



BOTSWANA INSURANCE COMPANY LIMITED
Plot 50372, Gaborone Business Park

P O Box 715

Gaborone Show Grounds

Gaborone
Botswana

Tel: 3600 500 Fax: 3972867

PROPOSAL AND QUESTIONNAIRE
PENSION FUND TRUSTEES FIDELITY INSURANCE

Broker.....
Contact Name.....Tel.....Fax.....

IT IS IMPORTANT TO PROVIDE FULL AND DETAILED ANSWERS TO ALL QUESTIONS TO ENABLE THE UNDERWRITER TO TREAT EACH PROPOSAL ON ITS OWN MERITS.
THE PROPOSER IS OBLIGED TO REVEAL ANY MATERIAL FACT OR INFORMATION WHICH MIGHT AFFECT THE JUDGEMENT OF THE UNDERWRITER IN DECIDING WHETHER TO ACCEPT THE PROPOSAL OR TO IMPOSE SPECIAL CONDITIONS.

SECTION ONE - PARTICULARS OF THE PROPOSER

1.1. Name of Employer
Company.....

1.2 Name of Pension Fund When established.....

1.3 Name of Provident Fund When established.....

1.4 Name of Employee Benefits Broker/Advisor.....

1.5 Name of Underwriter / Fund Managers.....

1.6 Nature of Fund (Defined Benefit / Defined Contribution)

17. Postal Address.....

1. 8. Physical
Address.....

1.9. Name of the Contact Person

Cell Number..... Email Address.....

Date of Birth..... National ID/Passport No.....

Capacity/Position.....Nationality.....

For Proof of Address please submit any of the following documents (Latest):

Telephone bill _____ Electricity bill _____ Water bill _____ Lease Agreement _____

BANKING DETAILS

Bank Name _____ Branch _____

Account Number _____ Account Type _____

2.0. Branches to be included (If other locations have Trustee Committees.....

2.1. Has the Employer Company implemented the Code of Corporate Practise recommended by the King Report on Corporate Governance? YES / NO

SECTION TWO - INSURANCE HISTORY

2.1. Do you currently hold a Fidelity Guarantee Insurance? YES / NO
If YES, give particulars and state whether this policy is to remain in force.

2.2. Has any insurer ever cancelled or refused to accept or continue any Fidelity Guarantee Insurance or imposed special conditions? YES / NO

If YES, give particulars.....

SECTION THREE - EMPLOYEES

3.1.DETAILS OF TRUSTEES

NAME	OCCUPATION	AGE	PERIOD SERVED AS A TRUSTEE

3.2. Name of Principal Officer
By whom employed

3.3. Give details of screening process when Trustees are appointed.....

3.4. Has any Trustee ever been dismissed or requested to resign as a Trustee or an employee? YES / NO

If YES give details.....

SECTION FOUR - ACCOUNTING SYSTEM

- 4.1. Do the Trustees receive and examine regular reports of employee salary deductions and contributions, paid by the Employer and monies transferred to the Fund Managers? YES / NO
If YES at what intervals?.....
- 4.2. At what intervals do Trustees receive reports from the Fund Managers on investment performance and accumulated reserves and liabilities?.....
- 4.3. Average amount of total monthly contribution to Fund: P.....
- 4.4. Value of accumulated Reserves in Fund: P.....

SECTION FIVE - AUDITS

INTERNAL AUDITS

- 5.1. Do internal auditors report to Trustees regarding pension/provident fund salary deductions and Company contributions to funds? YES / NO
If YES, at what intervals?.....

EXTERNAL AUDITS

- 5.2. Name of Auditor
- 5.3. How long have they been employed?
- 5.4. Do external auditors report to Trustees on their audit of Pension/Provident fund deductions and contributions?
YES / NO
- 5.5. When was the last audit carried out?
- 5.6. Were there any recommendations made by the auditors relative to the Pension/Provident Fund? YES / NO
If YES please specify recommendations and give details of implementation.
- 5.7. Who is employed to provide actuarial reports to the Trustees on fund liabilities and adequacy of contributions and reserves?
- 5.8. At what intervals are actuarial reports received?

SECTION SIX - COMPUTER SYSTEMS

- 6.1. Do any of the Trustees have direct access to computer information regarding salary deductions and Company contributions to Fund? YES / NO
- 6.2. Are Trustees prevented from inputting information into computer systems? YES / NO

SECTION SEVEN - LOSS HISTORY

- 7.1. During the past 5 years have there been any losses suffered by the Fund as a result of dishonesty or negligence?
YES / NO
If YES give details:
- 7.2. When did loss occur?.....
- 7.3. By whom was loss discovered?.....
- 7.4. How did loss occur?.....
- 7.5. Amount of Loss P.....

SECTION EIGHT - INSURANCE REQUIREMENTS

8.1. **SUMS INSURED**

Limit of Liability - Fidelity Insurance P.....
- Errors/Omissions Insurance P.....

8.2. **EXTENSIONS**

Additional Claims Preparation Costs P..... (2% of Sum Insured included)
- Retro-active cover YES / NO Retroactive Date
- Superseded cover YES / NO
- Reduction/Reinstatement YES / NO
- Cost of Recovery P..... (3% of Sum Insured Included)
- Reinstatement of Records P..... (2% of Sum Insured Included)

8.3. **PERIOD OF INSURANCE: From.....To.....**

DECLARATION

We declare that the statements and particulars in this proposal are true and that we have not misstated or suppressed any material facts. We agree that this proposal together with any other information supplied by us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein. We also declare that no other policy is in force, or will be effected during the currency of the policy now proposed other than the policy declared under 2.1. of this proposal.

We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance, nor does it bind the company to accept the proposal.

SIGNATURE OF PROPOSER(Chairman of Board of Trustees)

DATE :.....