

## FIDELITY & COMPUTER CRIME PROPOSAL FORM

Please take note that this application cannot be processed if ALL fields and pages are not completed in full.

Broker	Agency number
Name of Community Scheme	
Date Scheme Established	Type of Scheme
Tel. No	E-mail
Physical Address	Postal code

### Compulsory Questions

Is scheme self-managed or managed by a Managing Agent?
Name of Managing Agent
Does the Managing Agent hold Fidelity cover, covering your funds?
If "Yes" what is the amount of Fidelity cover held by the Managing Agent?: R
Limit of Indemnity Required: R

### Previous Insurance

Have you ever had Fidelity insurance?								
If "Yes", please supply the details – name of previous insurer:								
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.								
<table border="1"> <thead> <tr> <th>Incident</th> <th>Year</th> <th>Amount</th> <th>Insurer</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>R</td> <td></td> </tr> </tbody> </table>	Incident	Year	Amount	Insurer			R	
Incident	Year	Amount	Insurer					
		R						

## Previous Insurance

Incident	Year	Amount	Insurer
		R	
		R	
		R	

Are Trustees/ Directors after enquiry, aware of any Fidelity claims/ incident?

If Yes, please provide full details

## General Declaration

We declare that the statement and particulars in this Quotation Request Form are true to the best of our knowledge and belief and that we have not misstated, suppressed or omitted any material facts.

This quotation 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

Dated this day                      of                      20

For and on behalf of

Signed

Chairman of the Board of Trustees / Directors

## Debit Order Authority

I/we authorise Commercial and Industrial Acceptances (Pty) Limited (CIA) on behalf of Compass Insurance Company Limited to draw on my/our account at the abovementioned institution in any manner agreed on between CIA 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 CIA. All such withdrawals from my/our account by CIA shall be treated as though they had been signed by me/us personally.

Name of account holder	Name of bank
Account No.	Account Type
Name of branch	Branch code
Signatory & Full Names	
Signature	Date