

# EMPLOYMENT PRACTICE 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.

1. Name of Insured NATIONAL HOME BUILDERS REGISTRATION COUNCIL
2. Physical address 27 Leeuwkop Road, Sunninghill  
Post code 2157
3. VAT number n/a
4. Company website www.nhbrc.org.za
5. Describe ALL business activities refer to page 10 of the NHBR Annual Report 2024/2025  
The NHBR operates under a statutory framework rooted in the Housing Consumers Protection Measures Act No. 95 of 1998 (as amended) and subsequent amendments and regulations, including the Amendment Act No. 17 of 2007.
6. Number of local operations 1
7. Number of foreign operations 0
8. Percentage of total workforce in USA/Canada 0 %
9. Full detailed loss history (3 years) for any employment related wrongful act Refer to Annexure on EMPL

Date of claim	Nature of claim	Claimed amount	Costs to date	Current status
2024 - to date	Internal disciplinary hearings -7 matters			Hearings stage
2024 - to date	CCMA - 5 matters			CCMA
2024 - to date	Labour court - 3 matters			Labour court

10. Are you currently aware of any facts, incidents or circumstances which may result in claims being made against you? Yes ☐ No ☒

If Yes, please give details

## Employees

1. Number of full time employees 535
2. Number of part time employees 55
3. What percentage of the workforce is affiliated to Unions? 95 %
4. For each of the past three years, what has been your annual percentage turnover rate of employees?

Year 1	2025	1.65 %	Year 2	2024	4.6 %	Year 3	2023	3.6 %
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5. Number of employees within the following annual salary bands

< R60 000	0	R240 001 – R500 000	15
R60 001 – R120 000	40	R500 001 – R1 000 000	165
R120 001 – R180 000	0	> R1 000 001	348
R180 001 – R240 000	22		

**Human Resources**

1. Does the Company have an HR or Personnel Department? Yes ☒ No ☐

2. Number of employees in this department 13

If No, please provide details on the handling of this function. If outsourced, how often are the procedures audited and reviewed

3. Have you had any layoffs or retrenchments in the last 12 months? Yes ☐ No ☒

4. Do you anticipate any layoffs or retrenchments within the next 12 months? Yes ☐ No ☒

If Yes, please provide details on a separate sheet of paper, including the date of the layoff, the number of employees laid off, job category, the manner in which the layoffs were/will be conducted and the terms of severance. Also describe the input Unions/legal teams had in the process and the manner in which all communications were conveyed to the employees

5. How many employees or officers have been terminated in the past two years

With cause	Employees	0	Officers	0
Without cause	Employees	2023 to date terminations 53	Officers	0

6. Do you use an employment application for all of your applicants for hire? Yes ☒ No ☐

7. Do you use any tests to screen applicants for employment? Yes ☒ No ☐

8. Do you have a formal orientation program for all new employees? Yes ☒ No ☐

9. Do you have an employment handbook and guideline for distribution to all employees? Yes ☒ No ☐

If Yes, in what format Hard copy/Intranet/Other:

**Induction for new employees and Intranet**

10. Do you insist on at least annual written performance evaluations for all employees? Yes ☒ No ☐

11. Has the Company implemented and adopted anti-sexual harassment and antidiscrimination policies? Yes ☒ No ☐

12. If Yes, how are staff made aware of these and how often are they updated and reviewed by Human Resources?

**Policy on the intranet, Policy Awareness conducted by HR**

13. Are there written procedures for handling employee complaints of discrimination and sexual harassment? Yes ☒ No ☐

If Yes, how are these procedures conveyed to the employees?

Human Capital Road shows, Inductions, Awareness and Policies and Procedures Published on the intranet

If No, how are these situations handled?

14. Does the Company comply with the respective industry Charters and Codes as set out by Government? Yes ☒ No ☐

If No, why not and what is the Company doing to rectify this?

15. Does the Company have a policy on HIV/AIDS?

Yes ☒ No ☐

16. What is the Company's policy on accommodating/employing the disabled?

The NHBRC Human Capital encourages employees to declare their disability status for the employer to provide reasonable accommodation and relevant support in the workplace.

### Mergers and Acquisitions

Answering Yes to any of the questions below requires you to attach full details on a separate sheet of paper.

1. Have you acquired any other companies in the past 5 years?

Yes ☐ No ☒

2. What liabilities were assumed/inherited during this purchase and are time frames/commitments in terms of these still being met?

3. Regarding purchased companies, were any of their employees terminated or do you plan in the next twelve (12) months to terminate any employees or officers?

We the Insurer, reserve the right to request additional information regarding the internal documentation of the Company if answers to the aforementioned questions require additional explanations/support.

This information request may include the following:

- Employee Disciplinary, Termination Procedures
- Placement Procedures
- Employee Handbook/Manual
- Procedure for handling Employee Complaints of Discrimination
- Employment Application Forms
- Employee Performance Evaluation
- Procedure for handling Employee Complaints of Sexual Harassment

### Limit of Indemnity

	Option 1	Option 2	Option 3	Option 4
Quote	R 5 000 000	R 6 000 000	R 7 500 000	
Deductible	R 250 000	R 250 000	R 250 000	

### Privacy Clause

In order to provide you with insurance, we have to process your personal information. We will 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 ITOD of such changes as soon as reasonably possible.

Bongani Monareng

Acting - Chief Risk Officer

Name (duly authorised)

Designation

Signature



Date

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