

# D&O MANAGEMENT LIABILITY PROPOSAL FORM

Please answer ALL questions completely.

Should any question or part thereof not be applicable, please state "N/A".

Should insufficient space be provided, please continue on your company letterhead.

Kindly enclose:

- The latest audited Annual Reports / Financial Statements for the Company
- Any Offering / Capital Raising Documents / Listing Particulars published and / or released within the past 12 months or to be released / announced in the forthcoming 12 months

1. Name of Insured NATIONAL HOME BUILDERS REGISTRATION COUNCIL

2. Physical Address 27 Leeuwkop Road, Sandton, Sunninghill, Johannesburg code 2157

3. Registration Number n/a

4. Company Website www.nhbrc.org.za

5. VAT Number n/a

6. Describe ALL business activities

The NHBRC operates under a statutory framework rooted in the Housing Consumers Protection Measures Act No. 95 of 1998 (a of 1998 (as amended) and subsequent amendments and regulations. Refer to page 10 of the NHBRC Annual Report 2024/2025

7. Are any of your branches based outside the borders of South Africa? Yes ☐ No ☒

*If YES, give particulars*

8. During the last 12 months has

a. The name of the Parent Company changed Yes ☐ No ☒

b. Any M&A taken place Yes ☐ No ☒

c. Has any subsidiary Company been sold or ceased trading Yes ☐ No ☒

d. The capital structure of the Parent Company changed Yes ☐ No ☒

*If YES to any of the above points, please provide details on a separate piece of paper*

9. Are any M&A or tender offers under consideration? Yes ☐ No ☒

10. Is the Company aware of any proposal relating to its acquisition by another Company? Yes ☐ No ☒

11. Is the Company planning a new public offering of securities / capital raising exercise within the next year? Yes ☐ No ☒

*If YES to points 9, 10, 11 above, please provide details on a separate piece of paper*

12. Is the Company

a. Private or public Government Entity

b. Listed on the JSE Main Board or Alt X and which Sector N/a

Is the Company c. Listed on foreign stock exchanges Yes ☐ No ☐

*If YES, please specify country, stock exchange and type of listing (e.g. US ADR (and level), direct listing etc.)*

13. Please list

a. Total number of shareholders n/a

b. Total number of shares issued n/a

c. Any shareholding in excess of 20% or more of the Ordinary Share Capital of the Company n/a

*BH*

Please provide details of each – names / percentages

Name	%
n/a	

14. Provide a complete list of all subsidiary companies including country of registration and percentage owned by Parent Company Subsidiary companies

Subsidiary companies	Country of registration	% owned by Parent Company
n/a		

15. Do any Management, Officers or Employees hold any of the following?

a. Outside Board positions (i.e. sit on any non-subsidiary Company boards)

Yes ☐ No ☒

b. If Yes, is coverage for such position required?

Yes ☐ No ☒

c. Were these appointments at the written behest of the Company?

Yes ☐ No ☒

(If NO, please note that cover may not be automatic for these appointments.)

If YES, please give details:

Name of Organisation	Director's Name

16. Have any Directors and / or Executive Officers of the Company resigned or been replaced in the past 12 months?

Yes ☒ No ☐

If YES, please give details:

The term of the previous board ended November 2024. New Minister appointed the new Council January 2025.

17. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability Insurance?

Yes ☐ No ☒

18. Has the Company changed its external auditing firm in the past five years?

Yes ☐ No ☒

19. Does the Company have any plans to remove or replace its external auditor in the next 12 months?

Yes ☐ No ☒

If YES, why?

20. Have all revenue recognition/share options and accounting practices been approved by your external auditor?

Yes ☒ No ☐

If NO, why?

21. Has the Company ever restated its financial results or do they anticipate restating them?

Yes ☒ No ☐

If YES, why?

It was provisions for leave, on expenses

22. Does the Company anticipate having to take a significant once off charge to earnings, or a restatement of earnings, within the next 12 months? Yes ☐ No ☒

If YES, please provide details (all matters arising thereof are excluded from cover under this policy)

23. Does the Company have corporate policies with respect to Directors, Officers and employees ability to purchase or sell the Company's shares, including the ability to exercise share options? Yes ☐ No ☒

If YES, how often are these policies reviewed and circulated Who monitors compliance

n/a

### Privacy and Data Protection

Have you as the proposer implemented the following security controls:

