Previous financial year
Total assets		
Total current assets		
Total current liabilities		
Total equity		
Total revenue		
Total comprehensive loss/profit		
Net cash generated from/utilised in operating activities		
Cash and cash equivalents at year end		

LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied 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 upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Name (duly authorised)

Designation

Signature

Date

D	D	M	M	Y	Y	Y	Y
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