

WORKERS COMPENSATION ACT, 1998

(23 OF 1998)

(SECTION 23)

CERTIFICATE OF INSURANCE – WORKERS COMPENSATION

INSURED

Name	Lesedi Legends Investments (Pty) Ltd
Policy No	GA /CLABPP/000026777
Premises	Plot 1500 Palapye Central BWA
Activity	Construction & Cleaning Company

PERIOD OF COVER

Start Date	:	2019-10-17
Expiry date	:	2020-10-16
Date of Issue	:	2019-10-17
Anniversary Date	:	2020-10-17

This certificate serves to confirm that the above is covered by HOLLARD BOTSWANA under the Workers Compensation Act. All other terms and conditions are as per the General, Special and Specific Conditions in the policy issued to the above mentioned INSURED.



SIGNATURE

Thursday, October 17, 2019

Dear Policy Holder,

Welcome to the Hollard family!

Thank you for taking up insurance with us. Hollard has been providing relevant and innovative Insurance products and services in Botswana for more than 11 years and have built a reputation of integrity and efficiency in claims services.

We are dedicated to providing you with exciting and innovative products for both your personal and business needs and we are confident that you will be more than happy with the services that we offer. Our objective is to ensure that you get continued peace of mind.

Attached to this letter is your policy document and policy wording, which outline the cover you have chosen including the terms and conditions of the cover and premiums payable. Please go through the document and wording to familiarize yourself with the details of cover as well as first amounts payable in the event of a claim.

You are advised to review annually prior to the anniversary/ renewal date of the policy all aspects of your insurance coverage, risks, exposures as well as cover for any risks listed as "not insured" under the premium summary. You must advise us immediately of any changes to your address, regular drivers, sums insured and limits of indemnity.

Our office hours are from 08:00hrs to 17:00hrs weekdays and we are also reachable via e-mail through our website (www.hollard.co.bw).

You are welcome to contact us should you need clarity on any of the information contained in the document

Once again thank you for choosing Hollard Insurance Botswana!



Authorised Signatory

This policy should be read in conjunction with the policy wording.

POLICY NUMBER	GA /CLABPP/000026777	
TRANSACTION TYPE	New Business Policy	
VERSION NUMBER	1	
INSURED / YOU	Name: Lesedi Legends Investments (Pty) Ltd Company Registration Number:	
YOUR TAX NUMBER		
INSURED BUSINESS DESCRIPTION	Construction & Cleaning Company	
YOUR POSTAL ADDRESS	P. O. Box 20067 Gaborone South East Botswana	
INTERMEDIARY	Hollard Direct	P O Box 45029 Gaborone Botswana Telephone Number: Fax Number:
INSURER	The Hollard Insurance Company of Botswana (Pty) Ltd Gaborone (Reg .No. C02005/654)	Botswana Telephone Number: +267 3958 023 Fax Number: +267 3958 024 Website: www.hollard.co.bw
TERRITORIAL LIMITS	Botswana, South Africa, Lesotho, Swaziland, Namibia, Malawi, Zimbabwe & Mozambique.	
PERIOD OF INSURANCE	From: October 17, 2019 To : October 16, 2020(both dates inclusive) and any subsequent period for which the Company agrees to renew this policy or any section thereof subject to any revised terms required by the Company.	
RENEWAL DATE	October 17, 2020	
ANNIVERSARY DATE	October 17, 2020	
TYPE OF CONTRACT	Annual paid Once Off	
EFFECTIVE DATE	October 17, 2019	
ISSUED BY	Goitseone Moses	
PAYMENT TYPE	Cash	



SIGNED ON BEHALF OF HOLLARD ON Oct 17, 2019

Premium Schedule and Index of Sections

Policy Sections Available	Section Taken	Pro Rata Premium	Annual Gross
		incl. VAT	incl. VAT
Fire	No	P 0.00	P 0.00
Buildings Combined	No	P 0.00	P 0.00
Office Contents	No	P 0.00	P 0.00
Business Interruption	No	P 0.00	P 0.00
Accounts Receivable	No	P 0.00	P 0.00
Theft	No	P 0.00	P 0.00
Money	No	P 0.00	P 0.00
Glass	No	P 0.00	P 0.00
Fidelity	No	P 0.00	P 0.00
Goods In Transit	No	P 0.00	P 0.00
Business All Risks	No	P 0.00	P 0.00
Accidental Damage	No	P 0.00	P 0.00
Employers Liability	No	P 0.00	P 0.00
Motor Fleet	No	P 0.00	P 0.00
Stated Benefits	No	P 0.00	P 0.00
Personal Accident	No	P 0.00	P 0.00
Motor Specified	No	P 0.00	P 0.00
Motor Traders External	No	P 0.00	P 0.00
Motor Traders Internal	No	P 0.00	P 0.00
House Holders	No	P 0.00	P 0.00
House Owners	No	P 0.00	P 0.00
Electronic Equipment	No	P 0.00	P 0.00
Workers' Compensation	Yes	P 1,700.00	P 1,700.00
Public Liability	No	P 0.00	P 0.00
Commercial Motor	No	P 0.00	P 0.00
TOTAL PREMIUM		P 1,700.00	P 1,700.00
VAT		P182.14	P182.14
This schedule becomes a tax invoice when the total amount requested has been paid. The premium reflected is inclusive of VAT at a rate of 12.00%. (Stamp Duty not applicable). VAT registration number C07098401113			

