



Absa Insurance Company Ltd Proposal for Sectional Title Insurance Policy

Confidential

1 Office use

CSA Reference number CIF number

2 Proposer entity details

Trading name

Registration/Practice/Trust deed number

Type of business

3 Entity address details

Registered address

Suburb Town/City

Country Postal code

Residential/Physical address Same as registered address

Suburb Town/City

Country Postal code

Address from which entity operates Same as registered address

Suburb Town/City

Country Postal code

Entity postal address

Suburb Town/City

Country Postal code

4 Entity contact details

Contact person

Designation

Primary contact number Additional contact number

Cell Fax number

Email

Communication preference Mail Email Telephone SMS

Related party information

Please provide details for **all** related parties linked to the entity (directors, partners, members, trustees, signatories, mandated officials or sureties).

Participant 1

Title: Mr Mrs Miss Other, please specify

Surname

Full name(s)

Designation

ID type: ID Passport ID/Passport number

Nationality

Country of birth Country of residence

Physical/Residential address

Suburb Town/City

Country Postal code

Telephone (W) (H)

Cell Fax

Email address

Participant 2

Title: Mr Mrs Miss Other, please specify

Surname

Full name(s)

Designation

ID type: ID Passport ID/Passport number

Nationality

Country of birth Country of residence

Physical/Residential address

Suburb Town/City

Country Postal code

Telephone (W) (H)

Cell Fax

Email address

Participant 3

Title: Mr Mrs Miss Other, please specify

Surname

Full name(s)

Designation

ID type: ID Passport ID/Passport number

Nationality

Country of birth Country of residence

Physical/Residential address

Suburb Town/City

Country Postal code

Telephone (W) (H)

Cell Fax

Email address

Participant 4

Title: Mr Mrs Miss Other, please specify

Surname

Full name(s)

Designation

ID type: ID Passport ID/Passport number

Nationality

Country of birth Country of residence

Physical/Residential address

Suburb Town/City

Country Postal code

Telephone (W) (H)

Cell Fax

Email address

Participant 5

Title: Mr Mrs Miss Other, please specify

Surname

Full name(s)

Designation

ID type: ID Passport ID/Passport number

Nationality

Country of birth Country of residence

Physical/Residential address

Suburb Town/City

Country Postal code

Telephone (W) (H)

Cell Fax

Email address

Sectional Title Policy Product Information

Intermediary

Agency number Policy number

This insurance is dependent upon a true and complete answer being given to each question. Even if not asked for, all material information must be disclosed.

Commencement date (dd/mm/ccyy) Renewal date (dd/mm/ccyy)

Premium payment requirements

Monthly debit order Annual cash

If monthly, give details below:

Full name of accountholder

Bank Branch number

Account number

Type of account: Current Savings Other (specify)

Please indicate date preferred for debiting your monthly instalments

Has any insurance company ever declined, cancelled or imposed special terms and conditions on any insurance policy in which you were named or had an interest? Yes No

Have you previously been insured for any of the risks for which you are now proposing? Yes No

If **"Yes"** to the above questions, please give full details including Insurer's names/branches

Note: This risk will be surveyed. In order for our surveyor to arrange a suitable appointment to see the property/risk to be insured, please give details below of person to be contacted.

Name Telephone

Building/Property

Insured property/risk address

Suburb Town/City Postal code

Stand number Portion Agency code

Property to be insured

NB: The amount to be insured must represent **the full replacement value** of the buildings. Each detached or completely separated building or outbuilding must be separately insured.

1 On the building (including landlord's fixtures and fittings attached and belonging thereto) of storeys in height
 constructed of walls, under roof
 of and occupied
 as **R**

2 On the building (including landlord's fixtures and fittings attached and belonging thereto) of storeys in height
 constructed of walls, under roof
 of and occupied
 as **R**

3 On the building (including landlord's fixtures and fittings attached and belonging thereto) of storeys in height
 constructed of walls, under roof
 of and occupied
 as **R**

4 Common property

R

Total sum insured **R**

Premium **R**

Note: Submit schedule of units with floor areas, participation quotas, sums insured, names of owners and bondholders and a copy of plan.

Section plan number

5	Do you require earthquake cover arising from mining operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, additional premium	<input type="text" value="R"/>		
6	Do you wish to include damage following subsidence and landslip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, additional premium	<input type="text" value="R"/>		
7	Do you require cover against political unrest (SASRIA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, additional premium	<input type="text" value="R"/>		

The Proposer acknowledges and agrees:

- a) that if the property is underinsured, any policy issued pursuant to this proposal will be subject to average, the meaning and effect whereof the proposer acknowledges himself to be fully acquainted;
- b) to be bound by the terms and conditions contained in the standard policy issued by Absa Insurance Company Limited from time to time, the proposer hereby agreeing to the variation of such terms and conditions at the discretion of the insurer without reference to the proposer; and
- c) that only the items listed in Section B will be insured unless application is subsequently made in writing to the insurer and the insurer agrees to extend cover to any additional sections.

