



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

1. Name Of Insured

1.1 Title of Insured/Practice

1.2 Telephone Number

1.3 Fax Number

1.4 E-Mail Address

1.5 VAT Registration number

1.6 Present Legal Constitution (Mark relevant box below)

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sole Practitioner | Partnership | Incorporated Company | Limited Company | Close Corporation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Addresses of Practice

| Address | Partner/Principal in Charge | Address | Partner/Principal in Charge |
|---------|-----------------------------|---------|-----------------------------|
|---------|-----------------------------|---------|-----------------------------|

2.1 Principal Office

2.2 Subsidiary Office

Notes

1. This proposal has been compiled in such a manner as to provide Insurers with as much detail as possible with regard to evaluation of the Insurance requirements. Completion of this form does not bind the Proposer or Insurers to complete the insurance transaction.

2. To assist Insurers in accurately assessing liability for rating purposes, Proposers are requested to answer all the questions with either: Relevant details, "Yes", or "No" or "Nil" answers. Where Yes/No answers are required please mark the appropriate box with an "X"

3. Please answer ALL questions fully, replied as such as "see your records", or "as previously advised" are not acceptable. If the space provided is insufficient, a separate sheet should be attached.

3. Date of Commencement Of Practice

3.1 As currently constituted

3.2 As initially established

4. Discipline(s) in Which Engaged

5. Names and Qualifications of Principals

- i) In the case of Partnerships - Partners
- ii) In the case of Incorporated Companies - Directors
- iii) In the case of Limited Companies - Professionally qualified Directors and Employees
- iv) In the case of Close Corporations - Members

| Name | Qualifications | Date qualified | How long principal in this company |
|-------|----------------|----------------|------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. Have any claims ever been made against the proposal Insured/Partners/Directors/Members of Employees for the type of cover for which you are now applying:

No Yes

If yes, please give details

7. Are any of the Proposed Insured/Partners/Directors/members of Employees, AFTER ENQUIRY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them?

No Yes

If yes, please give details

8. Are you at present or have you in the past Insured?

No Yes

If YES; please state:

(a) Name of Insurer

(b) Indemnity Limit

Excess of P each and every claim

(c) Date of Expiry of coverage

(d) Whether Policy includes "Run-Off" Cover

and if so, for what period

9. Is Indemnity to apply to any Principal who has left/retired/died?

If yes, please give details

No Yes

| Name | Qualifications | Date qualified | How long principal in this company |
|----------------------|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

10. For the type of Insurance now being proposed, has any Insurer ever:

(a) Declined Proposal or renewal for this Practice or any Partner/Principal? No Yes

b) Required an increased premium or imposed special terms? No Yes

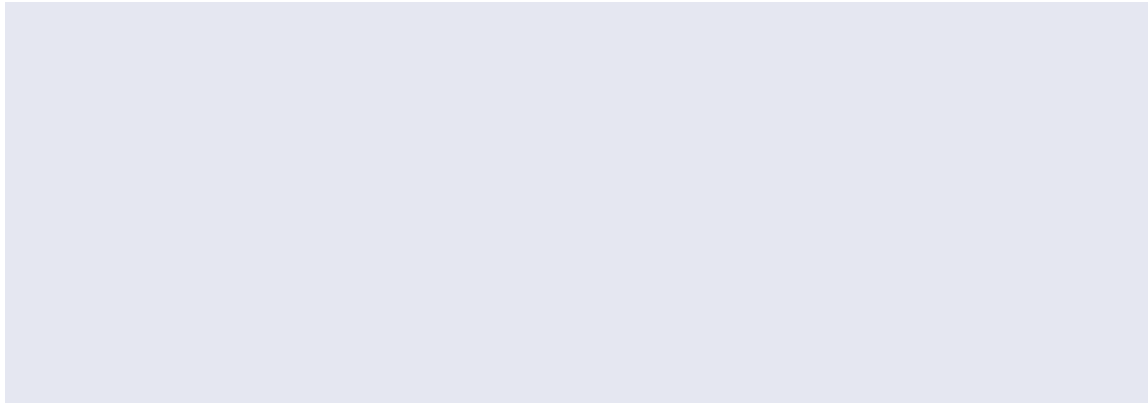
(c) Cancelled an Insurance? No Yes

If any answer is YES; please give full details

11. Do you require cover in respect of liability incurred but not discovered prior to the affecting of this insurance at a single premium to be negotiated?

No Yes

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