

HOLLARD COMMERCIAL CRIME/SECTIONAL TITLE INSURANCE PROPOSAL FORM

Name of Insured _____

Address _____

Compulsory questions

- | | | | |
|----|---|-----|-------|
| 1. | Are the funds managed by a managing agent | YES | NO |
| | If YES, what is the name of the managing agent _____ | | |
| 2. | Is the managing agent a member of NAMA | YES | NO |
| 3. | Does the managing agent hold Fidelity/Commercial Crime cover | YES | NO |
| | If YES, what is the limit | R | _____ |
| 4. | Has the managing agent had previous Fidelity/Commercial Crime claims | YES | NO |
| | If YES, please provide details _____ | | |
| 5. | Are the monies of the body corporate held in: | | |
| | a) the managing agent's trust account | YES | NO |
| | b) bulked in the managing agent's account | YES | NO |
| 6. | Does the insured hold petty cash on the premises | YES | NO |
| | If YES, what limit of petty cash held on the premises | R | _____ |
| 7. | Are your premises monitored by CCTV cameras or a security company with armed response | YES | NO |
| 8. | Is internet banking utilised | YES | NO |
| | If YES, please confirm that dual signature control is in place | YES | NO |
| 9. | Have there been any recommendations made by the body corporate auditors | YES | NO |
| | If YES, please provide details of remedial action _____ | | |
| | Limit of Indemnity required | YES | NO |

Previous insurance

Have you had or currently have Fidelity/Commercial Crime Insurance YES NO

If YES, please provide the name of your previous/current insurer _____

Please provide details of any previous claims with specific reference to the year, incident, amount claimed for

Year	Incident	Amount claimed
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____

Are the Directors and Trustees aware of any pending Fidelity/Commercial Crime claims YES NO

If YES, please provide details _____

Declaration

We, the Directors and Trustees declare that the statements and particulars in this proposal are true and that we have not misstated or suppressed any material facts. We undertake to inform Hollard Insurance of any material alterations to these facts whether before or after the completion of the contract of insurance. We also confirm that there is no retroactive cover prior to the inception date of the insurance contract to be underwritten by Hollard Insurance.

Signature of Proposer _____ Date _____ Designation of Proposer _____