

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 _____
_____ Post code _____
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 wrongfull 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? Yes No

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	%

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 an HR or Personnel Department? Yes No

2. Number of employees in this department _____

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

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

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

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

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

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

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

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

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

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

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

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

2. What liabilities were assumed/inherited during this purchase and are time frames/commitments in terms of these still being met?

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	_____	_____	_____	_____

Privacy Clause

In order to provide you with insurance, we have to process your personal information. We will 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.

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

Y	Y	Y	Y	M	M	D	D
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