

# IGF INTERMEDIARIES GUARANTEE FACILITY LIMITED

(Registration number 1989/07489/06)

Willowbrook House, Constantia Office Park • 14th Avenue & Hendrik Potgieter Street • Weltevreden Park  
 Telephone (011) 726-5391 • Telefax (011) 726-5353

## Proposal for a guarantee in terms of regulation 4, section 45 of the Short Term Insurance Act, 1998

Each and every question must be answered in full and where a tick box requires further amplification, such information must be fully supplemented.

New	Renewal
-----	---------

1. (a) Name of proposer \_\_\_\_\_
- (b) Contact person \_\_\_\_\_
- Principal place of business \_\_\_\_\_
- (i) Physical address \_\_\_\_\_
- \_\_\_\_\_
- Postal Code \_\_\_\_\_
- (ii) Postal address \_\_\_\_\_
- \_\_\_\_\_
- Postal Code \_\_\_\_\_
- Telephone number (    ) \_\_\_\_\_      Telefax number (    ) \_\_\_\_\_
- E-mail address: \_\_\_\_\_
- (c) Financial year end as at: month \_\_\_\_\_ year \_\_\_\_\_
- (d) SAFSIA member: \_\_\_\_\_
- (e) IBC member: \_\_\_\_\_

Yes	No
-----	----

Yes	No
-----	----

2. (a) Type of business

<input type="checkbox"/> Propriety Limited - (PTY) LTD	<input type="checkbox"/> Public Limited – LTD
<input type="checkbox"/> Close Corporation – CC	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Trust	<input type="checkbox"/> Other – Specify

**VAT NUMBER** \_\_\_\_\_

- (b) Company / close corporation registration number: \_\_\_\_\_  
 (ATTACH CERTIFICATE TO THIS PROPOSAL)
- (c) Date business established \_\_\_\_\_
- (d) **Full names and identity numbers of directors and shareholders, partners, members and their respective percentage holding in the entity (attach a separate schedule if space insufficient) copies of the Identity documents / passports must be attached**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Has the proposer or any director, partner and member detailed in 2(d) above ever been insolvent or compounded with creditors? If **“Yes”** give full details: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Yes	No
-----	----

4. Name, address and telephone number of registered auditor / accounting officer: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. List of insurance companies / underwriting managers with whom you place business: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. Name and branch of bankers: \_\_\_\_\_
- \_\_\_\_\_
- Main account number: \_\_\_\_\_

7. Is proposer protected by professional indemnity cover?  Yes  No

If "Yes" state indemnity limit R \_\_\_\_\_

(i) Name of insurer \_\_\_\_\_

(ii) Policy number \_\_\_\_\_

(iii) Deductible/excess applicable R \_\_\_\_\_

8. Is proposer protected by fidelity guarantee insurance?  Yes  No

If "Yes" state the amount of cover any one event and in the aggregate R \_\_\_\_\_

(i) Name of insurer \_\_\_\_\_

(ii) Policy number \_\_\_\_\_

(iii) Deductible/excess applicable R \_\_\_\_\_

**NB** In order to qualify for differential rating, attach a copy of your current professional indemnity and fidelity guarantee policies from your insurer confirming indemnity limit/sum insured and deductible/excess.

9. Has any application or policy for either fidelity or professional indemnity insurance ever been declined, cancelled or refused renewal?  Yes  No

If "Yes" give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is the proposer or any person named in 2(c) above aware of any circumstances and/or fact that could arise to a claim against the proposed guarantee at this time or in the future?  Yes  No

If "Yes" give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are there any further facts or information not disclosed herein which are relevant to any evaluation or eligibility for the proposed guarantee?  Yes  No

If "Yes" give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. (i) If the proposer is becoming indebted to a registered insurer for the first time, please tick box and indicate below a reasonable estimate of the premium income less commissions to be retained or dealt with by you during your next financial year.  Yes  No

R \_\_\_\_\_

(ii) State guarantee required being 30% of the above amount, subject to a minimum of R 100 000 and a maximum of R 50 million.  Yes  No

R \_\_\_\_\_

13. If the guarantee amount required under paragraph 12 (ii) above exceeds R500 000 please indicate where the IGF or its duly authorised representative may inspect such data processing equipment to satisfy itself as to the effectiveness of the project planned for the implementation of the year 2000 compliance. Please also provide the identity of a contact person and the telephone number and place where inspection may be conducted.

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

In an effort to minimise underwriting risks, the IGF Board has resolved that all Close Corporations applying for an IGF guarantee of R750 000 or more, must have an audit performed. This requirement will effect renewals due on or after 1st January 2002.

All intermediaries are to provide the IGF with financial statements except for sole proprietors and partnerships with guarantee requirements of below R750 000.

I/We warrant that the above statements/information are true and correct in every respect and I/We have not suppressed, misstated or withheld any fact/information which may be material or otherwise. I/We agree to be bound by all terms and conditions to which the granting of this guarantee may be subject.

I/We undertake to inform IGF of any material changes to the financial strength of the intermediary. The current equity must be maintained and IGF must be advised of the declaration of any dividends between renewals.

Please forward information re the above paragraph to Naomi du Toit (Naomi@saia.co.za) or \_\_\_\_\_  
Lebohang Tsoetsi (Lebohang@saia.co.za) Date

---

Signed for and behalf of the proposer (who by his/her signature hereto warrants his/her authority to make these statements and sign this proposal)

---

Full name and title of person signing proposal