

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
 - If you have insufficient space to complete any of your answers, continue on your headed paper.
 - It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
 - Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.
- > A notes page has been provided at the end of each section. If the space provided to answer a question is insufficient then the additional information should be noted there.

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

Company Name¹: **Mining Qualifications Authority**

Business Description²: **Administration of skills development programmes in the Mining and minerals sector.**

Web sites: **www.mqa.org.za**

Notes: ¹ If more than one company is to be insured then please provide the additional details in the below table. "Proposer" means all these companies taken together.

² If the Proposer has more than one business description then please give an approximate indication of how much of the Proposer's income is derived from each activity. E.g. Filling station 70%, shop 20%, car wash 10%

Co Reg No: **SETA 16**

VAT No: **N/A**

Principal physical address: **07 Anerley Road, Parktown, Johannesburg, 2193**

Postal address: **Private Bag X118, Marshalltown, 2018**

Contact Person: **Kopano Sebudubudu**

Contact number: **011 547 2600/083 781 4295**

THE POWER OF KNOWLEDGE

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Postnet Suite 250, Private Bag X4, Bedfordview 2008
Telephone: 011 778 9140, Facsimile: 011 778 9199, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za

Underwritten by certain underwriters at Lloyds, Compass Insurance Company Limited and Bryte Insurance Company Limited

Name other Companies to be insured in terms of this policy.

COMPANY NAME	RELATIONSHIP

Note: All details provided in this Proposal Form must include these companies (for example include the Turnover, Business Description and Claims History.)

How long has the event organiser been operating?

Less than: 18 months? 3 years? 5 years? More than 5 years?

DID YOU KNOW?

Camargue clients get a free legal consultation on any legal matter bothering the business. Anywhere in South Africa. Almost any topic – even if it is not covered by the policy.

2 | EVENT DETAILS

Name of event

When is the event being run?

	DATE (MM/YY)	TIME
From:		
To:		

Where will the event take place?

Description of event. Please attach advertising material and describe the activities

Will there be any exhibitions, demonstrations, parades or pageants?

No Yes *Please describe:*

Is this event indoors or outdoors?

- If outdoors, is the area fenced in or otherwise enclosed? Yes No

Seating capacity:

What is the maximum capacity the venue can hold?

Estimated total attendance per day

	DAILY COUNT
Participants	
Spectators	
Employees	

Will the applicant be providing any food and/or drink?

No Yes *If yes, will this include alcohol?*

Are there any social tensions or similar problems in the region where the event is being held which could cause the event to be disrupted?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>If yes, please provide full information?</i>
<div style="border: 1px dotted black; height: 40px; width: 100%;"></div>				

Will there be any exposure to open water, explosives, special effect, fireworks and the like?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>If yes, please provide full information?</i>
<div style="border: 1px dotted black; height: 40px; width: 100%;"></div>				

Is Medical Assistance Or First Aid Provided?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>If yes, please provide full information?</i>
<div style="border: 1px dotted black; height: 40px; width: 100%;"></div>				

Are security services provided?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>If yes, please provide full information?</i>
<div style="border: 1px dotted black; height: 40px; width: 100%;"></div>				

3 | INDEMNITY

Please state the required limit of indemnity for each of the following:

COVER	INDEMNITY LIMIT	EXISTING RETROACTIVE DATE ¹	PREFERRED EXCESS
Public Liability			
All Camargue liability policies are required to have this basic cover. It covers Injury and Damage to third parties. *			
Products Liability			
A Product is any tangible item after the Insured has handed it over to someone else. If that item harms people or their property then that would usually be covered under this section. *			

Note: * These brief explanations have no legal value and must be substituted with the actual policy wording when determining the scope of cover provided.

¹ The event giving rise to a claim must occur on or after the retroactive date.

If this policy is replacing existing cover then the retroactive date on the existing policy should be entered here. If there is no existing cover then please leave it blank.

Please detail any other requirements for the underwriter's consideration:

4 | INSURANCE HISTORY

Has an insurer ever cancelled, refused to accept or renew any of the cover being applied for or imposed special conditions for the Proposer or its predecessors in business?

No Yes *Please Specify:*

Please list any occurrences over the past 3 years which did give, or could have given, rise to a claim against the Proposer in terms of the cover requested. This includes losses which were not insured.

DATE (MM/YY)	AMOUNT CLAIMED	BRIEF DESCRIPTION

Other than the claims disclosed above, is the Proposer's management aware, after enquiry, of any circumstances or incident which may give rise to a claim, in terms of this policy?

No Yes *Please Specify:*

DID YOU KNOW?

Camargue clients get free training on the Consumer Protection Act. It is a 2,5 hour course held at major centres around the country.

DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

Kopano Sebudubudu

NAME



SIGNATURE OF THE PROPOSER

Finance Manager (Acting)

CAPACITY

01 April 2022

DATE DD/MM/YYYY

BROKER DETAILS

Broker:

Contact Person:

Email:

Tel:

Fax number:

