NEEDS ANALYSIS FORM

 (Agric)

**Advising Broker Administrative Broker**

Hanno Botha Smit & Kie Pretoria Broker (Pty) Ltd

FSP: 43148 FSP: 43148

**BROKER’S CHECKLIST:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Letter of Introduction 1. | YES | NO |
|  |   |   |   |
| 2. | Completed and signed Needs Analysis  |   |   |
|  | (including previous Insurance Policy Schedule) 2. | YES | NO |
| 3. | Printed Quotation 3. | YES | NO |
| 4. | Complete Record of Advice 4. | YES | NO |
| 5. | Letter of Appointment 5. | YES | NO |
| 6. | Send Policy Schedule with Disclosure Notice 6. | YES | NO |

**CLIENT DETAILS:**

Full Registered Name……………………………………………………………………………..……………….…………

Trading name (If applicable): …………………………….………………………………………..…………………………

Registered Address……………………………………………………………………………………………………………

 ………………………………………………………………………………. Code………………...

Postal Address: …………………………………………………………………………………………………………….…

 …………………………………………………………………………………… Code: ………………...

Vat Reg. No: ……………………………………… Company Reg. No……………………………….………………

**Contact Person Details:**

Name and Surname………...…………………………….…………………………… Capacity: ………………...………

Is said person duly authorised to enter into agreements on behalf of Company: ………………………………………

Telephone Number: ……………………...……………. Facsimile Number: ………………………………….…………

Cell phone number: ……….......………...…………...… E-mail Address: ……………………………………………...……

Website…….…………………………………………… Effective date of cover: ……………………………………………….

**Voluntary information (for statistical and marketing purposes only)**

|  |  |
| --- | --- |
| **MALE**  | **FEMALE**  |

Gender:

Nationality……………………………………………...

|  |  |  |  |
| --- | --- | --- | --- |
| **SINGLE**  | **MARRIED**  | **DIVORCE**  | **WIDOWED**  |

Marital Status:

Highest Qualification achieved………………………………………………...

Details of other existing Insurance Policies (that will not be maintained by Smit and Kie Pretoria Brokers (Pty) Ltd but will remain in place i.e. other short-term policies): ………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **FACEBOOK**  | **TWITTER**  | **LINKEDIN**  | **OTHER**  |

What social media

do you use?

If other, please specify…………………………………………

Sports/Hobbies/Recreational/Activities………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E-MAIL**  | **SMS**  | **POST**  | **TELEPHONE**  | **FAX**  |

What is your preferred means of communication?

|  |  |
| --- | --- |
| **YES**  | **NO**  |

Do you wish to receive marketing promotional information?

**RISK DETAILS:**

Main Business Activity (Full details required including details of goods and services):

……………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

All Risk Addresses:

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| **YES** | **NO** |

Inception Date: …………….……………………... Annual

Description of Security on Premises:

……..………………………………………………………………………………………………………………………………

….…………………………………….………………………………………………………………………………………….....

.....................................................................................................................................................................................

Occupation of Premises (other tenants occupying the premises):

……..………………………………………………………………………………………………………………………………

….…………………………………….………………………………………………………………………………………….....

.......................................................................................................................................................................................

Construction of Buildings:

………..………………………………………………………………………………………...…………………………………..

.………………………………………….……………………………………………………………………………………........

Hazardous Process:

………………………………………………………………………………………………………………………………………

 ……………………………………………....……………………………………………………………………………………..

…………………………………………..............................................................................................................................

Is property bonded/rented/owned: ……………………………...….………………………………………………………….

Details of bondholder: …………………………………………………………………………………………………………...

Estimated Annual Turnover………………………Estimated Annual Carry of Goods in Transit.…………………………

Previous Insurers Details: ………….……………………….…………………………………………………………………..

Period of Insurance from: ……………………………………………To………………………………………….

Claims and Loss Experience Last 3 (three) Years:

……………………………………………………………………..………………………………………………………………

…………………….………………………………………………………………………………………………………………

………….......……………………………………………………………………………………………………..………………

………….....................................................……………………………………………………………………………………

………………….………………………....................................................................................................………………

**SECTION 1. FIRE:**

**ITEM NO: DETAILS’ADDRESS SUM INSURED**

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

…………………………………..…………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

Buildings R ……………………….………...

