



2.3	How many of your employees are based outside the borders of South Africa?		
2.4	Are previous employers contacted prior to employment of new staff?	YES	NO
2.5	Is at least one other reference checked?	YES	NO
<b>3.</b>	<b>ACCOUNTING SYSTEM</b>		
	<b>If any of the following questions are answered with "No", describe your system in each instance.</b>		
3.1	Are cash and cheques deposited daily?	YES	NO
3.2	Do the employees who reconcile the monthly bank statements also either:		
	3.2.1 sign cheques	YES	NO
	3.2.2 handle deposits	YES	NO
	3.2.3 have access to cheque signing machines or signature plates?	YES	NO
3.3	Are monthly statements sent to customers by post?	YES	NO
3.4	Is countersignature on all cheques required?	YES	NO
3.5	Describe the controls relating to access to cash, cheques and safes.		
<b>4.</b>	<b>REMUNERATION</b>		
4.1	Describe the procedures employed in the payment of salaries and wages.		
4.2	How often and by whom is the payroll checked against a staff register?		
<b>5.</b>	<b>STOCK &amp; WAREHOUSING</b>		
5.1	Describe your stock.		
5.2	What is the approximate highest unit value?	R	
5.3	Is there a separation of duties in respect of:		
	5.3.1 shipping and receiving?	YES	NO
	5.3.2 inventory control, accounting and audit?	YES	NO
5.4	Is a complete inventory made with physical check of stock and equipment:		
	5.4.1 stock?	YES	NO
	5.3.2 equipment	YES	NO
5.5	If so by whom?		

5.6	How often?		
5.7	When was your last stock-take?		
5.8	Were there any discrepancies?	YES	NO
	If yes, please give details		
<b>6.</b>	<b>AUDITS</b>		
	<b>Internal Audits</b>		
6.1	Are there internal audits performed in addition to the external audits?	YES	NO
	If Yes, how often?		
6.2	Does the internal audit include all locations?	YES	NO
6.3	Are accounting systems consistent at all locations?	YES	NO
6.4	Are "surprise audits" made on a regular basis?	YES	NO
6.5	Are all your operations, including the branches to be included in this insurance, audited on a regular basis?	YES	NO
6.6	When was the last internal audit carried out?		
	<b>External Audits</b>		
6.7	Is your statutory annual audit carried out by an independent firm of Chartered Accountants or professional auditors?	YES	NO
6.8	State their name		
6.9	How long have your books been audited by this firm?		
6.10	Are these audits complete and unqualified?	YES	NO
	If no, please describe the limitations.		
6.11	Are all branch offices to be included in this cover audited individually?	YES	NO
6.12	When was the last audit carried out?		
<b>7.</b>	<b>COMPUTER CONTROLS</b>		
7.1	Are electronic machines used to transfer funds	YES	NO
	If yes, attach a copy of the procedures.		
7.2	Do persons other than employees have physical or electronic access to your facilities?	YES	NO
	If yes, describe the controls in place.		
7.3	Are passwords changed at regular intervals and always after an employee's service is terminated?	YES	NO
	If passwords are not used, describe alternative methods used.		
7.4	Is the use of terminals restricted only to authorised personnel?	YES	NO
<b>8.</b>	<b>ELECTRONIC FUNDS TRANSFER</b>		
8.1	Annual Rand Value of funds electronically transferred	R	
	Average daily amount	R	
8.2	Are dual signatures required?	YES	NO
	If yes, for what amounts?		
	R		

8.3	Are all transactions audited?	YES	NO
	If yes, by whom?		
	How often?		
8.4	Does the bank acknowledge transfers?	YES	NO
	If yes, describe by what means		
8.5	Is there a separation of duties between those who are authorised to approve electronic funds transfers and those who release amounts into the computer?	YES	NO
<b>9.</b>	<b>LOSS HISTORY</b>		
9.1	During the last five (5) years, did you suffer any Fidelity Guarantee loss of money and/or other property belonging to you or for which you were responsible, or did you suffer direct financial loss as a result of fraud by or dishonesty of an employee?	YES	NO
	If yes, please provide full details and remedial actions taken to prevent a similar loss in future.		
<b>10.</b>	<b>INSURANCE HISTORY</b>		
10.1	Do you currently have or have you in the past had Fidelity Guarantee Insurance?	YES	NO
	If yes, please state:		
	10.1.1 Name of Insurers		
	10.1.2 Indemnity Limit	R	
	10.1.3 Excess (each and every claim)		
	10.1.4 Date of expiry of coverage		
	10.1.5 Retroactive date		
10.2	For the type of Insurance now being proposed, has any Insurer ever:		
	10.2.1 Declined proposal or renewal?	YES	NO
	10.2.2 Required an increased premium or imposed special terms?	YES	NO
	10.2.3 Cancelled the insurance?	YES	NO
	If any answer is Yes, please provide full details.		
<b>11.</b>	<b>REQUIRED COVER</b>		
11.1	Please state the amount of indemnity required.	R	
11.2	Please state the deductible requested.	R	
11.3	Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?	YES	NO

## 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/>