

FIDELITY GUARANTEE QUESTIONNAIRE - COMMUNITY SCHEMES



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

BROKER			
Name:			
Name of Community Scheme:			
Type of Scheme	Body Corporate		Home Owners Association
	Retirement Village		Share Block
	Limit of Indemnity Required		R
Date Scheme Established:			
Postal address:			Code:
Physical address:			Code:
Email address:			

QUESTIONNAIRE (Compulsory questions to be completed)			
1.	Is scheme self-managed or managed by a Managing Agent? Please tick appropriate answer		
	Self-Managed		Managed by a Managing Agent
	Number of Staff		Number of Managing Agent Staff
2.	Name of Managing Agent:		
3.	Is the managing Agent a member of NAMA?		YES NO
4.	Does the Managing Agent hold Fidelity cover, covering funds?		YES NO
	If YES, What is the amount of Fidelity cover held by the Managing Agent?		R
5.	Has the Managing Agent ever had a Fidelity Claim		YES NO
	If YES, please provide full details on a separate sheet of paper.		
6.	Are the monies of the scheme in? Please tick appropriate answer		
	A Managing Agents Trust Account	The Scheme's own account	Bulked in the Managing Agents account
7.	Does the Body Corporate / community scheme invest their own funds?		YES NO
8.	Is the internet banking utilised?		YES NO
	NB: If the answer to question 9 below is "YES" or the answers to questions 10 & 11 below is "NO", then cover cannot be granted until such time that full details are disclosed by the auditors or accounting officer and the new premium is determined.		
9.	Have any recommendations been made by the scheme's auditors?		YES NO
	If YES, please provide details on a separate sheet of paper.		
10.	Is the Body Corporate / Community Scheme solvent?		YES NO
11.	Is the Body Corporate / Community Scheme liquid?		YES NO



DECLARATION

Questions to be fully answered and signed by the Insured:

1.	Has any Insurer / Underwriter ever cancelled / declined / refused to renew / imposed special terms or conditions on any Fidelity Guarantee policy held by you or any partner or any member of your management agency? If yes, give details:	YES	NO
2.	Name and policy number of previous Insurer / Underwriter INSURER / UNDERWRITER NAME:	<u>Policy Number</u>	
3.	Have you or any member of your management agency been insolvent or been under any judicial management? If yes, give details:	YES	NO
4.	Are the trustees / Directors aware of any Fidelity claims / incident? If yes, give details:	YES	NO
6.	No known pending claims or circumstances that may give rise to a claim. If yes, give details:	YES	NO
7.	Have you or any member of your management agency suffered any fidelity guarantee or money losses / claims during the past three years (whether insured or not)? If yes, provide details below:	YES	NO

DETAILS OF LOSS:	DATE OF LOSS:	NAME OF INSURER:	COST (Approx):

CONDITIONS

1. No retroactive cover prior to the inception date of the policy
2. Proposal validity period of 30 Days

SPECIFIC CONDITION – Managing Agent Contingency Clause

“If at the time of an occurrence of any loss giving rise to a claim under this section, the managing agent or such person is entitled to indemnity under any other policy in respect of the same occurrence, the Company shall not be liable to make any payment hereunder except in respect of any excess beyond the amount payable under such other policy”

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this form together with any other information supplied by me/us from 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 of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF:

SIGNATURE:

NAME IN PRINT:

DESIGNATION:

DATE :

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal

PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information. You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>