Rent (Receivable/Payable) R ………………………………...

Plant, Machinery, Landlord’s Fixtures and Fittings and all other contents R ………………………………...

Livestock (Fire and lightning only) R………………………………...

Seasonal Increase from ………………… to …………………………

Miscellaneous as described and tenants improvements R………………………………...

Additional Claims Preparation Costs R ………………………………...

**ADDITIONAL PERILS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Earthquake  | 1 | YES | NO |
| 2 | Special Perils (Storm, wind, water, hail)  | 2 | YES | NO |
| 3 | Malicious Damage (This is not SASRIA)  | 3 | YES | NO |
| 4 | Sprinklers Leakage / Limit Required R ……………………………..............  | 4 | YES | NO |
| 5 | Subsidence and Landslip (Subject to Survey)  | 5 | YES | NO |
| 6 | Spontaneous Combustion  | 6 | YES | NO |
| 7 | Fork Lift Trucks if no Motor Cover  | 7 | YES | NO |
| 8 | Fodder  | 8 | YES | NO |

**Temperature Clause (AP required)**

**EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Stock Declaration Conditions  | 1 | YES | NO |
| 2 | Disposal of Salvage  | 2 | YES | NO |
| 3 | Escalation – specify percentage …………………  | 3 | YES | NO |
| 4 | Inflation – specify percentage …………………….  | 4 | YES | NO |
| 5 | Spread of Fire  | 5 | YES | NO |
| 6 | Spread of fire to plantation  | 6 | YES | NO |
| 7 | \*Questionnaire must be completed  | 7 | YES | NO |
| 8 | Driving of livestock  | 8 | YES | NO |
| 9 | E C Liability  | 9 | YES | NO |
| 10 | Guesthouse  | 10 | YES | NO |
| 11 | Warehouse man  | 11 | YES | NO |
| 12 | \*Has the average clause been explained to the client?  | 12 | YES | NO |

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**SECTION 2. BUILDINGS COMBINED**

**DETAILS/ADDRESS SUM INSURED**

………………..….……………..…………………………………….……………… R ………………………...

………………………..……………..………………………………………………… R ………………………….

……………………………..……..…………………………………………………… R ………………………….

Additional Claims Preparation Costs ...…………………………………………… R ………………………….

 **Total R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Subsidence and Landslip (Subject to Survey)  | 1 | YES | NO |
| 2 | Escalation – specify percentage ……………  | 2 | YES | NO |
| 3 | Inflation Contingency– specify percentage …………………….  | 3 | YES | NO |
| 4 | Prevention of Access  | 4 | YES | NO |
| 5 | Occupancy  | 5 | YES | NO |
| 6 | Geysers  | 6 | YES | NO |
| 7 | \*Has the average clause been explained to the client?  | 7 | YES | NO |
| 8 | \*average condition means that if your sum-insured does not adequately | 8 | YES | NO |

represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**SECTION 3. OFFICE COMPREHENSIVE**

**DETAILS: SUM INSURED**

Contents (Theft Cover is limited to 25% of Sum Insured) R ………………………......

Documents R ………………………….

Liability for Documents R ………………………….

Increased Cost of Working R…………………………

**CLAUSES & EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Theft by Forcible and Violent Entry or Exit (Restricted to forcible or violent entry or exit)  | 1 | YES | NO |
| 2 | Application of Alarm warranty  | 2 | YES | NO |
| 3 | Full Theft Cover  | 3 | YES | NO |
| 4 | \*Has the average clause been explained to the client?  | 4 | YES | NO |

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**SECTION 4. BUSINESS INTERUPTIONS**

**ITEM NO. SUM INSURED**

1. Gross Profit (Difference Basis) R …………………………
2. Gross Profit (Additions Basis) R …………………………
3. Gross Rental R …………………………
4. Revenue R …………………………
5. Additional Increase in Cost of Working R ………………………….
6. Wages (Number of Weeks Basis) Number of Weeks …………… R ………………………….
7. Fines and Penalties R ………………………….

