

## POLICY SCHEDULE

### INSURED

<b>Name:</b>	Sa Practical Shooting Association	<b>Client Number:</b>	486638
<b>Business Type:</b>	Business Associations	<b>Tel Home:</b>	* Not specified
<b>Postal Address:</b>	PO Box 1036, Heidelberg, Gauteng, 1438	<b>Tel Work:</b>	(016) 3491135
<b>Physical Address:</b>	Heidelberg, Heidelberg - GP, 1441	<b>Cellphone:</b>	(083) 4428128
<b>ID No:</b>	5006215104185	<b>Email:</b>	claims@hnhbrokers.co.za

### BROKER

<b>Company Name:</b>	All About CC	<b>Tel Work:</b>	(016) 4236467
<b>Postal Address:</b>	Postnet Suite 69, Private Bag X3706, Three Rivers, Vereeniging, 1935	<b>Cellphone:</b>	* Not specified
<b>Physical Address:</b>	135 General Hertzog Rd, Three Rivers, Vereeniging, 1935	<b>E-mail:</b>	trudie@umacons.co.za

### POLICY DETAILS

<b>Policy Number:</b>	LIAB/492678	<b>Schedule Number</b>	1
<b>Product Type:</b>	Stand Alone Liability		
<b>Payment method:</b>	Debit Order on the 1st day of the month.		
<b>Policy Renewal:</b>	Monthly		
<b>Endorsement Date:</b>	06/07/2015		
<b>Inception Date:</b>	06/07/2015		
<b>Renewal Date:</b>	01/07/2016		
<b>Period of Insurance:</b>	(a) From 06/07/2015 until 31/08/2015 renewing monthly (b) Any subsequent period for which the Company agrees to renew this policy or any section thereof.		
<b>Territorial Limits:</b>	All premises as stated in each section owned or occupied or used by the Insured for the purposes of The Business all situated in The Republic of South Africa, Namibia, Lesotho, Malawi, Botswana, Swaziland, Zambia, Zimbabwe and Mozambique.		

### REASON FOR SCHEDULE

New Business

### AUTHORISED SIGNATORY



One Insurance Underwriting Managers (Pty) Ltd  
T/A One  
Tel: (0861) 863379

Signed at Woodmead North Business Park, 54 Maxwell Dr, Sunninghill, Sandton, 2157 on 11/08/2015

Underwritten by Mutual & Federal Risk Financing Ltd T/A M F R F (Reg. No. 1966/010741/06)

## PREMIUM SCHEDULE AND INDEX OF COVER

POLICY SECTION	COVER TAKEN	SASRIA	PRO RATA	Monthly
Broadform Liability	No	No		
Employers Liability	No	No		
COMBINED LIABILITY OFFERING	No	No		
Events Liability	Yes	No	4 504.84	2 450.00
Passenger Liability	No	No		
CSA Event Liability	No	No		
Gross Premium			4 504.84	2 450.00
Insurer Fee			271.21	147.50
Broker Fee			225.24	122.50
Total (14% Inclusive of VAT)			5 001.29	2 720.00

### Debit Order Details

Payment Method: Debit Order on the 1st day of the month.  
 Bank Name: STANDARD  
 Account Name: SA Practical Shooting  
 Branch Name: CASTLE WALK  
 Branch Code: 014645  
 Account Type: Current  
 Account Number: \*\*\*8928

## Notes to Policy Holder

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Where a premium field within the content of this schedule does not have a premium included or where the cover is not specifically stated as being included, cover for this particular class of risk is not in force. If cover or a quotation for such excluded risk is required please request this from the intermediary in writing.

All Sums Insured/Limits of Indemnity/Compensation specified within this Policy Schedule are inclusive of VAT.

At first issue of this policy (or any section hereof) please check to ensure that all pages of all included sections are contained in this document.

At renewal or revision, policy wordings will not be re-issued. This schedule will be updated and re-issued as necessary together with any section of the schedule, which may have changes.

Wherever endorsements appear on any schedule page these shall override the Terms, Exceptions and Conditions of the Policy.

It is important that these documents be carefully checked to ensure that they meet with your full approval. The content of this schedule and the applicable policy wording will be the basis upon which any claim arising in the future will be settled.

