**CLIENT ADVICE RECORD**

**CLIENT/BUSINESS NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ID NUMBER/COMPANY REGISTRATION NR:** ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide policy/ies in question:

|  |  |  |
| --- | --- | --- |
| **Client/Business Name** | **Insurer** | **Policy number** |
|  |  |  |
|  |  |  |
|  |  |  |

*The Client advise record has bearing on which need:*

NEW BUSINESS [ ]  RENEWAL [ ]  REPLACEMENT [ ]

**DECLARATION BY CLIENT**

I confirm that the advising broker has made his recommendations available to me and my financial position is as follows:

 I confirm that the following points are my main concerns (if any)

and that the advising Broker has paid careful attention to the above points as well as other related sections.

The following products:

were considered and I have accepted (insurer’s name) as the product that best meets my financial needs / risk. I understand that the accuracy and effectiveness of the Needs Analysis depends on the information I provided to the advising broker. I confirm that the advising broker has enquire about my needs to recommend any products or policies that I may require based on the information given to him. The subsequent product recommendation in this record is based largely on information related to my personal / business circumstances that I provided to my advisory broker. I understand that any material non-disclosure and / or misrepresentation may result in inappropriate products being recommended to me, which may result in non-payment of claims.

I further understand that most of the disputes in insurance claims can be attributed to the following reasons;

1. Premiums must be paid in order to enjoy cover. Non-payment of premium could lead to no cover.
2. Items not specified on the policy schedule.
3. Damage due to uninsured events.
4. Theft in the open, and / or without visible signs of forcible entry or exit.
5. False or non-disclosure, unpaid premiums, poor maintenance, and insufficient security.
6. Non-compliance with the law.
7. All loss or damage must be reported within 31 days of date of the event.
8. Subrogation is the right of the insurer after a claim has been instituted to transfer some of the rights from the insured
9. Financial interest in an item is a minimum requirement of insurable interest.

I confirm that the advising broker has discussed the following risks and has brought under my attention (if any):

I confirm that my knowledge of short-term Insurance is:

Limited [ ]

Sufficient [ ]

Vast [ ]

Client’s own word choice:

and I acknowledge that I have an obligation to familiarise myself with the exclusions, terms and conditions of the product / s and the cover I bought, and to make sure that I understand any terms and / or exclusions. If there are any uncertainties, I will make time to consult my advisor to discuss the necessary information.

I accept the excesses that were discussed and presented as in my policy schedule / quote. I take note of the waiver of and additional excesses applicable under the specific section / s, as well as the differences between

my previous / existing cover with if applicable.

I declare that my main reason for the decision to change Insurer / FSP is due to

Service [ ]

Premium [ ]

Cover [ ]

Any Other [ ]

If I would like to add / delete my cover or make any changes to it, I need to confirm by fax, phone or email to my advising broker.

I confirm that the following has been discussed and, if necessary, a copy will be handed / sent to me: I confirm that the signing of the following documents forms part of this Advisory Record:

* Introduction letter
* Authorization to obtain information and Appointment Letter
* Signed schedule / quote
* Completed Application, Needs and Risk Assessment / Renewal
* Renewals and conditions were discussed where applicable
* Indemnity Limits / Insured policy sections where covers were selected with the respected insured values and extensions were confirmed and is correct and, where necessary, amended
* Statutory notice / FSP license is available upon request
* Claim and complaint procedure is available upon request
* Average: Prerequisite condition means that if your insured amount does not meet a new replacement value, you will be penalized for the amount you are underinsured in the event of a claim

Signature of Client: Date:

E-mail address:­­­­­­­­­­­­­­­­­­­­­­

**DECLARATION BY FSP**

The client has the freedom to only accept the products marked on the application, needs and risk analysis and and/or as accepted on the quotation.

The consequences of the providing correct and detailed information has been explained to the client and the client has indicated that he understands these consequences. Any verbal amendments must be confirmed in writing by the advising broker.

I confirm that I have complied with FSCA and the internal procedures that are expected of me and that all required documents have been completed and / or obtained and that relevant copies thereof will be handed / sent to the client.

Broker's name:

Branch:

FSP number:

Broker Signature:

Brokers E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_