1. Other ……………………………………………………………………… R ………………………….

**INDEMNITY PERIOD** (Number of Months to be specified) ……………… **Months (minimum 6 months)**

|  |  |
| --- | --- |
| **YES**  | **NO**  |
| **YES**  | **NO**  |

Deposit Premium Basis

\*Has the average clause been explained to the client?

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

* + 1. **EXTENSIONS TO BE INCLUDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Suppliers/Subcontractors (specified) | 1 | YES | NO |
|  | …………….………………...% of the sums insured by items 1 to 5  |  |  |  |
|  |  |  |  |  |
| 2 |  Suppliers/Subcontractors (unspecified)  | 2 | YES | NO |
|  | ……………………………….% of the sums insured by items 1 to 5 |  |  |
|  |  |  |  |  |
| 3 | Prevention of access – Extended cover  | 3 | YES | NO |
|  |  |  |  |  |
| 4 |  Customers (specified)  | 4 | YES | NO |
|  | …..……………..…………...% of the sums insured by items 1 to 5 |  |  |  |
|  |  |  |  |  |
| 5 | Public utilities – insured perils | 5 | YES | NO |
|  |  |  |  |  |
| 6 | Public telecommunications – insured perils | 6 | YES | NO |
|  |  |  |  |  |
| 7 |  Public telecommunications – extended cover | 7 | YES | NO |
|  |  |  |  |  |
| 8 | Public utilities – extended cover | 8 | YES | NO |
|  |  |  |  |  |
| 9 | Accidental damage (subject to a Combined Business Interruption | 9 | YES | NO |
|  |  |  |  |  |
| 10 | Accidental damage limit as specified in the  | 10 | YES | NO |
|  | Accidental Damage Section |  |  |  |

* + 1. **N.B. SASRIA (STANDING CHARGES OR WORKING EXPENSES)**

**LIST OF CHARGES/EXPENSES MUST BE SUPPLIED IN AN ANNEXURE)**

**THE FOLLOWING NEEDS TO BE CONSIDERED WHEN CALCULATING YOUR SUM INSURED:**

\*Accounting Gross Profit is different to Insurable Gross Profit

\*Current and future growth trends of the business, as well as your Indemnity Period

\*VAT must be included

\*\*This is a summary of how your Insurable Gross Profit should be calculated:

* + 1. Sales Turnover R…………………... PLUS Closing Stock R………………………… =R…………………….
		2. LESS Opening Stock R……………………. less Uninsured Costs R………………. =R………………... (which includes Purchases R……………………... (less discounts received R…………………………), Discounts

Allowed R………………..., Bad Debts R…………...)

* + 1. Actual Gross profit for previous year (1-2=3) R……………………………
		2. Calculate Rate of Gross Profit (31x100%) R…………………………….
		3. Anticipated Annual Sales Turnover for forthcoming period R……………………………………
		4. Apply Rate of Gross Profit (4) to Sales Turnover (5) R……………………………………………
		5. Add VAT R………………………………………
		6. Total Sum Insured (6+7) R………………………………………………………………………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 5. THEFT AND MALICIOUS DAMAGE**

 **FIRST LOST LIMIT**

…………………………………………………………………………………………….. R ………………………………

…………………………………………………………………………………………….. R ………………………………

…………………………………………………………………………………………….. R ………………………………

…………………………………………………………………………………………….. R ………………………………

Additional Claims Preparation Cost.…………………………………………………… R ………………………………

 **Total R ……………………………….**

**EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |
| --- | --- |
| **YES**  | **NO**  |
| **YES**  | **NO**  |

Damage to Buildings – as a result or attempt of Theft – increased limits R ….……………

Alarm Warranty Application

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 6. MONEY**

**ITEM (Premises to be specified) MAJOR LIMIT**

1. During Business Hours R ..................................
2. Outside Business Hours in approved safe (specify safe category) R…………………………

(limited to R5 000 until safe is surveyed)

1. While in residence of insured, partner, director, employee of insured R ……………………….
2. In custody of partner, director, employee of insured while away from

premises on a business trip anywhere in the world R………………………...

