

SECTIONAL TITLE COMMERCIAL CRIME INSURANCE PROPOSAL

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 registered member with the Property Practitioners Regulatory Authority (PPRA) (formerly Estate Agency Affairs Board (EAAB)) | 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 is 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 _____ | | |
| _____ | | |
| 10. What Limit of Indemnity is required in excess of R75 000? | | R _____ |

Previous insurance

Have you had or do you 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.

PROTECTION OF PERSONAL INFORMATION

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.

Signature of Proposer

Date

Designation of Proposer