Underwriting notes

Office contents (in excess of the standard cover)

Insured property/risk address

Suburb Town/City Postal code

Do you require cover in excess of R50 000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, limit required	<input type="text" value="R"/>		
Total	<input type="text" value="R"/>		
Premium	<input type="text" value="R"/>		
SASRIA premium	<input type="text" value="R"/>		

Public and employers' liability (in excess of the standard cover)

Do you require additional liability cover of R20 million?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, additional premium	<input type="text" value="R"/>		

Trustees' liability (in excess of the standard cover)

Do you require cover in excess of the standard R5 million?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, additional premium	<input type="text" value="R"/>		

Machinery breakdown

1	Gate motors and electronic access equipment R30 000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Premium	<input type="text" value="Free"/>		
2	Do you require additional cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If "Yes", please provide details of equipment/machinery and their values/sums insured

a)	<input type="text"/>
b)	<input type="text"/>
c)	<input type="text"/>
d)	<input type="text"/>
e)	<input type="text"/>
f)	<input type="text"/>
g)	<input type="text"/>

Total	<input type="text" value="R"/>
Premium	<input type="text" value="R"/>

Business all risks

- 1 Garden equipment and tools
 Premium
- 2 Do you require additional cover?

If "Yes", please provide details of equipment/machinery and their values/sums insured

- a)
- b)
- c)
- d)
- e)

Total
 Premium
 SASRIA premium

Money (in excess of the standard cover)

- 1 Do you require cover for money in excess of the standard limit of R20 000
 If Yes, limit required
 Additional premium
- 2 Do you require SASRIA cover?
 If "Yes" Additional premium

Specific limitations

- 3 In respect of money not contained in a locked safe or strongroom:
- a) While on the insured premises situated as stated outside the hours during which the operations of the insured, trustees/managing agents are conducted.
- b) While in the residence of the insured or any partner in or director or employee of the insured.
- c) In the custody of any partner, director or employee of the insured while away from the insured's premises on a business trip anywhere in the world.
- 4 In respect of any safe or strongroom, the limits shall be according to the grading of such safe or strongroom as follows:
- a) No SABS grading limited to.
- b) SABS category 1 grading limited to.
- c) SABS category 2 grading limited to.
- d) SABS category 2 ADM grading limited to.
- e) SABS category 3 grading limited to.
- f) SABS category 4 grading limited to.

Fidelity Guarantee (in excess of the standard cover)

Note: This insurance covers all employees as defined by the amended Sectional Title Act and Sectional Title Schemes Management Act.

- 5 Please state
- a) Amount of guarantee required in excess of the standard R50 000.
- b) The total number of employees.
- c) Is the total number of employees likely to increase substantially owing to seasonal activity of expansion of business or any other cause?

Premium payable

6 Please give full details of all subsidiary and/or associated companies to which this insurance is to apply

Name	Business	How long established?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Business	How long established?

3 Is the system of check and supervision exercised over employees of all subsidiaries and/or associated companies identical to your own system? Yes No

4 State the name of your auditors and give details of the extent of their auditing duties

5 a) Are your account systems a) electronic Yes No

b) manual Yes No

b) Do you make use of a cheque-signing machine? Yes No

6 Have you received satisfactory references from last employers of each employee to whom the insurance is to apply? Yes No

7 Has any employee been detected in or suspected of any defalcation or misappropriation of money or goods? Yes No

8 Employees collecting or handling cash or dealing with accounts Yes No

a) Does any person handling cash receipts have access to accounting records (other than Cash Book)? Yes No

b) Is a printed receipt given for all payments? Yes No

If these are not in book form and numbered, please describe

c) By whom and how often are receipt counterfoils checked?

d) Are all cheques restrictively crossed as received? Yes No

e) What control exists to ensure that all payments are correctly banked?

f) What is the amount of the petty cash float and will it be independently checked at least monthly? **R** Yes No

9 Employees operating your banking account Yes No

a) Up to what amount may cheques be drawn or cash withdrawn? **R**

b) Is a second signature required on cheques? Yes No

c) Method of check employed?

d) What check is there to ensure that a voucher (or a copy thereof) is not used in support of more than one cheque?

History of losses

In respect of the risks proposed for insurance in terms of any of the sections chose, has the proposer had any accidents or suffered any losses during the past 3 (three) years (whether insured or not)? Yes No

If "Yes", give full details (details of accident, loss or damage, name of insurer, the branch who handled the claim, the total cost and any amount still to be paid.)

Date (dd/mm/ccyy)

Date (d/mm/ccyy)

Date (dd/mm/ccyy)