1. In custody of collector, roundsman or petrol attendant R…………………………
2. Seasonal increase (specify period: ………………………………………….) R…………………… …...
3. Crossed cheques, crossed money orders, crossed postal orders R…………………………
4. Receptacles/Clothing and lock and Keys (R5000 limit unless otherwise stated) R………………………...

 **Total R ……………………...**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 7. PLATE GLASS (including frames)**

**ITEM (Premises to be specified) SUM INSURED**

………………………….……….….………………………..………………………………………R…………………… ……...……………………………………….………………………………………...………….… R……………………

Signage

|  |  |
| --- | --- |
| **YES**  | **NO**  |
| **YES**  | **NO**  |
| **YES**  | **NO**  |
| **YES**  | **NO**  |

Internal / External

Armour Plate Doors

Alarm Systems

Additional Claims Preparation Costs

…………………………………………………………………………………………….. R……………………

**N.B. GLASS SUBJECT TO AVERAGE** - PLEASE ENSURE ALL THE GLASS ON YOUR PREMISES IS IN THE SUM INSURED UNDER THIS SECTION

|  |  |
| --- | --- |
| **YES**  | **NO**  |
| **YES**  | **NO**  |

Special Reinstatement

\*Has the average clause been explained to the client?

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**SECTION 8. FIDELITY GUARANTEE**

**BASIS: SUM INSURED**

**Name or Positions Basis**

………………………………..……………………………………………………………………… R ………………….

………………………………..……………………………………………………………………… R ………………….

………………………………..………………………………………………………………………. R …………………. ………………………………..……………….……………………………………………………… R …………………. **Total R\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blanket Basis:**

No. of Employees ………………………………………………………………………………….

**EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Retroactive Cover  | 1 | **YES** | **NO** |
| 2 | Superseded Policy (………………Years | 2 | **YES** | **NO** |
| 3 | Voluntary First Amount Payable. R …………………………... | 3 | **YES** | **NO** |
| 4 | Reinstatement of Sum Insured | 4 | **YES** | **NO** |
| 5 | Cost of Recovery | 5 | **YES** | **NO** |
| 6 | Computer losses | 6 | **YES** | **NO** |
| 7 | Extension for losses discovered more than 24 months after being committed but not more than 36 months thereafter  | 7 | **YES** | **NO** |
| 8 | Extension granted on receipt of a satisfactory systems audit in respect of losses discovered more than 24 months after being committed | 8 | **YES** | **NO** |
|  | If **YES** - State name of accounting firm…………………………………………… |  |

**COVER SUBJECT TO A SEPARATE ACCEPTABLE F/G PROPOSAL**

**SECTION 9. GOODS IN TRANSIT**

All Goods usual to the Insured’s Business

Annual Carry R …………………….…. Limit per Vehicle R……………………

Means of Conveyance: ………………………………………….……………………………………………

Additional Claims Preparation Costs R ………………………………...

**Specify the Type of Cover Required:** (Please tick the appropriate block)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | All Risks | 1 | YES | NO |
| 2 | Fire, Explosion, Collision, Derailment and Overturning Limitation  | 2 | YES | NO |
| 3 | Theft and Hijacking | 3 | YES | NO |
| 4 | Debris Removal/Exposure/Pollution | 4 | YES | NO |
| 5 | Territorial Limits | 5 | YES | NO |
| 6 | Do you transport livestock? | 6 | YES | NO |

**SECTION 10. BUSINESS ALL RISKS**

**ITEM NO.**

**DETAILS SUM INSURED**

……………………………………………………………………………………………… R……………………...

…………………………………………………………………………………………………… R……………………...

…………………………………………………………………………………………………… R……………………...

……………………………………………………………………………………………………… R……………………...

………………………………………………..…………………………………………… R……………………...

…………………………………………………………………………………………… R ……………………...

