



PROPOSAL FORM EVOLUTION PI SHORT FORM NEW & RENEWAL

1. This is an abridged version of the Evo Professional Indemnity Multiperil Policy Application Form
2. This form should only be completed for basic Professional Indemnity cover. There are many other extensions of cover available to all SME Professionals.
3. Should you wish to add other covers to your policy, some

additional questions will need to be answered or the full Evo Pro policy can be downloaded here:
<https://www.sha.co.za/media/36858/evo-pro-pi-proposal-form-2019-interactive-rebrand.pdf>

4. This cover is only suitable for professional services firms with a fee income of R10,000,000 or less per annum. A different form is required for businesses above that threshold.

 011 731 3600  info@sha.co.za  www.sha.co.za

 The Pavillion, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196

Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies.

a division of



EVOPRO ABRIDGED PROFESSIONAL INDEMNITY QUESTIONNAIRE

The SHA Evolution Pro policy has many extensions of cover in it. You should only complete this form if you only need core professional indemnity. This application form can also be completed online in our Pocket Underwriter system. Please contact your broker for instructions if you wish to access that version.

*Please ensure you complete your business details in A to O below, before proceeding to the cover BUSINESS DETAILS
(Completing this section is compulsory)*

- A. Name of Business/Practice
- B. Details about your profession (what do you do?)
- C. Company registration number
- D. Company vat number
- E. Physical address
- F. Postal address
- G. Contact person
- H. Contact number
- I. Contact email address
- J. Website address
- K. Annual professional fee income (last year)
- L. Projected annual turnover (from goods and non-professional services)
- M. Projected wage roll (including management)
- N. Number of employees
- O. Total asset value (fixed and current assets)

1. PROFESSIONAL INDEMNITY SECTION (ONLY COMPLETE THIS SECTION IF YOU REQUIRE THIS COVER)

Limit of Liability required (max R 10 000 000)

Deductible/First Amount Payable

- 1.1 Do you currently have an insurance policy providing this coverage which is in force?
Note that you will be required to provide a copy of the expiring policy to evidence the retroactive date below. Failure to do this will jeopardise coverage.
- NO YES
- If YES, what is the retroactive date
- 1.2 Is more than 50% of professional fee income generated outside of South Africa?
- NO YES
- 1.3 Are all personnel who render professional services duly qualified?
- NO YES
- 1.4 Do you do business with clients in USA, Canada or Australia?
- NO YES
- 1.5 Do you outsource business to any other firms/companies?
- NO YES
- 1.5.1 If so, do ensure that these other firms have their own PI insurance?
- NO YES
- 1.6 Has the insured (employees/partners/directors/members) incurred any claims or suffered any losses in the last 36 months that has or could have given rise to a claim under a professional indemnity policy whether or not insurance was in force?
- NO YES
- 1.6.1 If YES, did the aforementioned claims exceed R300,000 in total (over 36 months)?
- NO YES
- 1.7 After enquiry, are any of the Management / Employees of the Insured aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them?
- NO YES
- 1.8 Has the insured ever had any proposal or renewal for professional indemnity declined or had cover cancelled by insurers?
- NO YES

2. OTHER COVERS (UNDERWRITERS MAY REQUEST FURTHER INFORMATION IF YOU WISH TO ADD THESE TO YOUR POLICY)

Limit of Indemnity Required

- 2.1 Statutory Defence Costs
- 2.2 Statutory Defence Costs
- 2.3 Defamation
- 2.4 Fidelity Guarantee (accountants & attorneys only)

2.5 Misappropriation of Trust Monies (accountants & attorneys only)

2.5 Directors & Officers Liability

2.7 Public Liability

2.8 Employment Practices Liability

POPI PURPOSE SPECIFICATION AND CONSENT CLAUSE

I/We acknowledge that the information submitted in this proposal form may be protected by data protection legislation, such as the Protection of Personal Information Act 2013 (POPI) and accordingly hereby consent to the use of such information by SHA, a division of Santam Ltd (the Insurer) to:

- | | | |
|--|--|--|
| a. Verify the information disclosed herein against any other source; | may be used at a later stage to assess any future claims that I/We may have against any such Insurances issued by SHA, a division of Santam Ltd; | any third party service provider who has a need to know such information in order to perform functions relating to your Policy; |
| b. Communicate with you directly should you request us to and in accordance with relevant regulatory requirements; | e. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control; | g. Share your personal information on the SAIA policyholder database for the combatting of insurance fraud and improved evaluation of risks. |
| c. Compile non-personal statistical information to assist in assessing similar risks; | f. Transmit your personal information to | h. I/We further acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapses. |
| d. Assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, that said information | | |

HOW SHA MAY CONTACT YOU, THE POLICYHOLDER

Due to SHA's FSCA Licensing status and in light of the requirements set out in the Protection of Personal Information Act 2013 (POPI) we are not strictly speaking allowed to contact you directly and would generally communicate with you via your broker. However there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy.

Therefore please indicate below how you prefer to be contacted in the unlikely that we should need to contact you directly. *We will default to "email" if no selection is made.*

SMS

E-Mail

Phone

Mobile

Post

DECLARATION

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected.

I confirm that the information and documentation submitted, is correct, to the best of my knowledge. The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. Signing of this application does not bind the company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance form part of the policy should a policy be issued.

Signed


On behalf of the Proposer

Date

Capacity

PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• To verify the information disclosed herein against any other source;• To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;• To compile non-personal statistical information to assist in assessing similar risks;• To assess the risk to be underwritten | <p>and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;</p> <ul style="list-style-type: none">• To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to | <p>enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;</p> <ul style="list-style-type: none">• To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system. |
|---|---|---|

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd)

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• To request that we provide you with access to your personal information held/processed by us;• To request that we erase or correct your personal information that we hold (where appropriate/possible); | <ul style="list-style-type: none">• To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format; | <ul style="list-style-type: none">• To request that we restrict the processing of your personal information for reasons provided for in the POPI Act. |
|--|--|---|

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: **complaints@santam.co.za**
Telephone: 0860 102 725
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: **complaints.IR@justice.gov.za**
Postal address:

PO Box 31533
Braamfontein
Johannesburg
2017

Physical address:

JD House
27 Stiemens Street
Braamfontein
Johannesburg
2001