



In association with **Hollard.**

# PROPOSAL FORM Employment Practices

**Hollard.**

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

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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

- 1. Name of Insured \_\_\_\_\_
- 2. Physical Address \_\_\_\_\_
- 3. VAT Number \_\_\_\_\_
- 4. Company Website \_\_\_\_\_

5. Describe ALL business activities


- 6. Number of local operations \_\_\_\_\_
- 7. Number of foreign operations \_\_\_\_\_
- 8. Percentage of total workforce in USA/Canada \_\_\_\_\_

9. Full detailed loss history (3 years) for any employment related wrongful act

Date of claim	Nature of claim	Claimed amount	Costs to date	Current status

10. Are you currently aware of any facts, incidents or circumstances which may result in claims being made against you

<b>Yes</b>		<b>No</b>	
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*If **YES**; please give details*




## EMPLOYEES

1. Number of full time employees \_\_\_\_\_
2. Number of part time employees \_\_\_\_\_
3. What percentage of the workforce is affiliated to Unions \_\_\_\_\_

4. For each of the past three years, what has been your annual percentage turnover rate of employees

Year 1	20	%	Year 2	20	%	Year 3	20	%
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5. Number of employees within the following annual salary bands

< R60,000		R240,001 - R500,000	
R60,001 - R120,000		R500,001 - R1,000,000	
R120,001 - R180,000		> R1,000,001	
R180,001 - R240,000			

## HUMAN RESOURCES

1. Does the Company have a HR or Personnel Department

Yes		No	
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2. Number of employees in this department

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*If **NO**, please provide details on the handling of this function. If outsourced, how often are the procedures audited and reviewed*


3. Have you had any layoffs or retrenchments in the last 12 months

Yes		No	
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4. Do you anticipate any layoffs or retrenchments within the next 12 months

Yes		No	
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*If **YES**, please provide details on a separate sheet of paper, including the date of the layoff, the number of employees laid off, job category, the manner in which the layoffs were/will be conducted and the terms of severance. Also describe the input Unions / legal teams had in the process and the manner in which all communications were conveyed to the employees*

5. How many employees or officers have been terminated in the past two years

With cause	Employees		Officers	
Without cause	Employees		Officers	

6. Do you use an employment application for all of your applicants for hire

Yes		No	
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7. Do you use any tests to screen applicants for employment

Yes		No	
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8. Do you have a formal orientation program for all new employees

Yes		No	
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9. Do you have an employment handbook and guideline for distribution to all employees

Yes		No	
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*If **YES**, in what format Hard copy / Intranet / Other:*

10. Do you insist on at least annual written performance evaluations for all employees

Yes		No	
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11. Has the Company implemented and adopted anti-sexual harassment and anti-discrimination policies

Yes		No	
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12. If yes, how are staff made aware of these and how often are they updated and reviewed by Human Resources

13. Are there written procedures for handling employee complaints of discrimination and sexual harassment

Yes		No	
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*If **YES**, how are these procedures conveyed to the employees*

*If **NO**, how are these situations handled*

14. Does the Company comply with the respective industry Charters and Codes as set out by Government

Yes		No	
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*If **NO**, why not and what is the Company doing to rectify this*

15. Does the Company have a policy on HIV / AIDS

Yes		No	
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16. What is the Company's policy on accommodating / employing the disabled

## MERGERS AND ACQUISITIONS

*Answering **YES** to any of the questions below requires you to attach full details on a separate sheet of paper*

1. Have you acquired any other companies in the past 5 years

Yes		No	
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2. What liabilities were assumed / inherited during this purchase and are time frames / commitments in terms of these still being met

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3. Regarding purchased companies, were any of their employees terminated or do you plan in the next twelve (12) months to terminate any employees or officers


We the Insurer, reserve the right to request additional information regarding the internal documentation of the Company if answers to the aforementioned questions require additional explanations / support

This information request may include the following:

- Employee Disciplinary, Termination Procedures
- Placement Procedures
- Employee Handbook / Manual
- Procedure for handling Employee Complaints of Discrimination
- Employment Application Forms
- Employee Performance Evaluation
- Procedure for handling Employee Complaints of Sexual Harassment

## 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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