

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- Please attach a copy of the latest audited financial statements.
- Please attach a copy of the trust deed.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

General Information

Details of entities to be insured (the “Proposer”)

Policy number _____

Inception date _____

Name of Insured _____

Required Cover

Limit	R	R	R
Excess	R	R	R

Previous Losses

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:
- i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal? Yes No
- ii) Cause any loss to the Proposer, any predecessor or any past or present Principal? Yes No
- iii) Otherwise affect the consideration of this proposal for insurance? Yes No
- If Yes, please provide details

2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal? Yes No
- If Yes, please identify details (including loss date, amount claimed and a brief description)

General Underwriting Information

1. Full value of the Trust’s assets R _____
2. Amount of income in the last 12 months R _____

3. Please confirm that the funds are compliant with all local and/or any applicable international regulations, laws and acts? Yes No

Please Provide Full details on a separate piece of paper.

4. Are there any instances of non-compliance issues/matters stated in the funds latest audited financial statements? Yes No

If Yes, please specify on a separate piece of paper corrective measures/Remedial actions put in place.

Material Changes to the Risk

Have there been any material changes to the risks covered under this policy, or to the Proposer’s business activities in the last 12 months? Yes No

If Yes, please provide details

Extensions

Please state which extensions are required:

Description:

Estates, Heirs and Legal Representatives	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Joint Property/Spousal Liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Extended Reporting Period	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reinstatement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Claims Preparation Costs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Costs of Recovery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Costs of Reinstating Office Records	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Emergency Legal Costs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Investigation Costs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Privacy

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

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorized signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief.

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

Name

Capacity

Signature of the proposer

Date

Y	Y	Y	Y	M	M	D	D
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Broker Details

Broker _____

Contact person _____

Email _____

Tel number _____

Fax number _____