

**DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY INSURANCE PROPOSAL FORM**

**Cofesa Membership Number:-** .....

**Cofesa Agent: -** .....

**Directors & Officers Liability Insurance**

1. Name of Company: - .....

(a)  Publicly Listed  Private  Partnership  Individual Proprietor

(b) Date of Incorporation: - .....

(c) On a separate page please provide a list of all Subsidiary Companies, including country of registration and percentage owned by Parent Company:

2. Address of Head Office: - .....

.....

3. (a) Number of Locations/Offices: - .....

Are any of these in Foreign Jurisdictions: .....  Yes  No

(b) Please confirm as per latest financials

Company Turnover – R .....

Total Assets – R .....

4. (a) Total number of Shareholders: - .....

(b) Do any holdings representing 15% or more of the Ordinary Share Capital  Yes  No

5. Is the Company intending a new public offering of securities within the next year?  Yes  No

6. Have all revenue recognition practices been approved by your external auditor?  Yes  No

If "No" please provide details

7. Has the company ever restated its financial results? \_\_\_\_\_  Yes  No

8. Has the Company or any of it's Directors been involved in any of the following: -

(a) Anti-Competitive Behaviour \_\_\_\_\_  Yes  No

(b) Any wilful breach of trust or wilful misconduct proceedings \_\_\_\_\_  Yes  No

(c) Been ineligible or disqualified from holding a fiduciary position \_\_\_\_\_  Yes  No

(d) Exceeding their Authority \_\_\_\_\_  Yes  No

9. Have any claims ever been made against any past or present Director or Officer of the Company or its subsidiaries? \_\_\_\_\_  Yes  No

10. Are you aware, after enquiry, of any circumstance or incident which may give rise to a claim?  Yes  No

If "yes" to any of the questions (excluding Q6) above, please provide details on a separate page.



**Employment Practice Liability Insurance**

1. Number of Full Time Employees: - ..... Number of Part-Time Employees: - .....

2. State business activities of the Company and its subsidiaries?  
.....  
.....  
.....

3. Does the company have a HR or Personnel Department? Yes No

4. Do you expect in the next 12 months, or had any layoffs within the last 12 months? Yes No

If yes, please provide details. Please include the date of the layoff, the number of employees laid off, job category, the manner in which the layoffs were/will be conducted and the terms of severance.

5. Do you adhere to all guidelines/rules as defined in the COFESA Code for Fairness and Productivity? Yes No

6. Please provide Loss History (5 years) for all wrongful termination, discrimination and sexual harassment claims in the space provided below, and a separate page if required:

Date of Claim	Claimant Name	Nature of Claim	Defence Amount	Indemnity Amount	Reserve, if open	Current Status

**General**

1. Does the Company or any Director or Officer have a Directors & Officers Liability Insurance or Employment Practice Liability policy currently in force? \_\_\_\_\_ Yes No

If "yes" please state: Insurer.....

Indemnity Limits .....

Expiry Date.....

2. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability Insurance or Employment Practice Liability policy? \_\_\_\_\_ Yes No

**Indemnity Limits – Combined Annual Aggregate Limit for D&O and EPL**

17. Amount of Indemnity required (please tick)

- R 3,000,000       R 5,000,000       R 10,000,000       R 20,000,000
- R 30,000,000       R 40,000,000       R 50,000,000       R 100,000,000
- Other (Please Specify).....

18. Do you currently contribute to the Cofesa Legal Costs Cover, if Yes what is your cover limit? R.....





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**Declaration**

The company/applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The company/applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy, it will immediately notify Chartis South Africa Limited of such changes. 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 and will be attached and made part of the policy should a policy be issued.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed .....

Title .....  
(authorised signatory of the company/applicant)

Company .....

Date .....

Please enclose with this Proposal Form

- The last two Annual Reports and Accounts for the Company
- The last two Interim Statements (If applicable)

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Please return this signed Proposal form to [cofesa.admin@absa.co.za](mailto:cofesa.admin@absa.co.za) or 0866 308 151/2

Should you have any queries, please do not hesitate to contact either

Riaan Swanepoel – 082 812 7653  
Willie Schenk – 082 496 5023



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