

TAX RISK INSURANCE

Effective insurance against SARS tax audits and related disputes.

WHO SHOULD BE COVERED?



- Companies
- Trusts
- Business owners and directors
- High net-worth individuals

WHY?



- SARS is conducting more tax audits which lead to more disputes.
- Having a great tax accountant no longer guarantees that you won't get selected for audit.
- Audits and disputes can be complex, stressful and costly. This is definitely not a time for DIY!
- Many tax reassessments are irrational, and SARS doesn't always follow procedures and timelines.
- Taxpayers have rights, but you'd need to know how to access them.
- The cost to successfully defend against a tax audit or related dispute is debilitating.

HOW DOES IT WORK?

If you, your business or your trust is ever selected for audit by SARS, or if there is a dispute about a tax reassessment in terms of which SARS is demanding additional taxes from you, then tax risk insurance will appoint and pay for a team of top tax professionals to deal with the matter - ensuring a fair and favourable tax audit and dispute outcome.

This team may include

- Accountants
- Auditors
- Tax attorneys
- Tax specialists
- Tax advisors

whichever may be required to ensure a fair outcome.

Your own tax accountant will be a central part of the team, and the fees will be paid for services during the claim.

BENEFITS

- ✓ Removes the uncertainty of an unexpected SARS audit or related dispute.
- ✓ Affordable monthly premiums.
- ✓ You can claim more than once per annum.
- ✓ Cover is retrospective, and no waiting periods.
- ✓ You are protected no matter how far back SARS assesses.
- ✓ Some of SA's best tax specialists are appointed to represent you during claims.
- ✓ Your own accountants' fees are covered for the duration of the claim.
- ✓ Indemnity limit is fixed, so you know what you have available.
- ✓ Peace of mind when you need it most





AT A GLANCE

EXCLUSIONS SUMMARY

The following is a summary of the most important aspects not covered by your tax risk insurance policy:

- Audits and disputes which commenced prior to inception of policy.
- Matters where fraud or crime is involved.
- Audits as a result of the late submission of tax returns without an extension.
- Matters relating to income generated outside of South Africa.
Note: Income earned by individuals (SA tax residents) from passive investments, dividends, trust beneficiary payments, consulting fees and fixed-term contracts are covered.
- Costs associated with the normal preparation of tax returns and supply of routine supporting information.
- Matters relating to customs and excise, exchange control, transfer pricing, international tax treaties, and double taxation agreements.
- Where no proper accounting records were kept.
- Taxes, interest, penalties or fines imposed by SARS.
- Employment Tax Incentives.



EASY CLAIMS PROCESS

- 1 > Notify us on **0861 473 738** or **info@taxrisk.co.za** within 30 days of the start of the audit.
- 2 > We will assess the claim and notify you when your claim is approved.
- 3 > **Tax specialists** will be appointed.
- 4 > Your defence starts **immediately**.

GET COVERED NOW, BEFORE YOU GET THAT UNEXPECTED CALL FROM THE TAXMAN!

Ask your advisor how.

This is a summary of the most important aspects of your tax risk insurance cover. It does not in any way amend the cover described in the policy wording and schedule. Please ask us for a copy of your policy wording and schedule for the full policy terms and conditions.

taxrisk
underwriting
managers

0861 473 738
www.taxrisk.co.za
info@taxrisk.co.za

Bryte



Underwritten by Bryte Insurance Company Limited,
 a licensed insurer and an authorised FSP (17703)

**PROPOSAL AND DECLARATION
 TAX RISK INSURANCE - CLASSIC**

YOUR COMPANY / PERSONAL DETAILS

If you are a Company, please submit your company details. If you are an Individual, please submit your personal details.

Company Name / Initials & Surname			
Company Registration No / ID No			
Business Description / Occupation			
VAT / Tax Reference No			
Street Address			Code
Contact Details	(w)	(h)	(c)
E-mail Address			
Name of Your Accountant / Auditor			Tel
Name of Your Insurance Broker			Tel

PRODUCT OPTION SELECTION

Please select your Premium Payment Method

Product Type	Classic	Premium Payment Method	<input type="checkbox"/> Annual
			<input type="checkbox"/> Monthly
Policy Inception Date	/	/ 20	
Premium Payable	R	including 20% broker commission	

DEBIT ORDER AUTHORITY

for Monthly Premium Payment option

Name of Bank			
Branch	Branch Code		
Account Number	Type of account		
Account Holder's name			

I hereby authorise the Insurer to draw against the above account the amount necessary for the payment of the monthly premiums and adjustment premiums due to the Insurers in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the Policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer has received premium, subject to the period of grace as described in the Policy Wording.