## Consent Clause

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### The Insurer may

Perform a credit search on the applicants records with one or more of the registered Credit Bureau when assessing the applicant's application for insurance. Monitor the policy holder's payment behaviour by researching his / her record at one or more of the Credit Bureau.

Use new information and data obtained from Credit Bureau in respect of the applicants future policies.

Record the existence of the applicants policy with any Credit Bureau.

Record and transmit details of how the applicant has performed, and how the policy payment is conducted by the applicant in meeting his / her obligations on the policy.

### Sharing of Data

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognised sources or databases.

### Insurers and their Agents

I hereby waive any right to privacy in any claims information supplied by me or on my behalf in respect of any insurance claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any person I represent.

**Events Liability**

Sum Insured      Monthly      Sasria

: Heidelberg, Heidelberg - GP, 1441

**Events Liability****Item 1 - SA Practical Shooting Association**

R 5 000 000.00      2 450.00

**Cover Details**

Are you aware of any pending claim or circumstances likely to give rise to a claim at the time of completing the proposal form.:  No

**Event Information**

Name of Event: SA Practical Shooting Association  
 Name of the Event Organizer: SA Practical Shooting Association  
 Start Date of Event: 01/07/2015  
 End Date of Event: 30/06/2016

Applicable Endorsements: Com 0003, Com 0004

**Excess (First Amount Payable)**

1. Basic: R5,000

**1. Indemnity Limits:**

1.1 The Indemnity Limits are inclusive of all costs, fees and expenses and Defence Costs.  
 1.2 To the extent that the Insured is accountable to the Tax authorities for Value Added Tax in respect of any payments in terms of this Policy, the Insurers will include the amount of such tax in the final settlement of any claim under this Policy in addition to the Limits of Indemnity.

**2. Deductibles:**

2.1 All Deductibles are exclusive of the Insureds liability, if any, in respect of Value Added Tax, General Sales Tax or such other Taxes or Duties of a similar nature payable in relation to the claim.  
 2.2 Where a Deductible is deemed to be 'Costs Inclusive' for the purpose of such Deductible, the term 'claim' shall be deemed to include compensatory awards, claimants' costs, fees and expenses and associated Defence Costs.

**3. Sections:**

The indemnity provided by any Section is deemed to be mutually exclusive of the other Sections and there shall be no contribution, nor excess layer of the others.

**4. Extensions:**

The Extensions are subject to 1Com standard wording and, unless specifically varied in the relevant Extension Clause, shall be subject to:

4.1 To the respective Indemnity Limits, Deductible and Retroactive Dates applicable to each Extension  
 4.2 Otherwise to the terms, exclusions, conditions and limitations of the Policy provided always that the total liability of the Underwriters is not increased beyond that which would have applied in the absence of such Extensions.

**5. Standard Exclusions and Conditions:**

The following Exclusions and Conditions are included in all Policy's and should be noted: -

- 5.1 Contractual Indemnity Exclusion
- 5.2 Error & Omissions Exclusion(unless insured as a Section)
- 5.3 SASRIA/NASRIA, War & Terrorism, Asbestos and Nuclear Risks Exclusion
- 5.4 Sexual Harassment Exclusion
- 5.5 Compliance with all legislation, and other governmental, provincial and municipal regulations governing the conduct of the Business
- 5.6 Retained Recourse Condition
- 5.7 Excluding any Motor Risk Insured or otherwise Insurable

**i) Warranties and Endorsements applicable to specific items****Com 0003 - Disclaimer Notice Boards**

The insurance provided by the Public Liability section is subject to there being prominently displayed Disclaimer Notice Boards at the entrance(s) to the premises.

In the event of non-compliance with this requirement, the company may not indemnify the Insured.

**Com 0004 - Hazardous Activities**

The insurance provided by the Public Liability section is subject to there being specific Disclaimer Forms signed by each guest who intends participating in any outdoor activity of a hazardous nature, but excluding swimming, golf, tennis, bowls or other ball sports.

In the event of non-compliance with this requirement, the company may not indemnify the insured.