Workers' Compensation

EFFECTIVE DATE	October 17, 2019	TOTAL PREMIUM	P 1,700.00
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PHYSICAL LOCATION	Plot 1500 Palapye Central BWA
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DECLARATION APPLICABLE	Yes - Annual
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Details of Cover				
Details	Number of Employees	Individual Cover	Annual Wages	Premium
All employees	6	No	P 285000.00	P1700.00

Details	Estimated Annual Earnings Pula
Occupation All Employees Number 6 Circumstances 1. Death: 2. Permanent Disability: 3. Temporary Total Disability: 4. Medical Expenses	285,000.00 As set down in the Botswana Workers Compensation Act No 23 of 1998

First Amount Payable			
Description	Minimum %	Minimum Amount	FAP Basis
All employees			

Disclosure 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 your Financial Services Provider (Insurance Broker)

- a) Name, physical address, postal address and telephone number.
- b) Legal status of your broker
- c) Whether services are rendered under supervision
- d) Whether more than 10% of the insurer's shares are held by your broker and whether more than 30% of the broker's total remuneration was received from the insurer.
- e) Whether or not professional indemnity insurance is held.
- f) Details of how to institute a claim.
- g) Details of broker's complaints procedure and compliance arrangements.
- h) Rand amount of fees, commission payable.
- i) Contractual arrangements with the insurer including any restrictions or conditions.

If the above information is not provided by the broker, please contact your insurer.

2. About your Product Supplier (Insurer)

- a) Name, Address and contact details of the product supplier.

Name:

Physical Address:
PLOT 70667, 2nd Floor, Bulding 2
Fairground
Fairscape Precinct
Gaborone

Postal Address:
P O Box 45029
Gaborone

Contact Details:
Tel No. +267 395 8023
Fax No: +267 395 8504

NBFIRA Licence Information:

Services : General Insurance
Categories : Short-Term Insurance (Personal and Commercial Lines)
License Number: : 2/09/119

b) Complaints Resolution Procedure

If you have a complaint about this product, please contact your broker or your local office of the insurer. If the matter cannot be resolved, please submit a complaint in writing to the insurer's Compliance Officer as follows:

The Complaints Officer

The Hollard Insurance Company Limited
P O Box 45029
Gaborone
Email: eram@hollard.co.bw

Tel No. (267) 3958023

The Compliance Officer

The Hollard Insurance Company Limited
P O Box 45029
Gaborone
Email: eram@hollard.co.bw

Tel No. (267) 3958023

c) Details of how to report a claim

Procedures for the submitting of a claim are set out in full detail in your policy document. If you require assistance, contact your broker or your local office of The Hollard Insurance Company Ltd.

Please note that claims must be reported as soon as possible after the event giving rise to the claim and must be submitted in writing with documentary proof of your loss. You will be required to notify the police in the event of theft or where a criminal act is suspected.

If you have a dispute regarding a claim that is not resolved to your satisfaction by the broker or the insurer, you may submit the complaint to the Ombudsman for Short-Term Insurance as per the details in 3 below.

d) Type of policy involved

Please refer to your policy document which contains the name, risk description (class), policy number and type of policy involved.

e) The extent of premium obligations you assume as a policyholder

Annual Premium : P 1700.0000
Insurance Inception Date : October 17, 2019
Renewal Date : October 17, 2020

f) Due date of premiums and consequences of non-payment

The insurance contract is conditional upon and will only come into effect following payment of the premium by the insured and the receipt thereof by or on behalf of the insurer, and such premium is payable on or before inception date or renewal date, as the case may be.

You are entitled to a period of 15 days from the due date within which to pay your premium, however this period of grace applies from the second month on monthly policies only.

Please check your policy for the due date.

g) Particulars of the Short Term Insurance Ombudsman and NBFIRA Ombud

The Short Term Insurance Ombudsman and FAIS Ombud are available to advise you in the event of claims problems that are not satisfactorily resolved by your broker and/or the product supplier (insurer).

The Short-Term Regulator

P. Bag 00314	Tel No.	(267) 310 25 95
Gaborone	Fax No.	(267)310 23 53
	Website	www.nbfira.org.bw
Monthly Premium:		P 1700.0000
Cover Start Date:		Oct 17, 2019
Renewal Date:		Oct 17, 2020