 **Total R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Has the average clause been explained to the client? **YES / NO**

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**SECTION 11. ACCIDENTAL DAMAGE**

|  |  |
| --- | --- |
| **ITEM NO.** Premises  |  **SUM INSURED**  |
| ..………………………………………… …………………………………….……  | R………………………  |
| ..……………… ………………………………………………………………….……  | R………………………  |
|  1. All Properties as defined thereunder: Total Value:  **OR**  | **R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  2. First Loss  | **R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

Leakage of Oils / Chemicals / Fumes R …………………………. **YES / NO**

Additional Claims Preparation Costs R …………………………. **YES / NO**

 **SECTION 12. PUBLIC LIABILITY**

Basis of cover: **Claims made** Retroactive date ……………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Wages | R ……………………. |  |  |
| EEC Liability | Limit | R ……………………. |  |  |
| Spread of Fire | Limit | R ……………………. |  |  |
| GENERAL Tenant Liability | Limit | R ……………………. |  |  |
| Products Liability | Limit | R ……………………. |  |  |
| Defective Workmanship | Limit | R ……………………. |  |  |
| Turnover |  | R ……………………. |  |  |
|  |  |  |  |  |  |
| Extended Liability up to R20 000 000 | **YES / NO** |  |  |  |
| Please stipulate f you require 50 000 000 or 1 000 000 000(Resorts and Timeshare only) …………………… |

**SECTION 13. PEDIGREE ANIMALS**

**NAMES OF ANIMALS SEX BREED NUMBER SUM INSURED**

………………….……………………………….……………………………………… R………………….………

…………………………………………………………………………………………… R……………………...…… ……………………………...………….………………………………………………… R…………………………...

………………….……………………………………………………………………… R………………….………

…………………………………………………………………………………………… R……………………...…… \*additional Questionnaire to be completed

**SECTION 14. GROUP PERSONAL ACCIDENT**

**NAMES OF PERSONS AGES OCCUPATION SUM INSURED**

………………….……………………………………………………….……………………………R………………….………

……………………………………………………………………………………………………….R……………………...……

……………………………...…………….………………………………………………………….R………………………

Circumstances

1. Death ………..…………. Times annual earnings ………………………………………
2. Permanent Disability Such percentage of ……... Annual earnings as is specified for the particular

disability

1. Temporary Total Disability …………. Percent of average weekly earnings for a period longer than

…………. week/s but not longer than ………. weeks

1. Medical Expenses R………………………….

**EXTENSIONS TO BE INCLUDED** (Please tick the appropriate block)

|  |  |
| --- | --- |
| **YES**  | **NO**  |
| **YES**  | **NO**  |

Burns Disfigurement Extension

Business Hours Limitation

**SECTION 15. ELECTRONIC EQUIPMENT**

 **ITEM DESCRIPTION SUM INSURED**

1. …………….……………………………………………………………………R……………………………
2. …………….……………………………………………………………………R……………………………
3. …………….……………………………………………………………………R……………………………
4. …………….……………………………………………………………………R……………………………
5. …………….……………………………………………………………………R……………………………

Consequential Loss

|  |  |
| --- | --- |
| **YES**  | **NO**  |

If YES, please provide the following details:

1. Increased Cost of Working R………………………….

Indemnity Period a maximum of …………………………… Months

1. Reinstatement of Data R………………………….

 Additional Claims Preparation Costs R………………………….

|  |  |
| --- | --- |
| **YES**  | **NO**  |
| **YES**  | **NO**  |

1. Incompatibility Cover
2. Lightning Protection Plug

|  |  |
| --- | --- |
| **YES**  | **NO**  |

1. \*Has the average clause been explained to the client?

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**SECTION 16. IRRIGATION EQUIPMENT ON WHEELS AND CENTRE PIVOTS**

**MAKE SIZE TYPE OF COVER SUM INSURED**

………………….……………………………………………………….…………………R………………….

……………………………………………………………………………………………...R…………………...

……………………………………………………………………………………………...R…………………...

