

RENEWAL CERTIFICATE

This is to Certify

That in accordance with the authorisation granted to the Binder Holder by Lombard Insurance Company Limited (hereinafter called Insurer).

The said Insurer is hereby bound, to insure during the period specified in the Schedule herein upon the terms and conditions of the original Certificate (specified in the said Schedule) and any endorsement thereon and of any Renewal Certificates (including this Renewal Certificate) attaching thereto and any endorsements on such Renewal Certificates.

This Renewal Certificate forms part of the said original Certificate, to which it should be permanently attached.

Certificate No: PRM/16/0006
Renewal No: 1
Insured: South African Equestrian Federation (Refer Memorandum 2 for full details) (VAT No: 4700262068)
Insured Address: P O Box 30617, Kyalami, 1684
Insurance Broker: Machrie Korttermyn (Edms) Bpk (VAT No: 4780181824)
Premium: R58,665.79 + R8,213.21 VAT = R66,879.00
Period of Insurance: From 1 August 2017 to 31 July 2018
Both days inclusive plus any subsequent period for which the Insurers agree to accept a renewal premium and subsequently endorsed hereon.

Signed at Randburg on this 26th Day of October 2017



Praesidio Risk Managers (Pty) Limited
Signed for and on and behalf of the Insurer

ALL OTHER TERMS AND CONDITIONS REMAIN UNALTERED

The Insured is requested to read this Renewal Certificate and if it is incorrect, return it immediately for alteration.

In the event of a claim under this Certificate, please notify the Binder Holder who is acting as the agent of Insurer.

In terms of a ruling issued by SARS, this document together with proof of payment of premium constitutes an alternative tax invoice, debit note or credit note as contemplated in sections 20(7) and 21(5) of the VAT Act respectively.

SCHEDULE

Certificate Number:	PRM/16/0006
Insured:	South African Equestrian Federation (Refer Memorandum 2 for full details) (VAT No. 4700262068)
Business Description:	Revolved around the practice for various Equestrian Sport Activities
Broker:	Machrie Korttermyn (Edms) Bpk (VAT No: 4780181824)
Period of Insurance:	From 1 August 2017 to 31 July 2018 Both days inclusive plus any subsequent period for which the Insurers agree to accept a premium and subsequently endorsed hereon
Renewal Date:	1 August 2018
Territorial Limits:	Worldwide
Basis of Cover:	Cover is restricted to apply only whilst the insured persons are attending, competing in or officiating at any events held under the auspices of the South African Equestrian Federation including whilst commuting from place of residence and place of event in a direct and timeous manner
Conditions:	As per the terms and conditions of the attached PRMGPA1 Policy Wording
Maximum Limits of Liability:	Any One Life Limit: R3,000,000 Any One Accident Limit: R9,000,000
Insured Persons:	Category 1: 7,201 x Fully paid up Members 18 years and older (Refer Memorandum 1) Category 2: 7,891 x Fully paid up Members younger than 18 years of age (Refer Memorandum 1)

Compensation Payable:

Category 1	
1. Death	R75,000
2. Permanent Total Disability	R75,000
3. Permanent Disability	Such % of R75,000 as specified under the Table of Compensation
4. Temporary Total Disability	Not Insured
5. Temporary Partial Disability	Not Insured
6. Medical Expenses	Up to R20,000 per Insured Person. Excess: R500, each and every claim
7. Critical Illness	Not Insured
* Political Evacuation	Not Insured
* MSO Access	Included - Emergency Telephone Number +27 11 259 5462

Category 2	
1. Death	R12,500
2. Permanent Total Disability	R12,500
3. Permanent Disability	Such % of R12,500 as specified under the Table of Compensation
4. Temporary Total Disability	Not Insured
5. Temporary Partial Disability	Not Insured
6. Medical Expenses	Up to R20,000 per Insured Person. Excess: R500, each and every claim
7. Critical Illness	Not Insured
* Political Evacuation	Not Insured
* MSO Access	Included - Emergency Telephone Number +27 11 259 5462

MEMORANDUM

Memorandum 1

It is hereby noted that the Insured Persons participates in the following:

Show, Reining, Vaulting, Polocrosse, Dressage, Equitation and Western Mounted games, Show Jumping, Eventing, SANESA, Saddle Seat and Tent Pegging

Memorandum 2

The following Entities are members of the South African Equestrian Federation:

