

## FIDELITY & COMPUTER CRIME QUOTATION / PROPOSAL FORM

This application / renewal cannot be processed if ALL fields and pages are not completed in full.

### Broker Details

Broker	Agency number
Name of Community Scheme	
Date scheme established	SS number
Type of scheme: Sectional title <input type="radio"/> HOA <input type="radio"/> Share block <input type="radio"/> Retirement village <input type="radio"/>	
HOA, share block or retirement village company registration number	
Scheme representative name	
Tel	E-mail
Postal address and code	
Scheme physical address and postal code	
Policy Inception date	Scheme Financial Year End date

### Scheme Details

1. Is scheme self-managed or managed by a Managing Agent?	Self-managed <input type="radio"/>	Managing Agent <input type="radio"/>
2. In whose account are the Scheme's funds held?: Managing agent's trust account <input type="radio"/> The scheme's own account <input type="radio"/> Bulked in the managing agent's account <input type="radio"/>		
3. If self-managed please confirm who has access to your funds?		
Name	Capacity	Limit of Authority
4. Limit of Indemnity Required R		
➤ Limit of indemnity is the total value of the community scheme's investments and reserves at the end of the last financial year plus 25% of the community scheme's operational budget for its current financial year.		
5. Is the scheme solvent i.e. Do its assets exceed its liabilities? Yes <input type="radio"/> No <input type="radio"/>		
Is the scheme liquid? - i.e. It will be able to pay its debts and expenses incurred in the normal course of operations over the next 12 months. Yes <input type="radio"/> No <input type="radio"/>		
➤ Note to CIA Underwriters – if 'No', please refer to Head Office		
6. Are AGM's and trustee / director meetings held regularly as required by the Act? Yes <input type="radio"/> No <input type="radio"/>		
If no, please provide further details of why not compliant		
7. Are annual financial statements and reports prepared and tabled as required by the Act? Yes <input type="radio"/> No <input type="radio"/>		
If no, please provide further details of why not compliant		
➤ Note to CIA Underwriters – if 'No', please refer to Head Office		
8. Name of Auditor?		
9. Has the auditor been accredited to perform audits in terms of the Auditing Professions Act, 2005 (Act no 26 of 2005) as required by the Act? Yes <input type="radio"/> No <input type="radio"/>		
If no, please provide further details of why not compliant		

## Scheme Details (continued)

➤ Note to CIA Underwriters – if 'No', please refer to Head Office

10. Have any recommendations been made by the Auditors in the past 3 years? Yes  No   
If yes, provide further detail of recommendations on a separate sheet

11. Is internet banking utilised? Yes  No   
Please confirm that all payments, withdrawals, transfers of funds or changes to banking details or beneficiaries are required to be authorised by at least two bank signatories who are not related by birth or marriage and do not live in the same household  
Yes  No

➤ Note to CIA Underwriters – if 'No', please refer to Head Office

12. Please confirm that a two step verification process is in place? Yes  No   
➤ A 'two-step verification process' means a verification process that comprises two or more independent procedures being carried out to verify and confirm the legitimacy of any instruction to change banking details, add or amend beneficiaries, or attend to the withdrawal or transfer of funds. As a minimum the two-step verification process should include both a written or electronic confirmation as well as a separate and independent telephonic verification.

## Scheme Current / Previous Insurance

13. Has the scheme ever had Fidelity insurance? Yes  No   
If yes, please supply the details – name of previous insurer:

14. Has any insurer ever turned down an application for insurance, cancelled any policy or part thereof, imposed special conditions, refused to renew any policy or part thereof, or refused to continue any part of your insurance? Yes  No   
If yes, please provide detail

15. History of present or past Fidelity claims / incidents. Please supply the details of all claims / incidents you sustained, including all claims that were paid out and not paid out

Incident	Year	Amount	Insurer

## Compulsory Questions Managing Agent

16. Name of Managing Agent

17. Is MA registered with EAAB or other professional body?  
MA membership number

18. MA Company or CC Registration

19. Does the Managing Agent hold Professional Indemnity Cover? Yes  No   
If "Yes" what is the amount of PI cover held minimum R1m required?

➤ Note to CIA Underwriters – if 'No' or less than R1m please refer to Head Office

20. Is internet banking utilised? Yes  No   
Please confirm that all payments, withdrawals, transfers of funds or changes to banking details or beneficiaries are required to be authorised by at least two bank signatories who are not related by birth or marriage and do not live in the same household  
Yes  No

➤ Note to CIA Underwriters – if 'No', please refer to Head Office

21. Please confirm that a two step verification process is in place? Yes  No   
➤ A 'two-step verification process' means a verification process that comprises two or more independent procedures being carried out to verify and confirm the legitimacy of any instruction to change banking details, add or amend beneficiaries, or attend to the withdrawal or transfer of funds. As a minimum the two-step verification process should include both a written or electronic confirmation as well as a separate and independent telephonic verification.

## Managing Agent Current / Previous Insurance

22. Does the managing agent have Fidelity Insurance? If yes, please supply details	Yes <input type="radio"/>	No <input type="radio"/>	
23. Has the <b>managing agent</b> ever had Fidelity insurance? If yes, please supply the details – name of previous insurer:	Yes <input type="radio"/>	No <input type="radio"/>	
24. Has any insurer ever turned down an application for insurance, cancelled any policy or part thereof, imposed special conditions, refused to renew any policy or part thereof, or refused to continue any part of your insurance? Yes <input type="radio"/> No <input type="radio"/> If yes, please provide detail			
25. History of present or past Fidelity claims / incidents. Please supply the details of all claims / incidents the Managing agent sustained, including all claims that were paid out and not paid out.			
Incident	Year	Amount	Insurer
26. Are Trustees / Directors after enquiry, aware of any Fidelity claims / incident? If yes, please provide full details:	Yes <input type="radio"/>	No <input type="radio"/>	

## Debit Order Authority

I / We authorise Commercial and Industrial Acceptances (Pty) Ltd on behalf of Compass Insurance Company Limited, to draw on my / our account at the under mentioned institution in any manner agreed on between Commercial and Industrial Acceptances (Pty) Ltd and such institution, the amount of the premium payable, and request the aforesaid institution to debit my / our account with all debits drawn against it by Commercial and Industrial Acceptances (Pty) Ltd. All such withdrawals from my / our bank account by Commercial and Industrial Acceptances (Pty) Ltd shall be treated as though they had been signed by me / us personally.			
Full name of insured			
Postal address		Postal code	
Name of bank	Branch		
Branch code	Account name		
Account number			
Type of account Current <input type="radio"/> Savings <input type="radio"/> (Only certain savings accounts allow debit orders, check with your bank)			
Your account will be debited during the first week of each month. If a company is the payer, an authorised person (indicating authorised capacity) must sign.			
Signature			
Name of signatory			

## General Declaration

We declare that the statement and particulars in this Proposal Form are true to the best of our knowledge and belief and that we have not misstated, suppressed or omitted any material facts.		Yes <input type="radio"/>	No <input type="radio"/>
This quotation / renewal and the acceptance of the risk is subject to the following:			
1. Satisfactory claims experience and full details of any claims / incidents			
2. No known claims or circumstances that may give rise to a claim			
3. No retroactive cover prior to the inception date of the policy			
4. A validity period of 30 days			
We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Commercial and Industrial Acceptances (Pty) Ltd, on behalf of Compass Insurance Co. Ltd.			
Proposal / declarations completed by		Date	
For and on behalf of			
Signed		Chairman of the Board of Trustees / Directors	