* Type of cover can be Comprehensive, Third Party Fire and Theft of Only Third Party

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMARY OF COMMERCIAL COVER REQUIRED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Fire  | 1 | YES | NO |
| 2 | Buildings Combined  | 2 | YES | NO |
| 3 | Office Contents  | 3 | YES | NO |
| 4 | Business Interruption | 4 | YES | NO |
| 5 | Accounts Receivable | 5 | YES | NO |
| 6 | Theft  | 6 | YES | NO |
| 7 | Money  | 7 | YES | NO |
| 8 | Glass  | 8 | YES | NO |
| 9 | Fidelity Guarantee | 9 | YES | NO |
| 10 | Goods in Transit | 10 | YES | NO |
| 11 | Business All Risks  | 11 | YES | NO |
| 12 | Accidental Damage  | 12 | YES | NO |
| 13 | Public Liability  | 13 | YES | NO |
| 14 | Pedigree Animals | 14 | YES | NO |
| 15 | Employers Liability  | 15 | YES | NO |
| 16 | Stated Benefits  | 16 | YES | NO |
| 17 | Group Personal Accident  | 17 | YES | NO |
| 18 | Motor  | 18 | YES | NO |
| 19 | Electronic Equipment  |  |   |   |
|  | Irrigation Equipment on wheels and centre pivots | 19 | YES | NO |
| 20 | Machinery Breakdown  | 20 | YES | NO |
| 21 | Machinery Breakdown L.O. P | 21 | YES | NO |
| 22 | SASRIA | 22 | YES | NO |

**Kindly indicate of you require quotations on the following covers:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Specialised Liabilities  | 1 | YES | NO |
| 2 | Professional Indemnity Cover | 2 | YES | NO |
| 3 | Plant all risks | 3 | YES | NO |
| 4 | Machinery Breakdown & Loss of Profits | 4 | YES | NO |
| 5 | Contractors all risks | 5 | YES | NO |
| 6 | Erection & Testing | 6 | YES | NO |
| 7 | Works Damage | 7 | YES | NO |
| 8 | Specialised Excess Layer | 8 | YES | NO |
| 9 | Employee Benefits | 9 | YES | NO |
| 10 | Guarantee | 10 | YES | NO |
| 11 | Crop Insurance | 11 | YES | NO |
| 12 | Game/Wildlife Insurance | 12 | YES | NO |

**NOTE: SHOULD COVER BE REQUIRED FOR ADDITIONAL PREMISES PLEASE INDICATE ACCORDINGLY**

Additional Claims Preparation Costs …………………………………… Flat Rate of R 5 000 (unless otherwise stated)

|  |  |  |
| --- | --- | --- |
|  | **PERSONAL LINES REQUIREMENTS:** |  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HOMEOWNERS SECTION (buildings): Required:**

Risk Address:

………………………………………………………………………………………………………………………………………

……………………………………………….………………………………………………………………Code………………

**Type of dwelling:** House……... Flat (if a flat what floor?) …………. Complex………Holiday Home …......

 Sectional Title……...…Retire Village………...

Location (please mark with an X):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESIDENTIAL SUBURB**  | **SECURITY COMPLEX**  | **PLOT**  | **FARM**  | **OTHER**  |

**Sums Insured**: Main dwelling & outbuildings: R………………………...……… Lapa(s): R……………...…………

 Main dwelling & outbuildings: R………………………...……… Lapa(s): R……………...……….

Construction of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ROOF: | **TILES**  | **SINK**  | **THATCH**  | **OTHER**  |
|  |  |  |  |  |
| WALLS: | **BRICKS**  | **CEMENT**  | **WOOD**  | **OTHER**  |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

 If thatch roof, is a lightning conductor installed according to SABS specifications?

Describe Present firefighting measures / equipment:

…………………………………………………………………………………….………………………………………………

……………………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| **YES**  | **NO**  |

Thatched Lapa?

How far from main building? ……………… m.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Subsidence and landslide  | 1 | YES | NO |
| 2 | Borehole  | 2 | YES | NO |
| 3 | Water course  | 3 | YES | NO |

Voluntary Excess: (Amount) ..........................................................................................................................................

Unoccupied Days (If more than 60 days, give reason): .................................................................................................

 ........................................................................................................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No Claim Bonus**  | **1**  | **2**  | **3**  | **4**  | **5**  |

Type of residence (please mark with an X):

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER**  | **RENTED**  | **BONDED**  | **LODGER**  |

Name and Details of bondholder: ………………………………………………………….…………………………………

|  |  |
| --- | --- |
| **YES**  | **NO**  |

Noting of interest required:

If yes, please provide details: ………………………………………………………………………………………………….

|  |  |
| --- | --- |
| **YES**  | **NO**  |

\*Has the average clause been explained to the client?