# Disclosure Notice to Short Term Insurance Policyholders in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (Please read carefully) - Disclosure and other Legal Requirements

(This notice does not form part of the Insurance Contract or any other document)

As a short term insurance policyholder or prospective policyholder, you have the right to the following information:

## 1. Intermediary

<b>Company Name:</b>	All About CC	<b>Tel Work:</b>	(016) 423 6467
<b>Postal Address:</b>	Postnet Suite 69, Private Bag X3706, Three Rivers, Vereeniging, 1935	<b>Cellphone:</b>	* Not specified
<b>Physical Address:</b>	135 General Hertzog Rd, Three Rivers, Vereeniging, 1935	<b>E-mail:</b>	landi@umacons.co.za;louis@allaboutins.co.za
<b>Registration No:</b>	1993/023870/23	<b>FSP No:</b>	7090
<b>VAT No:</b>	4880206398		
<b>Compliance Officer:</b>	Unallocated, -	<b>Tel:</b>	* Not specified
<b>Postal Address:</b>	* Not specified	<b>E-mail:</b>	* Not specified

1.1.1. The Intermediary does not hold directly/indirectly more than 10% of the Insurer's shares or any equivalent substantial financial interest in the Insurer.

1.1.2. Contact the intermediary to determine whether more than 30% of their total remuneration is received from this Insurer.

1.1.3. Contact the intermediary to obtain details of their guarantee, professional indemnity and fidelity insurances.

## 2. Underwriting Manager

<b>Company Name:</b>	One Insurance Underwriting Managers (Pty) Ltd T/A One	<b>Tel:</b>	(0861) 863379
<b>Postal Address:</b>	Postnet Suite 221, Bryanston, Johannesburg, 2021		
<b>Physical Address:</b>	Woodmead North Business Park, 54 Maxwell Dr, Sunninghill, Sandton, 2157	<b>E-mail:</b>	info@one.za.com
<b>Registration No:</b>	1996/008987/07	<b>FSP No:</b>	8783

The FSP license authorises this entity to sell Short Term Insurance: Personal Lines and Short Term Insurance: Commercial Lines policies and to provide Advisory and Intermediary services.

**VAT No:** 4370160501

### Legal Status:

This entity is in possession of Professional Indemnity and Fidelity Insurance

This entity receives 100% of its income from the Insurer

As premiums are not received by this entity an IGF is not required

The Underwriting Manager is mandated to act as an Intermediary for the Insurer

<b>Compliance Officer:</b>	Associated Compliance - Licence 6377 (Pty) Ltd	<b>Tel:</b>	(011) 6782533
<b>Postal Address:</b>	PO Box 9655, Devon Valley, Florida, 1715	<b>E-mail:</b>	info@associatedcompliance.co.za

### Complaints procedure:

Please lodge any complaints in writing to Ms Glynnis Styles at glynnis.s@one.za.com

### Conflict of Interest policy:

The Company has a comprehensive Conflict of Interest policy in place and can be accessed via the internet on [www.one.za.com](http://www.one.za.com). There are no conflicts in terms of the FAIS Act identified at present in any of the following areas of our operations:

1. Associated Companies.
2. Third Party relationships.
3. Ownership interests within these relationships.
4. Financial Interests or Immaterial Financial Interests paid or received from any of the above entities.
5. Our staff remuneration policies.

## 3. Insurer

<b>Company Name:</b>	Mutual & Federal Risk Financing Ltd T/A M F R F	<b>Tel:</b>	(011) 3749111
<b>Postal Address:</b>	Postnet Suite #106, Private Bag X21, Bryanston, Johannesburg, 2021		
<b>Physical Address:</b>	Mutual and Federal Bryanston, 152 Bryanston Dr, Bryanston, Sandton, 2191	<b>E-mail:</b>	info@one.za.com
<b>Registration No:</b>	1966/010741/06		
<b>VAT No:</b>	4530112483		
<b>Compliance Officer:</b>	The Compliance Officer, -	<b>Tel Work:</b>	(011) 3749111
<b>Postal Address:</b>	Postnet Suite #106, Private Bag X21, Bryanston, Johannesburg, 2021	<b>E-mail:</b>	compliance@mf.co.za

### Complaints procedure:

Please lodge any complaints in writing to The Complaints Department at [complaints@mf.co.za](mailto:complaints@mf.co.za) or by post to Mutual & Federal Customer Experience Centre, P. O. Box 1120, Johannesburg 2000

## 4. Premium obligations

Monthly premiums are payable on the date of the presentation of the debit order at the bank

Premium breakdown:

<b>Premium:</b>	R	2 450.00
<b>Broker Fee:</b>	R	122.50

<b>Insurer Fee:</b>	R	147.50
<b>Total:</b>	R	2 720.00
<b>Inclusive of Commission:</b>	R	367.50

## 5. How to institute a claim

- 5.1 Notify your intermediary as per details below
- 5.2 The notification period is stipulated in your Policy Wording.
- 5.3 A claim form will be handed, e-mailed or posted to you as per your instruction.
- 5.4 Please complete and return this claim form to your intermediary.
- 5.5 Our claims department will attend to your claim.
- 5.6 Should you experience any difficulties, please contact your intermediary for further assistance.