1. Carriage Driving Association
2. Dressage South Africa
3. South African Equitation Association (NPO)
4. Endurance Ride Association of South Africa
5. Eventing South Africa
6. South African Tent Pegging Association
7. Mounted Archery Association S A
8. Mounted Games South Africa
9. South African National Equestrian Schools Association
10. Polocrosse Association of South Africa
11. Reining Horse South Africa Association
12. Showing Association of South Africa
13. S A Show Jumping
14. Vaulting Association of South Africa
15. South Africa Western Mounted Games Association
16. S A Polo Association
17. S A Saddle Seat

PREMIUM COMPUTATION

Insured: South African Equestrian Federation (Refer Memorandum 2 for full details) (VAT Number: 4700262068)

Certificate Number: PRM/16/0006

Period of Insurance: From 1 August 2017 to 31 July 2018
Both days inclusive plus any subsequent period for which the Insurer agree to accept a premium and subsequently endorsed hereon

Annual Premium

Insured Persons	Number of Insured Persons	Premium per Capita	Premium (VAT Inclusive)
Category 1	7201	R6.00	R43,206.00
Category 2	7891	R3.00	R23,673.00
Total Premium:			R66,879.00

	Gross Payable	Commission 20%	Net Due to Praesidio
Total Payable	R66,879.00	R13,375.80	R53,503.20

ENDORSEMENTS

NO	<u>DESCRIPTION</u>	<u>EFFECTIVE DATE</u>
*	Policy Inception	1 August 2016
1	Deleting Dressage S A	1 August 2016
2	Insured persons and Premium updated	17 August 2016
3	Included "Endurance Ride Association of South Africa "	2 December 2016
4	Add Tentpegging Association	6 April 2017
5	Renewal	1 August 2017
6	Updated Renewal	20 October 2017

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS
IMPORTANT – 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 policyholder, or prospective policyholder, you have the right to the following information:

1. ABOUT THE INTERMEDIARY (INSURANCE BROKER)

Company Name: Machrie Korttermyn (Edms) Bpk
Physical Address: 7 Bekker Street Trichardt 2300
Postal Address: P O Box 3856 Secunda 2300
Telephone Number: 0176380716

Authorised Financial Services Provider Licence Number: 16012

Commission paid by the Insurer to the Intermediary is reflected in the Premium Breakdown, and does not exceed the maximum percentage prescribed by law.

2. ABOUT THE BINDER HOLDER / UNDERWRITING MANAGER

Company Name: Praesidio Risk Managers (Pty) Limited
Physical Address: 6th Floor Surrey Place, 291 Surrey Ave, Randburg, 2194
Postal Address: P O Box 545, Cramerview, 2060
Telephone Number: 011 716 7801
Website: www.praesidio.co.za

Authorised Financial Services Provider Licence Number: 14174

- Praesidio Risk Managers receives a fee for performing binder functions in terms of binder agreements, and a profit share in the underwriting and financial profitability over time.
- Praesidio Risk Managers has over the past 12 months received more than 30% of their total remuneration from Lombard Insurance Company Limited and Lloyd's.
- Praesidio Risk Managers does not hold any interest or direct share in any Insurer or Product Provider.
- Praesidio Risk Managers holds Professional Indemnity Insurance.
- Praesidio Risk Managers has a Complaints Resolution Policy. If You require more information in this regard, please contact Our offices.
- Praesidio Risk Managers has a Conflict of Interest Management Policy and related gift register. If You require more information, please contact Our offices.
- Praesidio Risk Managers is in possession of the required written mandates to act on the Insurer's behalf.

Compliance Officer: Moonstone Compliance (Pty) Limited
Email: Bronwen Allan - ballan@moonstonecompliance.co.za
Physical Address: Valerida Centre, Dirkie Uys Street, 1st Floor, Stellenbosch, 7600
Postal Address: P O Box 12 662, Die Boord, Stellenbosch, 7613
Telephone Number: 021 883 8000
Website: www.moonstoneinfo.com

Type of policy involved: Personal Accident Insurance

3. ABOUT THE INSURER

Company Name: Lombard Insurance Company Limited
Physical Address: Ground Floor Building C, Sunnyside Office Park, 2 Carse O'Gowrie Rd, Parktown, 2121
Postal Address: P O Box 2740, Parklands, 2121
Telephone Number: 0861 551 0600
Complaints: complaints@lombardins.com

Authorised Financial Services Provider Licence Number: 1596

Lombard is a member of the South African Insurance Association (SAIA) and subscribes to the SAIA Code of Conduct. If You have a complaint which could not have been resolved directly with Lombard relating to the manner in which we conduct Our business, You can submit a complaint with SAIA on info@saia.co.za

Confidential Ethics hotline: Should You come across any form of fraud, corruption, unethical practice or any suspicious transactions within Lombard Insurance Company Limited, please report same to the Confidential Ethics Hotline.