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **HOUSEHOLDERS SECTION (contents):**  |  | **Required:**  |

 |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

 |

Risk Address:

………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………Code……………

**Sums Insured**: Main dwelling & outbuildings: R………………………..……………… Lapa(s): R…………..………

 Main dwelling & outbuildings: R………………………..……………… Lapa(s): R…………..………

Type of dwelling (please mark with an X):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSE**  | **FLAT (GROUND FLOOR)**  | **FLAT (ABOVE GROUND FLOOR)**  | **HOLIDAY HOME**  | **SECTIONAL TITLE COMPLEX**  |
| **PARK HOME**  | **DOUBLESTORY TOWNHOUSE**  | **DOUBLESTORY DWELLING**  | **STORE FACILITY**  | **OTHER**  |
|  Location (please mark with an X):   |  |  |
| **RESIDENTIAL AREA**  | **SECURITY COMPLEX**  |  | **PLOT**  |  | **FARM**  |

Describe Construction of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ROOF: | **TILES**  | **SINK**  | **THATCH**  | **OTHER**  |
|  |  |  |  |  |
| WALLS: | **BRICKS**  | **CEMENT**  | **WOOD**  | **OTHER**  |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

If thatch roof, is a lightning conductor installed according to SABS specifications?

Present firefighting measures / equipment: ………………………………….……………………………………. ……

|  |  |
| --- | --- |
| **YES**  | **NO**  |

Thatched Lapa? How far from main building? ………… m. Size: ………... m².

**Protections**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Burglar bars on all opening windows:  | 1 | **YES** | **NO** |
| 2 | Safety gates at all external doors:  | 2 |  |  |
| 3 | Alarm (siren only):  | 3 |  |  |
| 4 | Connected to armed patrol unit  | 4 |  |  |
| 5 | Alarm system with reaction Name of reaction unit………………………………………… | 5 |  |  |
| 6 | 24 hours security and access control:  | 6 |  |  |
| 7 | In the case of Secure Complex, is there controlled access | 7 |  |  |
| 8 | Does the property have a borehole? | 8 |  |  |
| 9 | Is property within 50 meters of a water course?  | 9 |  |  |
| 10 | Is property adjacent to open ground/ veld? | 10 |  |  |
| 11 | Is property adjacent to a construction site? | 11 |  |  |
| 12 | Is property adjacent to open veld? | 12 |  |  |
| 13 | Is the property occupied during the day? By whom………………………… | 13 |  |  |
| 14 | Is property undergoing construction, alterations or modifications? | 14 |  |  |
| 15 | Is a profession/ business/ home industry run from your home? Type: ……………………………………………...  | 15 |  |  |

**General**:

Maximum number of days per year unoccupied: (30/ 60/ more) ….….………...……………………………….

Beside yourself and your immediate family, who resides at your home? ………………………………………

**Extensions/ limitations**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Accidental damage up to R20,000 o*r 10 % of the sum insured* included @ R12 pm | 1 | **YES** | **NO** |
| 2 | Domestic employee compensation  | 2 | **YES** | **NO** |
| 3 | Subsidence and landslide:  | 3 | **YES** | **NO** |
| 4 | Limited cover option (theft/ burglary cancelled): R. ….………………………...  | 4 | **YES** | **NO** |
| 5 | Excess Waiver:  | 5 | **YES** | **NO** |

Details: ………………………………………………………………………………………….

 ………………………………………………………………………………………….

Unoccupied Days (If more than 60 days, give reason): .................................................................................................

 ........................................................................................................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No Claim Bonus**  | **1**  | **2**  | **3**  | **4**  | **5**  |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

\*Has the average clause been explained to the client?

