



In association with **Hollard.**

PROPOSAL FORM
Underwriting
Managers PI

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 include the latest Audited Financial Statements

1. Name of Insured _____
2. Physical Address _____
3. VAT Number _____
4. Company Website _____
5. Who does the Insured underwrite on behalf of and for how long has this been in place
6. What is the ownership structure of the UMA
7. Does the principal on behalf of whom they underwrite have any shareholding in the UMA If so what %
8. What limits can the UMA write to
9. Is there an established set of underwriting guidelines in place Yes No
*If **YES**, who sets the underwriting criteria*

*If **NO**, how are the risks reviewed and underwritten*
10. What are the claims controls Who sets the claims criteria
11. How often are both the claims and underwriting processes audited by the principal



12. How often are both the claims and underwriting process and risks audited by their reinsurers

13. Are there any findings raised by either of the above and what corrective measures have been put in place to rectify same and prevent reoccurrence

14. Who has final claims authority

15. What is the UMA's stance on ex-gratia payments and who has final sign off on these

16. Who is on the reinsurance program and for how long has this been in place

17. Does the UMA have a credit rating

18. What has been the underwriting result for the past 5 years Losses / Direct / Indirect / Combined

19. How is the UMA remunerated On premium written or on overall profitability

CLAIMS

1. Please give details of all claims made against the Company over the last 5 years

| Date of claim | Description |
|---------------|-------------|
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2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

If **YES**, please provide full details

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| | |

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

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

Date