

# Proposal Form Employment Practices Liability

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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

1. Full name of the Proposer
2. Company registration number
3. Company VAT number
4. Registered address  
incl. postal code
5. Postal address  
incl. postal code
6. Client's contact person
7. Client's contact telephone number
8. Clients contact e-mail address
9. Client's website address
10. 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.

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

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

20	20	20	20	20
R	R	R	R	R

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

NO YES

14. 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

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

Date	Description	Total Paid (Damages/Expenses)

16. 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.

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

17.1 The Skills Development and Training Act, 1988

NO YES

17.2 The Employment Equity Act, 1998

NO YES

17.3 Labour Relations Act, 1995

NO YES

17.4 Basic Conditions of Employment Act, 1998

NO YES

17.5 Commission for Conciliation, Mediation, Arbitration

NO YES

17.6 Labour Court

NO YES

17.7 Private Arbitration

NO YES

**EMPLOYEES**

1. Number of employees

Full time

Part time

2. Does the company use seasonal employees

NO YES

If YES, when and how many

3. Are these employees included in question 1 and 2 above NO YES
4. What is the company's annual percentage turnover rate of employees for the past five years? NO YES
5. Is any portion of the company's work force unionised? NO YES
- If **YES**, please provide full details.
6. Does the company have unwritten employment agreements with any employees or officers? NO YES
7. Does the company require its managers and supervisors to attend regular training and education programmes/seminars on employer-employee relations? NO YES
8. 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
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## HUMAN RESOURCES

1. Does the company use seasonal employees 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? NO YES
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 <b>YES</b> , is it distributed annually to all employees?	NO	YES
11. Has the company implemented or adopted anti-sexual harassment policies / written procedures?	NO	YES
If <b>NO</b> , is the company willing to do so?	NO	YES
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
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 <b>YES</b> , 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?
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## COVER REQUIRED

1. Please provide details of cover required

Indemnity Limit Required:

R

Deductible:

R

- 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
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## DECLARATIONS

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.

At the present time, other than stated above, I/We have no reason to anticipate any claim being brought against me/us that would constitute a claim under the Insurance now being Renewed or Applied for.

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

I/We acknowledge that the information submitted in this proposal form may be protected by data protection legislation, such as the Protection of Personal Information Act 2013 (POPI) and accordingly hereby consent to the use of such information by Santam on behalf of Santam Ltd (the Insurer) to:

1. Verify the information disclosed herein against any other source;
2. Communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
3. Compile non-personal statistical information to assist in assessing similar risks;
4. Assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, that said information may be used at a later stage to assess any future claims that I/We may have against any such Insurances issued by Santam on behalf of Santam Ltd;
5. Transmit your personal information to any affiliate, subsidiary 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;
6. Transmit your personal information to any third party service provider who has a need to know such information in order to perform functions relating to your Policy;
7. Share your personal information on the SAIA policyholder database for the combatting of insurance fraud and improved evaluation of risks

I/We further acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapses.

Signed

*(On behalf of the Proposer)*

Capacity

Date