- 5.1 firewalls, anti-virus/anti-malware Yes ☒ No ☐
- 5.2 processes to apply security related patches/updates within 3 months of release Yes ☒ No ☐
- 5.3 password controls including: length of at least 8 characters; use of passwords not reasonably deemed easily guessable and account lockout as a result of at most 20 failed authentication attempts Yes ☒ No ☐
- 5.4 default installation/administration account passwords changed from the default password and where possible accounts are disabled, deleted or renamed Yes ☒ No ☐
- 5.5 administrative/remote access interfaces such as remote desktop protocol (RDP) are accessible exclusively over secured channels, e.g. virtual private network (VPN) Yes ☒ No ☐
- 5.6 physical access to server rooms/sensitive processing facilities is restricted Yes ☒ No ☐
- 5.7 Sensitive System activity logs are stored for at least 6 months Yes ☒ No ☐
- 5.8 backup and recovery procedures for Sensitive Systems and Sensitive Data including: weekly backup generation, monitoring for successful backup generation and testing the ability to restore from backups at least every 6 months Yes ☒ No ☐

### Claims

1. Please give details of all claims made against the Company over the last 5 years

Date of claim	Description
	none

2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance? Yes ☒ No ☐

If YES, please provide full details

During the 2024/2025 NHBRC faced significant challenges following the tragic collapse of the Neo Victoria residential building in George on 6 May 2024, which resulted in 34 fatalities and numerous injuries. see annual report page 17

### North America

If North American cover is required; kindly complete the supplementary questionnaire

### Employment Practices Liability

If Employment Practices Liability cover is required, kindly complete the supplementary questionnaire

### Health & Safety / Environmental Exposures

If the proposer is engaged in mining / construction / manufacturing or related activities kindly complete the supplementary questionnaire

# EPL

1. Number of Full-time employees 535
2. Number of Part-time employees 55
3. Does the Proposer have a Human Resources Department? Yes ☒ No ☐

If YES, how many employees are there in this department

13

If NO, how is the function handled and how often are these services reviewed and audited?

4. How many officers and employees have resigned and/or been terminated (with or without cause) within the last 36 months?

Officers

Employees 9

5. Does the Company have a written human resources manual or equivalent written management guideline? Yes ☒ No ☐

6. Do the above-mentioned manuals and guidelines include policies/procedures with respect to the following events

- a. Written application for employment Yes ☒ No ☐
- b. Legally prohibited discrimination Yes ☒ No ☐
- c. Compliance with statutes Yes ☒ No ☐
- d. Redundancies, termination of employment and early retirement Yes ☒ No ☐
- e. Employee appraisals/reviews Yes ☒ No ☐
- f. Confidential treatment of medical examinations Yes ☒ No ☐
- g. Sexual harassment Yes ☒ No ☐
- h. Employee disciplinary actions Yes ☒ No ☐
- i. Employee out-placement services Yes ☒ No ☐

7. Are the decisions regarding these events are always subject to prior review by the Company's HR department (either internal or outsourced), legal department, or outside legal adviser?

Individual decisions are always reviewed by	HR Dept.	Legal Dept.	External Legal Advisor
Written application for employment	Yes		
Confidential treatment of medical examinations	Yes		
Legally prohibited discrimination	Yes	Yes	Yes
Sexual harassment	Yes	Yes	
Compliance with statutes	Yes	Yes	
Employee disciplinary actions	Yes	Yes	Yes
Redundancies, termination of employment and early retirement	Yes	Yes	
Employee out-placement services	Yes		
Employee appraisals/reviews	Yes		

8. Does the Company have an employee handbook which is accessible to all employees? Yes ☒ No ☐

If YES, please provide details

On the intranet

9. Is the Company in the process of, or is the Company contemplating undergoing (in the next 18 months) any employee layoffs or early retirement (including those resulting from any type of Company restructuring or closures) Yes ☐ No ☒

If YES, please attach full details including the manner in which communications are provided to employees, including legal input / assistance into the process

10. Please provide full details of all wrongful terminations, discrimination and sexual harassment claims made against the Company or any of its directors, officers or employees during the last three years, including amounts of any judgment or settlements and costs of defence

If NO such claims, please tick NONE

None ☒

11. Please provide full details of all inquiries, investigations, grievance filings or other administrative hearings (including but not limited to CCMA matters, Breaches of the Basic Conditions of Employment Act and any Breaches of the Labour Relations Act) see annexure

12. Does the Company have an employee handbook which is accessible to all employees? Yes ☒ No ☐

If YES, please provide full details

Intranet

#### Health & Safety

1. Does the Company have policies and procedures in place to ensure compliance with relevant health and safety legislation? Yes ☒ No ☐

If NO please provide full details on how this risk is managed

2. Does the company employ a dedicated health and safety officer? Yes ☒ No ☐

If NO please provide full details on how this risk is managed

3. Have any reportable incidents occurred in the past 12 Months? Yes ☐ No ☒

If YES, what remedial actions have been implemented to rectify similar incidents from reoccurring ?

