

A close-up photograph of a person's hands in a dark suit jacket, holding a wooden pencil and writing on a white document. The background is blurred, showing a desk with a red and black pen and a stack of papers. The text 'Employment Practices Liability Proposal Form' is overlaid in white, bold, sans-serif font.

Employment Practices Liability Proposal Form

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Telephone: +27 11 731 3600
www.santam.co.za
Registration number: 1918/001680/06



Santam is an authorised financial services provider (FSP 3416),
a licensed non-life insurer and controlling company for its group companies.

Details of the Insured

Full name of the Proposer	
Company registration number	
Company VAT number	
Registered address incl. postal code	
Postal address incl. postal code	
Client's contact person	
Client's contact telephone number	
Clients contact e-mail address	
Client's website address	

1. Description of Proposer's activities (Please provide a full business description as we need to understand what it is that the business does on a day to day basis.

2. How long has the business been operating under current management?

3. Turnover for the past four years and budgeted for the forthcoming year

Actual 2019/20	Actual 2020/21	Actual 202w1/22	Actual 2022/23	Estimated 2023/24
R	R	R	R	R

4. Has the company acquired any companies in the past two years?

NO YES

5. With respect to any acquired companies, were any employees or officers retrenched or do you plan to retrench any employees or officers within the next 18 months?

NO YES

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6. Please provide details of any claims for wrongful or unfair terminations, discrimination and sexual harassment.

Date	Description	Total Paid (Damages / Expenses)

7. Are you aware after specific enquiry of any facts, incidents, or circumstances which may result in claims being made against the company?

NO YES

If **YES**, please provide details below.

8. Has the company been involved in any proceedings before any of the following agencies under any of the following Acts including any subsequent amendments thereto?

8.1 The Skills Development and Training Act, 1988

NO YES

8.2 The Employment Equity Act, 1998

NO YES

8.3 Labour Relations Act, 1995

NO YES

8.4 Basic Conditions of Employment Act, 1998

NO YES

8.5 Commission for Conciliation, Mediation, Arbitration

NO YES

8.6 Labour Court

NO YES

8.7 Private Arbitration

NO YES

CLAIMS EXPERIENCE

1. Number of full time employees.

2. Number of part time employees

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3. Does the company use seasonal employees

NO YES

If **YES**, when and how many

Are these employees included in question 1 and 2 above

NO YES

4. Salary Information:

Salary Band	No of Employees	
	Full time	Part time
0 - 100 000		
100 001 - 250 000		
250 001 - 500 000		
500 001 - 1 000 000		
1 000 001 - 2 000 000		
> 2 000 000		

5. What is the company's annual percentage turnover rate of employees for the past five years?

NO YES

6. Is any portion of the company's work force unionised?

NO YES

If **YES**, provide full details.

7. Does the company have unwritten employment agreements with any employees or officers?

NO YES

8. Does the company require its managers and supervisors to attend regular training and education programmes/ seminars on employer-employee relations?

NO YES

9. Does the company have its employment policies/procedures reviewed by labour relations counsel?

NO YES

If No is the company willing to do so?

NO YES

HUMAN RESOURCES

- | | |
|---|--------|
| 1. Does the company have a Human Resources or Personnel Department? | NO YES |
| If NO who handles this function? | |
| 2. How many employees have been terminated in the past two years? | |
| 3. Does the company require job applicants to complete an employment application form? | NO YES |
| If YES please attach a copy | |
| 4. Does the company provide an orientation programme for new employees? | NO YES |
| 5. Does the company provide a training program for new employees? | NO YES |
| 6. Does the company publish an employment handbook? | NO YES |
| If YES does the company distribute it to all employees? | |
| 7. Does the company provide regular, written performance evaluation for all employees? | NO YES |
| 8. Does the company have written procedures for handling employee complaints of discrimination and sexual harassment? | NO YES |
| 9. Has the company adopted anti-discrimination policies / written procedures regarding the selection of employees for hiring, promotion, transfer, layoff, salary increases, work assignments and other employment-related areas? | NO YES |
| 10. Has the company implemented or adopted anti-sexual harassment policies / written procedures? | NO YES |
| If YES , is it distributed annually to all employees? | |
| 11. Does the company provide periodic education on prohibited harassment for employees? | NO YES |
| If NO , is the company willing to do so? | |
| 12. Does the company use any tests to screen applicants for employment or to promote employees? | NO YES |
| 13. Does the company require termination of employee's services to be reviewed by is Human Resources Department, or its Legal Department or outside counsel? | NO YES |

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14. Does the company have written job descriptions for all or some job classifications? NO YES
15. Does the company keep a personal record for each employee? NO YES
16. Does the company maintain confidentiality of medical records of employees? NO YES
17. Does the company track employee attendance? NO YES
18. Does the company track employee hours of sick leave accrual and use? NO YES
19. Does the company track employee hours of vacation pay accrual and use? NO YES
20. Does the company maintain accurate payroll information procedures? NO YES
21. Does the company require medical examinations of employees and / or job applicants at any time? NO YES

If **YES**, when?

22. Does the company have any written grievance or complaint procedures? NO YES
23. Does the company have any written arbitration procedures? NO YES
24. Are policies and procedures in place regarding the handling of employee health and safety complaints? NO YES
25. Has the company adopted a safety program? NO YES
26. Does the company have a labour relations counsel? NO YES

If **YES**, who is your labour relations counsel?

COVERED REQUIRED

1. Please provide details of cover required

Indemnity Limit Required: R in the aggregate

Deductible: R each and every loss

1.1 Has the proposed coverage ever been purchased before, whether specifically or as a sub-section or addition to other coverage NO YES

1.2 Has any insurer ever cancelled or not renewed this type of coverage? NO YES

If **YES**, please provide details

DECLARATION

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected.

I confirm that the information and documentation submitted, is correct, to the best of my knowledge.

The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. 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 form part of the policy should a policy be issued.

Signed

(On behalf of the Proposer)

Capacity

Date

PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Personal Information of Minors (Complete if Applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, _____ (full name of competent person),

relating to _____ (name of minor whose personal information is disclosed herein)

for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: complaints@santam.co.za
Telephone: 0860 102 725
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za
Postal address:

PO Box 31533
Braamfontein
Johannesburg
2017

Physical address:

JD House
27 Stiemens Street
Braamfontein
Johannesburg
2001