DECLARATION & PROTECTION OF PERSONAL INFORMATION CONSENT

I hereby warrant that all the statements included on all the pages of this Proposal From are true, accurate and complete and contain all information known to me which may affect the risk to be insured under this Policy, and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in the contract between myself and the Insurer. I agree to accept the insurance on the terms and conditions set forth in the Policy wording, Schedule and any endorsements as applicable.

I acknowledge that the sharing of information for insurance, underwriting and claims purposes enables the insurers to administer policies and assess risk. Tax Risk Underwriting Managers and the Insurers undertake to keep my information confidential in terms of the Protection of Personal Information Act 4 of 2013 in regards to the acquisition, usage, retention, transmission and deletion of my personal information. However, they may disclose it to certain third parties and other insurers as required for the specific purpose of insurance, and to reduce and prevent any form of fraudulent activity. On my own behalf and on behalf of any party I represent herein, I hereby give consent and fully understand the reasons to process, use, share and retain personal information for its designated purpose. A full version of the Consent to Process Personal Information is available on www.taxrisk.co.za. I have elected free choice in completing this Proposal for Insurance.

Signature of Proposer		Date	
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YOUR DISCLOSURE

This Policy is dependent upon true, correct and complete information being provided to us by you. All material information, whether asked for or not must be disclosed. You may use separate pages for elaboration if required.

	Yes	No
Are you or your business currently undergoing an investigation by SARS?		
Have you or your business, during the past 3 years been exposed to a SARS Tax Audit?		
Are any of your tax returns or tax payments overdue?		
Have you submitted any tax return after the filing deadline without receiving an extension in writing from SARS?		
Do you have any overdue outstanding debt with SARS?		
Have you or your business previously applied for tax amnesty from SARS?		
Have you recently applied for a tax clearance certificate which has not been granted by SARS?		
Do you know of any current reason or circumstance which could give rise to a claim under this Policy?		
If you have answered any of these questions in the negative, please elaborate:		

PREMIUM RATES

Companies		Classic		
Your annual turnover last year	Select	Monthly	Select	Annual
Less than R 3,000,000	<input type="checkbox"/>	R249	<input type="checkbox"/>	R2 988
R3,000,000 to R10,000,000	<input type="checkbox"/>	R390	<input type="checkbox"/>	R4 680
R10,000,000 to R25,000,000	<input type="checkbox"/>	R559	<input type="checkbox"/>	R6 708
R25,000,000 to R50,000,000	<input type="checkbox"/>	R999	<input type="checkbox"/>	R11 988
R50,000,000 to R100,000,000	<input type="checkbox"/>	R1 449	<input type="checkbox"/>	R17 388
More than R100,000,000	POA	What is the annual turnover?	R	<input type="text"/>
Individuals				
Your taxable income last year	Select	Monthly	Select	Annual
Less than R 2,000,000	<input type="checkbox"/>	R235	<input type="checkbox"/>	R2 820
R2,000,000 to R5,000,000	<input type="checkbox"/>	R335	<input type="checkbox"/>	R4 020
More than R5,000,000	POA	What is your annual income?	R	<input type="text"/>

INDEMNITY LIMITS

The following is a summary of the Indemnity Limits of the Policy. The Indemnity Limit is equal to the Annual Rand Limit or the Annual Hours Limit, whichever is the lesser.

Companies		Classic	
Your annual turnover last year	Annual Rand Limit	or	Annual Hours Limit
Less than R 3,000,000	R250,000	or	50 hours, whichever is lesser
R3,000,000 to R10,000,000	R300,000	or	100 hours, whichever is lesser
R10,000,000 to R25,000,000	R500,000	or	150 hours, whichever is lesser
R25,000,000 to R50,000,000	R750,000	or	200 hours, whichever is lesser
More than R50,000,000	R1,000,000	or	300 hours, whichever is lesser
Limited to 100 hours per Any One Claim			
Individuals			
Your taxable income last year	Annual Rand Limit	or	Annual Hours Limit
Less than R 2,000,000	R100,000	or	50 hours, whichever is lesser
More than R2,000,000	R300,000	or	100 hours, whichever is lesser
Limited to 50 hours per Any One Claim			



TRUSTS POLICY PROPOSAL & DECLARATION

YOUR TRUST COMPANY DETAILS

Trust Company Name			
Trust Company Registration No			
Business Description			
VAT / Tax Reference No			
Street Address			Code
Contact Details	(w)	(h)	(c)
E-mail Address			
Name of Your Accountant / Auditor			Tel
Name of Your Insurance Broker			Tel

PRODUCT OPTION SELECTION

Please select your Product Option and Premium Payment Method by checking the correct tick-box.