## 6. Other Matters of Importance

- 6.1 You must be informed of any material changes to the information provided above.
- 6.2 If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
- 6.3 If any complaint of the Intermediary, UMA or Insurer is not resolved to your satisfaction, you may submit a complaint to the Registrar of Short-Term Insurance or to the FAIS Ombudsman.
- 6.4 Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.
- 6.5 If the premium is paid by debit order
  - 6.5.1 It may only be in favour of one person and may not be transferred without your approval;
  - 6.5.2 The Insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.
- 6.6 The Insurer and not the Intermediary must give reasons for repudiating your claim.
- 6.7 The Insurer may not cancel your insurance merely by informing your Intermediary. There is an obligation to make sure the notice has been sent to you.
- 6.8 You are entitled to a copy of the policy free of charge.
- 6.9 You must check your policy schedule to ensure that the items insured, their description and values are those you gave to us.
- 6.10 You must advise any change to the description, use or value of the item insured as soon as reasonably possible to ensure that you are correctly insured.
- 6.11 Incorrect or non-disclosure by you may impact on any claims arising from your contract of insurance.
- 6.12 If you are not sure about, or do not understand any part of your policy, please contact your intermediary at the above address.

## 7. Warning

- 7.1 Do not sign any blank or partially completed application form.
- 7.2 Complete all forms in ink.
- 7.3 Keep all documents handed to you.
- 7.4 Keep notes of what is said to you.
- 7.5 Don't be pressurised to buy the product.
- 7.6 Incorrect information or non-disclosure by you of relevant facts may prejudice claims settlement.

## 8. Particulars of the Short-term Insurance Ombudsman

The Short-term Insurance Ombudsman is available to advise you in the event of claim problems that are not satisfactorily resolved by the insurance Intermediary and/or the Insurer:

<b>Entity :</b>	Short-term Insurance Ombudsman	<b>Tel Work :</b>	(0860) 726890
<b>Postal Address :</b>	PO Box 32334, Braamfontein, Johannesburg, 2017	<b>Fax :</b>	(011) 7265501
<b>Physical Address :</b>	Sunnyside Office Park, 5th Floor Building D, 32 Princess of Wales Ter, Parktown, Johannesburg, 2193	<b>E-mail :</b>	info@osti.co.za
		<b>Website :</b>	www.osti.co.za

## 9. Particulars of the FAIS Ombud:

<b>Entity :</b>	FAIS Ombud	<b>Tel Work :</b>	+27 (12) 4709080
<b>Postal Address :</b>	PO Box 74571, Lynwood Ridge, 0040	<b>Fax :</b>	+27 (12) 3483447
<b>Website :</b>	www.faisombud.co.za	<b>E-mail :</b>	info@faisombud.co.za

## 10. Particulars of the Registrar of Short-term Insurance:

<b>Entity :</b>	Financial Services Board	<b>Tel Work :</b>	(012) 4288000
<b>Postal Address :</b>	P.O. Box 35655, Menlo Park, Pretoria, 0102	<b>Fax :</b>	(012) 3466941

## 11. Particulars of Sasria Ltd:

<b>Entity :</b>	Sasria Ltd	<b>Tel Work :</b>	(011) 2140800
<b>Postal Address :</b>	PO Box 653367, Benmore, Johannesburg, 2010	<b>Fax :</b>	(011) 4478630
<b>Physical Address :</b>	36 Fricker Rd, Illovo, Sandton, 2196	<b>E-mail :</b>	info@sasria.co.za
<b>Compliance Officer :</b>	The Manager: Technical and Claims	<b>Website :</b>	www.sasria.co.za

In the event of a claim, all relevant documentation relating to your claim must be submitted to the Nominated Insurer.