



GENERAL
INSURANCE
BOTSWANA

Name of proposer in full

Address of head office

Address of branch offices and name(s) of resident partner(s)

FOR OFFICIAL USE ONLY

Policy Number

Premium

Agent's name

Period of insurance: From

to

Renewal date

When was the firm established? /Since when have the activities of accountant(auditor) been carried out?

During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place?

No Yes (please give details)

Member of a relevant professional association?

Details of all principals or partners:

Name	Qualifications, dates qualified total duration of professional experience	Position held in company and how long
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Total number of principals, partners and staff:

Technical

Principals, partners or officers

Accountants and accounting assistants

Staff other than typists and other office staff (please specify)

Total non-technical/administrative staff

Does your firm, any partner, principal or staff manage, own or have financial control of any bank, trust company, mortgage or loan association, title guarantee or real estate company or undertake work as executor, trustee, director or company secretary?

No Yes (please give details)

Does any partner, principal or staff undertake work as receiver, liquidator or trustee in bankruptcy?

No Yes (please give details)

Has a previous application been declined? No Yes

Has a previous insurance
a) required increased premium? No Yes

b) required special restrictions? No Yes

c) been terminated/not been renewed by an insurer? No Yes

Have any claims been made during the past five years against your Firm?

No Yes *(please advise amount and background of each claim)*

Is your firm aware of any circumstances or incidents which may result in a claim against your firm?

No Yes *(please give details.)*

Indemnity required

1. Limit any one claim

2. Aggregate Limit

3. Deductible each and every claim to be borne by the insured

Endorsements to basic cover

1. Extended Claims reporting Period? No Yes

2. Loss of Documents? No If so, up to what amount?

3. Incoming/Outgoing Partners. a) Incoming partners No Yes

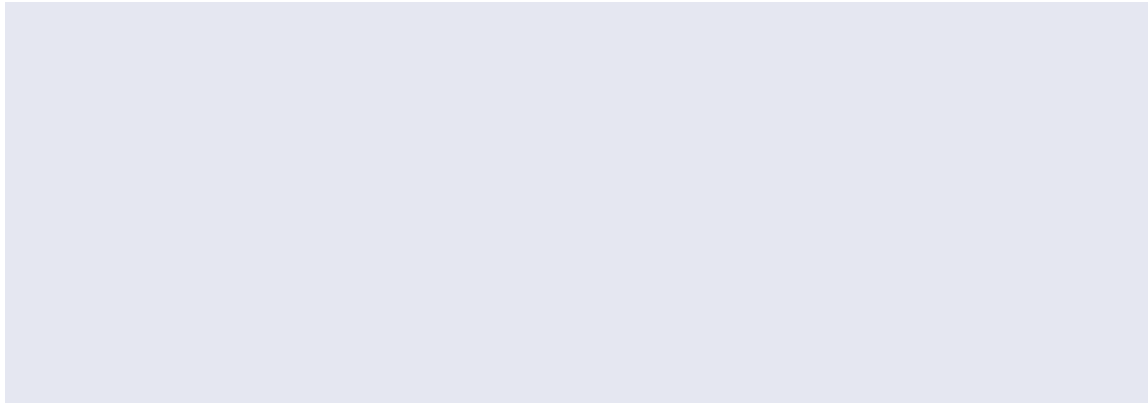
b) Outgoing partners No Yes

If this extension is required, please advise names of partners and Incoming/outgoing dates.

4. **Third Party Liability** *(for claims arising out of the operation of your premises)* No Yes

If so, up to what limit of indemnity?

Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your protection, as failure to disclose may mean that you policy will not provide you with the cover you require, or perhaps invalidate the policy altogether.



DECLARATION

I declare that the statements and particulars given in this proposal are, to the best of my knowledge and belief, true and complete, and this proposal shall form the basis of my contract with General Insurance Botswana (Pty) Limited.

I agree that the Insurance will not be in force until the proposal has been accepted by the Company except to the extent of any official cover note which may be issued.

Date



For and on behalf of (insert name of firm)



Signature of partner or principal



Please attach a brochure concerning your firm