Product Option Selected	<input type="checkbox"/> Trading Trust <input type="checkbox"/> Passive Holding Trust	Premium Payment Method	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
Policy Inception Date	/ / 20		
Premium Payable	R including 20% broker commission		

DEBIT ORDER AUTHORITY

for Monthly Premium Payment option

Name of Bank			
Branch	Branch Code		
Account Number	Type of account		
Account Holder's name			

I hereby authorise the Insurer to draw against the above account the amount necessary for the payment of the monthly premiums and adjustment premiums due to the Insurers in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the Policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer has received premium, subject to the period of grace as required by the Policy.

DECLARATION & PROTECTION OF PERSONAL INFORMATION CONSENT

I hereby warrant that all the statements included on all the pages of this Proposal From are true, correct and complete and contain all information known to me which may affect the risk to be insured under this Policy, and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in the contract between myself and the Insurer.

I acknowledge that the sharing of information for insurance, underwriting and claims purposes enables the insurers to administer policies and assess risk. Tax Risk Underwriting Managers and the Insurers undertake to keep my information confidential in terms of the Protection of Personal Information Act 4 of 2013 in regards to the acquisition, usage, retention, transmission and deletion of my personal information. However, they may disclose it to certain third parties and other insurers as required for the specific purpose of insurance, and to reduce and prevent any form of fraudulent activity. On my own behalf and on behalf of any party I represent herein, I hereby give consent and fully understand the reasons to process, use, share and retain personal information for its designated purpose. A full version of the Consent to Process Personal Information is available on www.taxrisk.co.za. I have elected free choice in completing this Proposal for Insurance.

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YOUR DISCLOSURE

This Policy is dependent upon true, correct and complete information being provided to us by you. All material information, whether asked for or not must be disclosed. You may use separate pages for elaboration if required.

	Yes	No
Have you or your trust, during the past 3 years submitted any tax return after the filing deadline without receiving an extension in writing from SARS?		
Have you or your trust, during the past 3 years been exposed to a SARS Tax Audit into your tax returns?		
Are any of your tax returns or tax payments overdue?		
Are any VAT or PAYE payments overdue?		
Have you or your trust previously applied for tax amnesty from SARS?		
Have you or your trust ever been sequestrated or liquidated?		
Are you or your trust currently undergoing any investigation by SARS?		
Do you or your trust have any overdue outstanding debt with SARS?		
Have you recently applied for a tax clearance certificate which has not been granted by SARS?		
Do you know of any current reason or circumstance which could give rise to a claim under this Policy?		
If you have answered any of these questions in the negative, please elaborate:		

PREMIUM RATES (inclusive of VAT)

TRADING TRUSTS					PASSIVE HOLDING TRUSTS			
A trust that actively carries on business or trading, or is used in the conduct of business.					A trust under which property held by a trustee is used for passive investment.			
<i>Your annual turnover last year</i>	Select	Monthly	Select	Annual	Select	Monthly	Select	Annual
Less than R 3,000,000	<input type="checkbox"/>	R199	<input type="checkbox"/>	R2 388	<input type="checkbox"/>	R275	<input type="checkbox"/>	R3 300
R3,000,000 to R10,000,000	<input type="checkbox"/>	R275	<input type="checkbox"/>	R3 300				
R10,000,000 to R25,000,000	<input type="checkbox"/>	R450	<input type="checkbox"/>	R5 400				
R25,000,000 to R50,000,000	<input type="checkbox"/>	R650	<input type="checkbox"/>	R7 800				
R50,000,000 to R100,000,000	<input type="checkbox"/>	R1 100	<input type="checkbox"/>	R13 200				

INDEMNITY LIMITS

The following is a summary of the Indemnity Limits of the Policy. The Indemnity Limit for the product category selected is equal to the Annual Rand Limit or the Annual Hours Limit, whichever is the lesser.

TRADING TRUSTS				PASSIVE HOLDING TRUSTS		
<i>Your annual turnover last year</i>	Annual Rand Limit	Annual Hours Limit		Annual Rand Limit	Annual Hours Limit	
Less than R 3,000,000	R250,000	or	50 hours	R250,000	or	100 hours
R3,000,000 to R10,000,000	R250,000	or	100 hours			
R10,000,000 to R25,000,000	R250,000	or	150 hours			
R25,000,000 to R50,000,000	R250,000	or	150 hours			
R50,000,000 to R100,000,000	R250,000	or	150 hours			
	Limited to 50 hours per Any One Claim			Limited to 50 hours per Any One Claim		