#### Environmental Impairment

1. Does the Company have policies and procedures in place to ensure compliance with relevant environmental impairment / pollution regulation? Yes ☒ No ☐

If NO please provide full details on how this risk is managed

2. Is the proposer aware of any contingencies/legal proceedings/fines/investigations relating to an Environmental Impairment issue? Yes ☐ No ☒

If Yes, Please provide details

#### Limit of Indemnity

	Option 1	Option 2	Option 3	Option 4
Quote	R 5 000 000	R 5 000 000	10 000 000	R 25 000 000
Deductible	R 10 000	R 25 000	R 50 000	R 50 000

### Insurance History

Limit of Indemnity	R 5,000,000.00
Excess	R 50,000.00
Premium	R 75,686.00
Date Of expiry of Coverage	2026/02/28
Retro Active Date	2019/10/01

### Extensions

Please state which extensions are required

Description		Yes	No
1.	Emergency Legal Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2.	Loss Mitigation Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3.	Extended Discovery Period	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4.	New Subsidiaries	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5.	Non-Executive Directors Protection	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6.	Investigation Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7.	Employment Practice Liability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8.	Run Off Cover for Retired Persons	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9.	Public Relations Expenses	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10.	Outside Directorships	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11.	Extradition Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
12.	Prosecution Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
13.	Corporate Manslaughter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
14.	Bodily Injury and Property Damage Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
15.	Environmental Violation Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
16.	Kidnap Response Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
17.	Crisis Loss Costs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
18.	Tax	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
19.	Civil Fines and Penalties	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
20.	Reinstatement	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
21.	North America (USA and Canada)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
22.	Libel slander and defamation of Character	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

*RB*

### Privacy

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

### Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Bongani Monareng

Acting Chief Risk Officer

Name (duly authorised)

Designation

Signature



Date

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Supplementary Questionnaire on following page

## Supplementary Questionnaire

### North American Cover

- Please note that obtaining North American cover (USA / Canada) will attract additional premiums
- The questions below must be completed only if cover is required for claims made in the United States of America or Canada, or claims made elsewhere arising out of the Company's operations in the United States of America or Canada
- Completion of these questions will not bind the Insurer or the Company into accepting the cover

1. Please provide the total gross assets of the Group in North America n/a

2. Please list all subsidiaries in North America whether wholly owned or not and include the percentage ownership in each  
(Use a separate attachment if necessary)

n/a

3. For each Company, who owns the minority shareholding?

n/a

4. Does the Company or any of its subsidiaries have any stock, shares or debentures in North America?

Yes ☐ No ☒

a. Are such stocks, shares or debentures publicly traded?

Yes ☐ No ☒

b. List the Exchange or market that such stock, shares or debentures are listed and ticker symbol

c. Type of listing (e.g. OTC, ADR Level I, II or III or direct listing)

n/a

d. If any stocks or shares are traded in form of ADRs / GDR's

(i) Sponsored (if so, by whom) or unsponsored

(ii) Percentage traded as a total of issued share capital

(iii) The number of ADR shareholders

e. What is the worldwide market capitalisation?

n/a

f. What is the total number of shares issued on a worldwide basis?

n/a

g. What percentage of market capitalisation is traded in the form of ADR's?

n/a

h. What percentage of total issued share capital of the Company is owned by U.S. citizens?

0 %

i. On what date was the last offer/tender/issue made?

Date

j. Was the offering subject to The US Securities Act of 1933 and/or The Securities Exchange Act of 1934?

Yes ☐ No ☒

k. Is the Company required to have an internal Audit Committee pursuant to U.S. statutes, rules or regulations?

Yes ☐ No ☒

If YES

(i) statutes, rules or regulators

Yes ☐ No ☐

(ii) Does the Audit Committee meet more than four times a year?

Yes ☐ No ☐

l. Does the Company or any of its subsidiaries have any debt instruments or commercial paper in North America?

Yes ☐ No ☒

5. Has a 20-F filing been made to the USA regulatory authorities?

Yes ☐ No ☒

If YES, when was the last time and for which period If not applicable please confirm details



