

**PROPOSAL FORM
COURT BOND**

Please Note

1. Please answer **ALL** questions in full. If there are insufficient spaces on the form, please continue on the company letterhead.
2. The latest audited Financial Statements / Annual Report / Interim Report **MUST** be attached.
3. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue a court bond, all of the information, which the company provides, will become part of and shall form the basis of any bond issued to the Company by Skybridge Reinsurance Brokers.

1. PROPOSER'S DETAILS

Name Of Proposer _____

Principal Address _____

Postal Address _____

Contact Person _____

Phone Number _____

Fax Number _____

Cell Number _____

E-Mail Address _____

Website _____

Type Of Organisation _____

VAT Number _____

Date Established _____

Principal Activities _____

2. BROKER INFORMATION

Company Name _____

Contact Person _____

Email Address _____

Telephone/Cell Phone No. _____

Reg No. _____

3. LEGAL ACTION

Please note details of any legal action, summons, judgements, liquidation/sequestration orders or offer of compromise against the company, its holdings, subsidiaries or associated companies.

4. SHAREHOLDERS/MEMBERS/PARTNERS

(Note: if more than six parties, please supply separate schedule)

Names	% Shares Held	ID Number	Married
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have any of the key personnel been a director/shareholder of a company which was liquidated or compromised with creditors? Yes No

If yes, please provide details:

5. DETAILS OF EXISTING BOND FACILITIES

Name of Insurance Company/Bank Facility Guarantees (O/S)

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.....

.....

Please provide a separate list if you have facilities with more than one insurance company.

6. FACILITY REQUIRED

7. ESTATES HANDLED

7.1) Were you ever relieved of any appointment? Yes No

If yes, please provide details:
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7.2) Did the Master of the High Court ever deny you remuneration while having an appointment with him? Yes No

If yes, please state reason:
.....

7.3) Has the Master appointed you to the Panel of Liquidators? Yes No
(Please supply proof of appointment)

7.4) Has any other insurance company turned down your facility? Yes No
If yes, please state reason:

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8. REFERENCE DETAILS

Name of Reference	Relationship	Telephone

9. DOCUMENTATION TO ACCOMPANY THE APPLICATION

Document	Tick
1. Comprehensive Curriculum Vitae of Liquidator & Certified Copy of ID	
2. Certified Copies of Tertiary Qualification/s	
3. Liquidator's Assets and Liabilities Statements	
4. Copy of Policy Schedule of Professional Indemnity Policy, Fidelity Guarantee Cover and Misappropriation of Trust Funds Cover	

DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date:
