

**ADMIRAL PROFESSIONAL UNDERWRITING AGENCY (PTY)  
LIMITED**

1<sup>ST</sup> Floor Norwich Ridge  
29 Queens Road  
**PARKTOWN, 2193**

Reg No. 77/00059/07  
Tel. (011) 484-4344

P.O. Box 72057  
**PARKVIEW, 2122**  
Fax. (011) 484-7399

*Introduced by* **Geoff London & Associates** fax (021) 439 2623

**Pension Fund Trustees *Peace of Mind* Insurance  
Fidelity, Errors and Omissions  
Proposal Form**

1. Name of Pension Fund : \_\_\_\_\_
2. Name of Employer Company : \_\_\_\_\_
3. Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of Administrator : \_\_\_\_\_
5. How long has Administrator been practicing ? \_\_\_\_\_
6. Date Insurance is to Commence : \_\_\_\_\_
7. Date Insurance is to be renewable annually : \_\_\_\_\_
8. a) Are any of the Trustees to be covered remunerated solely or partly on a commission earned basis ?  
YES  NO
- b) If YES; give full details, ie. Names, exact position, details of commission rates etc. :  
\_\_\_\_\_  
\_\_\_\_\_
- c) Number of Trustees : \_\_\_\_\_
- d) Length of Service of each Fund's Trustees : \_\_\_\_\_
9. Describe procedure for the appointment of all Trustees and state in particular whether :
  - a) References are obtained : \_\_\_\_\_
  - b) Statements made on application are verified prior to appointment : \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_
10. The full value of the Assets of the Fund : \_\_\_\_\_
11. Amount of Insurance required :  R  (Minimum R500,000)
12. Do you wish to include the "Reinstatement of Insured Amount" extension ?  
YES  NO
13. Current Total Monthly Contributions :  R

14. Has the Fund ever had any loss or circumstance which falls within the scope of this insurance ?  
YES  NO

15. State the name and address of the Auditors : \_\_\_\_\_  
\_\_\_\_\_

16. Is there any record of fraud, dishonesty, bankruptcy or insolvency on the part of any Trustee, either past or present ?  
YES  NO

If YES; give details :

\_\_\_\_\_  
\_\_\_\_\_

17. Has any Insurer ever :  
a) Declined a proposal from you ? YES  NO

b) Refused to renew your Policy ? YES  NO

c) Imposed special terms or conditions ? YES  NO

If YES; please state when and by whom :

\_\_\_\_\_

## DECLARATION

*I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers. I/We agree that this proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein. I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.*

*The Trustees of the Pension Fund have all, to the best of the Fund's knowledge and belief, while acting as Trustees always performed their duties honestly. There has never come to its notice or knowledge any information which in the judgement of the Fund indicates that any of the said Trustees are dishonest, such knowledge as any person signing for the Fund may have in respect to his own personal acts or conduct, unknown to the Fund, is not imputable to the fund.*

DATE : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ADMINISTRATOR

\_\_\_\_\_  
SIGNATURE OF AUTHORISED SIGNATORY

Once completed, post to PO Box 718, Cape Town 8000 or fax to (021) 439 2623