

PROFESSIONAL INDEMNITY PROPOSAL FOR PRACTITIONERS IN THE FINANCIAL SERVICES INDUSTRY

NB: Kindly ensure that all questions are answered as required. Kindly also ensure that the Declaration is signed and dated accordingly.

| | |
|---|---|
| New Application Renewal | Note: Additional space is available on Page 3 of this proposal form |
| Terms as detailed on proposals are standard terms but subject to change based on review of application. | |

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|---|--------------------------|--------------------------------|-----------|
| Insured | | | |
| Contact Persons | | Contact tel no's | |
| | | | |
| | | | |
| FAIS/Financial Service Provider No. | | E-mail | |
| Postal Address | | | Code |
| | | | |
| Physical Address | | | Code |
| | | | |
| Effective Date of Cover (New applications only) | | Fax Number | |
| VAT Registration No. | | Renewal Date (Existing Policy) | |
| Date of Commencement of Practice: | As currently constituted | | |
| | As initially established | | |
| Are any branches of the proposed Insured located out side of South Africa | | | Yes No |
| If yes please provide details | | | |
| | | | |
| | | | |

AUDITED ANNUAL INCOME / FEES / COMMISSIONS EARNED (VAT INCLUSIVE) (proof will be required in the event of a claim)

| | | |
|--|----|---|
| Date of Financial Year End | | |
| Last Financial Year Ending (RSA) | 20 | R |
| (Estimate) Current Financial Year Ending (RSA) | 20 | R |
| Last Financial Year (Foreign) | 20 | R |
| (Estimate) Current Financial Year (Foreign) | 20 | R |

NB! PLEASE NOTE UNDERWRITERS CAN REPUDIATE ANY CLAIMS IF THE INCORRECT INCOME IS DECLARED.

EMPLOYEE DETAILS

| | | | | |
|-----------------|-----------------------------------|--|----------------|--|
| Number of staff | Directors / Principals / Partners | | Administration | |
| | Professional | | Other | |

BREAKDOWN OF BUSINESS ACTIVITY
(As authorised in terms of your FAIS / FSP Licence)

| BUSINESS ACTIVITY | APPLICABLE | PERCENTAGE | |
|---|------------|-------------|-------------|
| | | RSA | FOREIGN |
| Short Term (General) | Yes No | | |
| Short Term (Marine / Aviation) | Yes No | | |
| Investment Advice & Financial Planning | Yes No | | |
| Life / Pensions | Yes No | | |
| Binder Authorities (specify) | Yes No | | |
| Tax Consulting or Advice (*Optional – See Cover options below) | Yes No | | |
| Financial Auditing (*Optional – See Cover options below) | Yes No | | |
| Personal Lines | Yes No | | |
| Commercial, Multimark | Yes No | | |
| Corporate, All risks | Yes No | | |
| Professional Indemnity, Liabilities, Bankers Blanket Bonds, Commercial Crime | Yes No | | |
| CAR, EAR, Project Specific Insurance. Marine, Aviation, Guarantees, Bonds | Yes No | | |
| Reinsurance, Alternate Risk Financing Programmes | Yes No | | |
| Employee Risk Benefits, Pension Fund, Healthcare Consulting and Advisory life and Health Insurance Projects | Yes No | | |
| Retirement Fund and Health Risk Administration, Fund and Asset Management | Yes No | | |
| Financial Planning, Investment Consulting and Advisory Tax | Yes No | | |
| All other work (insert description below) | Yes No | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | 100% | 100% |

BUSINESS DESCRIPTION
(Please specify accurately as this description will be reflected on your Certificate of Insurance)

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PRINCIPLE/PARTNER/MEMBER DETAILS

| MEMBER NAMES | QUALIFICATIONS | FPI MEMBER NO |
|--------------|----------------|---------------|
| | | |
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| | | |

CLAIMS and/or POTENTIAL CLAIMS

| | |
|---|--------|
| Have any claims been made during the past 5 years against the Insured/Company including predecessors and/or current principal's, directors and employees? | Yes No |
|---|--------|

CLAIM CIRCUMSTANCES

| | | |
|--|-----|----|
| Is any partner/director or principal aware of any circumstance, which may result in a claim, being made against the Company/Insured including its predecessors in the business as well as any past or present directors or principals? | Yes | No |
| If Yes to either or both Claim questions, please provide details (attach page if needed) | | |
| | | |
| | | |
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| | | |

LIMIT OF INDEMNITY REQUIRED (EACH AND EVERY CLAIM) (Minimum R1, 5Million – Maximum R15Million)

| | | | |
|---|--|--------------------|----|
| Additional Extensions | I) Tax Advice /Consulting | Yes | No |
| | II) Financial Auditing | Yes | No |
| Has this practice been previously insured for Professional Indemnity? | | Yes | No |
| If "YES" please state | Name of Insurers | | |
| | Indemnity Limit | | |
| | Retroactive date as per expiring schedule: | | |
| | Expiry Date | Excess/ Deductible | |
| New Business | (i) Existing Insurance - available at no additional premium provided proof of previous continuous insurance is supplied. (ii) No previous insurance in place - the charge is a once off premium payable in the first year of insurance. | | |
| | Per existing insurance (proof attached) | | |
| | 1 Year's Retro Cover (Additional Premium 10%) | | |
| | 2 Years' Retro Cover (Additional Premium 15%) | | |
| | 3 Years' Retro Cover (Additional Premium 20%) | | |
| | Not Required | | |

ADDITIONAL INFORMATION

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DECLARATION

I/We hereby declare that the above statements are true and confirm that I/we have not misled or misinformed underwriters of any material facts, and agree that this proposal form shall form the basis of the insurance contract.

Name: _____ Date: _____

Title/Position: _____ Signature _____

Kindly email proposal form to info@pifrs.co.za or fax to (011) 706 4959.