



INTERMEDIARIES GUARANTEE FACILITY LTD

(Reg No 1989/07489/06)

5th Floor, JCC House • 27 Owl Street • Milpark, 2029
PO Box 30619 • Braamfontein, 2017 • Telephone +27 11 726 5391 • Telefax +27 11 726 5353
e-mail: princess@saia.co.za

Proposal for a guarantee in terms of regulation 4, section 45 of the Short Term Insurance Act, 1998

Each and every question must be answered in full and where a tick box requires further amplification, such information must be fully supplemented.

NEW RENEWAL

1. (a) Name of proposer
(b) Contact person
Principal place of business
(i) Physical address
(ii) Postal address
Postal Code
Telephone number ( ) Fax number ( )
E-mail address:
(c) Financial year end as at: month year
(d) FIA member: YES NO

2. (a) Type of business:

Table with 2 columns and 3 rows: Proprietary Limited - (PTY) LTD, Close Corporation - CC, Trust, Public Limited - LTD, Sole Proprietor, Other - Specify

VAT NUMBER

(b) Company / close corporation registration number: (ATTACH CERTIFICATE TO THIS PROPOSAL)

(c) Date business established

(d) Full names and identity numbers of directors and shareholders, partners, members and their respective percentage holding in the entity (attach a separate schedule if space insufficient) copies of the Identity documents / passports must be attached

3. Has the proposer or any director, partner and member detailed in 2 (d) above ever been insolvent or compounded with creditors? If "Yes" give full details:

|     |    |
|-----|----|
| YES | NO |
|-----|----|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Name, address and telephone number of registered auditor / accounting officer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List of insurance companies / underwriting managers with whom you place business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Name and branch of bankers:

\_\_\_\_\_

\_\_\_\_\_

Main account number: \_\_\_\_\_

7. Is proposer protected by professional indemnity cover?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If "Yes" state indemnity limit R \_\_\_\_\_

(i) Name of insurer \_\_\_\_\_

(ii) Policy number \_\_\_\_\_

(iii) Deductible / excess applicable R \_\_\_\_\_

8. Is proposer protected by fidelity guarantee insurance?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If "Yes" state the amount of cover any one event and in the aggregate R \_\_\_\_\_

(i) Name of insurer \_\_\_\_\_

(ii) Policy number \_\_\_\_\_

(iii) Deductible / excess applicable R \_\_\_\_\_

**NB** In order to qualify for differential rating, attach a copy of your current professional indemnity and fidelity guarantee policies from your insurer confirming indemnity limit / sum insured and deductible / excess.

9. Has any application or policy for either fidelity or professional indemnity insurance ever been declined, cancelled or refused renewal?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If "Yes" give full details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is the proposer or any person named in 2 (d) above aware of any circumstances and / or fact that could arise to a claim against the proposed guarantee at this time or in the future?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If "Yes" give full details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are there any further facts or information not disclosed herein which are relevant to any evaluation or eligibility for the proposed guarantee?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If "Yes" give full details:

---

---

---

12. (i) If the proposer is becoming indebted to a registered insurer for the first time, please tick box and indicate below a reasonable estimate of the premium income less commissions to be retained or dealt with by you during your next financial year.

R \_\_\_\_\_

|     |    |
|-----|----|
| YES | NO |
|-----|----|

(ii) State guarantee required being 30% of the above amount, subject to a minimum of R 100 000 and a maximum of R 80 million.

R \_\_\_\_\_

|     |    |
|-----|----|
| YES | NO |
|-----|----|

In an effort to minimize underwriting risks, the IGF Board has resolved that all Close Corporations applying for an IGF guarantee of R 750 000 or more, must have an audit performed, This requirement will effect renewals due on or after 1 January 2002.

All intermediaries are to provide the IGF with financial statements except for sole proprietors and partnerships with guarantee requirements of below R 750 000.

I / We warrant that the above statements / information are true and correct in every respect and I / We have not suppressed, misstated or withheld any fact / information which may be material or otherwise. I / We agree to be bound by all terms and conditions to which the granting of this guarantee may be subject.

\_\_\_\_\_  
Signed for and behalf of the proposer (who by his / her signature hereto warrants his / her authority to make these statements and sign this proposal)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name and title of person signing proposal

#77288