Telephone Number: 0800 864 727 toll-free
Postal Address: KPMG Hotpost, PO Box 14671, Sinoville, Pretoria, SOUTH AFRICA, 0129
Email: fraud@kpmg.co.za

4. ABOUT THE ASSISTANCE COMPANY

Company Name: Medical Services Organisation (MSO)
Physical Address: Healthcare Park, Woodlands Drive, Woodmead, Sandton, South Africa
Telephone Number: +27 11 259 5462
Email: praesidio@mso.co.za

5. PREMIUM AND YOUR MONETARY OBLIGATIONS

The amount of premium due is contained on the Policy Schedule. In all instances premium must be paid to Your Intermediary before cover is effected.

Extent of premium obligations You assume as the Insured: You agree to pay the premium. Details of the amount of premium due and premium due date are contained in the Policy Schedule.

6. WAIVER OF RIGHTS

No insurance party involved may request or induce You in any manner, to waive any right or benefit conferred on You by or in terms of any financial services provided and any such waiver is null and void.

7. OTHER IMPORTANT INFORMATION

- Your Policy Wording and Schedule must be read as one document. If You need advice on any aspect of Your policy, first amounts payable (excesses) or the claims procedures as well as Your responsibility to pay the premium, please contact Praesidio Risk Managers or Your insurance advisor.
- You will be informed of any material changes to the information contained regarding Your Intermediary, the Underwriting Manager and the Insurer.
- The Underwriting Manager and Your Intermediary must give reasons for repudiating Your claim.
- You are entitled to a copy of the policy free of charge.

8. WARNING

- Do not sign any blank or partially completed application form. Complete all forms in ink.
- Keep all documents handed to You and make a note as to what is said to You.
- Do not be pressurised to buy the product.
- Incorrect or non-disclosure by You of relevant facts may influence the Insurer on any claims arising from Your contract of insurance.

9. PARTICULARS OF THE OMBUDSMAN FOR SHORT TERM INSURANCE (OSTI)

Postal Address: PO Box 32334, Braamfontein, 2017
Telephone Number: 011 726 8900
Facsimile Number: 011 726 5501
E-mail: info@osti.co.za

The Ombudsman is available to advise You in the event of claims problems which are not satisfactorily resolved by the Intermediary, Underwriting Manager and the Insurer.

10. **PARTICULARS OF THE OMBUD FOR FINANCIAL SERVICES PROVIDERS.**

Postal Address: PO Box 74571, Lynnwood Ridge, 0040.
Telephone Number: 012 470 9080
Facsimile Number: 012 348 2447
Email: info@faisombud.co.za
Web: www.faisombud.co.za

As Underwriting Manager of this policy, Praesidio Risk Managers is dedicated to comply with the FAIS Act and its sub-ordinate legislation. If You feel that You would like to complain, please do so in writing to the compliance officer mentioned above. We will provide You with a detailed complaints resolution procedure. If however You feel that Your complaint has not been dealt with sufficiently within Our complaints resolution procedure, You have the right to contact the Ombud for Financial Services Providers above.

11. **HOW TO INSTITUTE A CLAIM**

You must give notice to Praesidio Risk Managers (Pty) Ltd in writing as soon as practical of any occurrence which may give rise to a claim under this Insurance. You will be emailed a claim form, which you will be required to complete and return along with any information and proof in support of the claim as specified on the claim form. Failure to return the completed claim form to us within 180 days from the date of incident will invalidate the claim. You may become responsible for a first amount payable in respect of such claim.

12. **COMPLAINTS PROCEDURES**

If You have experienced any service issues, a complaint can be made to the Praesidio Risk Managers Operations Manager on telephone number 011 716 7808 or e-mail info@praesidio.co.za. All complaints must be submitted in writing. We will communicate with the complainant and/or their authorised representative on the complaint and resolution thereof. If you are not satisfied with the outcome of the complaint resolution, you have a right to lodge a complaint with the Ombudsman for Short Term Insurance for matters in respect of claims, or if you have a complaint in respect of advice given or services rendered by the Financial Services Provider, you can lodge a complaint with the Ombudsman for Financial Services Providers. These Complaints Procedures do not affect any right of legal action that You may have against Us.