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **ALL RISKS SECTION (personal):**  |  |  | **Required:**  |

 |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

 |

(If the space provided is inadequate, please complete a separate list and attach)

**Sums Insured**:

|  |  |  |
| --- | --- | --- |
| 1. | Unspecified (clothing & personal effects – as described – minimum of R7,500): (Limit per item is 25% of the above sum insured) | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 2. | Jewellery (specify) (Valuation Certificate required for items over R10 000.00):  | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 3. | Spectacles, sun glasses & contact lenses: | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 4. | Sporting equipment (including golf clubs, bicycles, etc.):  | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 5. | Car radios (**Registration number of vehicle required**):  | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 6. | Cell phones, iPods, MP3 players, etc. (**serial numbers required**):  | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 7. | Personal laptops, I pads, E-readers etc.: name/ mode l **(serial numbers required):**  | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 8. | Software: | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 9. | Video cameras & photographic equipment (**serial numbers required**): | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 10. | Contents of Caravan: | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
| 11. | Other: | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |
|  | ………………………………………………………….. | R………………………………… |

**Note**: proof of ownership/valuation certificates will be required in case of loss or damage.

|  |  |
| --- | --- |
| **YES**  | **NO**  |

\*Has the average clause been explained to the client?

\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

**NOTE: WE OFFER TRAVEL INSURANCE, LET US KNOW WHEN YOU ARE NEXT TRAVELLING AND WE CAN ARRAGNE COVER FOR YOU.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **MOTOR VEHICLE SECTION:**  |  | **Required:**  |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

(if more, please list on addition motor page)

  **Vehicle 1 Vehicle 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR & M&M CODE**  |   |  |   |
| **MAKE & MODEL**  |   |  |   |
| **REGISTRATION NO**  |   |  |   |
| **ENGINE NO**  |   |  |   |
| **VIN NO**  |   |  |   |
| **COLOUR OF VEHICLE**  |   |  |   |
| **TYPE OF USE**  | PRIVATE  | PROFESSI ONAL  | BUSINESS  | PRIVATE  | PROFESSI ONAL  | BUSINESS  |
| **TYPE OF COVER**  |   |  |   |
| **SECURITY MEASURES**  | VESA IMMOBILIZER |  | DATA DOT  | VESA IMMOBILIZER  | DATA DOT  |
| **TRACKING DEVICE (NAME & TYPE)**  |   |  |   |
| **SUM INSURED** (Without  |   |  |   |
| Extras)  |  |  |  |  |  |  |  |  |
| **EXTRAS**  |   |  |  |  |   |  |  |  |
| **REGISTERED OWNER**  |   |  |  |  |   |  |  |  |
| **DRIVER’S NAME & SURNAME**  |   |  |  |  |   |  |  |  |
| **DRIVER’S ID NO**  |   |  |  |  |   |  |  |  |
| **TYPE CODE OF DRIVER’S LICENCE**  |   |  |  |  |   |  |  |  |
| **1STE ISSUE DATE OF** **LICENCE**  |   |  |  |  |   |  |  |  |
| **FINANCE DETALS**  |   |  |  |  |   |  |  |  |
| **PHYSICAL ADDRESS** **WHERE THE VEHICLE IS NORMALLY KEPT**  |   |  |  |  |   |  |  |  |
| **OVERNIGHT PARKING**  | LOCKED GARAGE  | BEHIND LOCKED GATES  | IN STREET  | CARPORT  | LOCKED GARAGE  | BEHIND LOCKED GATES  | IN STREET  | CARPORT  |
| **VEHICLE MODIFIED?**  |   |  |  |  |   |  |  |  |
| **IS THE VEHICLE REBUILD (CODE 3)**  |   |  |  |  |   |  |  |  |
| **EXCESS WAIVER**  |   |  |  |  |   |  |  |  |
| **VOLUNTARY EXCESS (AMOUNT)**  |   |  |  |  |   |  |  |  |
| **CARNECTION** (100km free p/d)  | OPTION 1  | OPTION 2  | OPTION 3  | OPTION 4  | OPTION 1  | OPTION 2  | OPTION 3  | OPTION 4  |
| **HAS ANYONE WHO WILL** **DRIVE THE VEHICLE BEEN** **CONVICTED OF A DRIVING** **CRIMINAL OFFENCE? IF** **YES, GIVE REASON**  |   |  |   |   |  |   |   |  |

**Notes to the Motor section:**

1. Due to vehicle value fluctuations during the policy period the sum insured in the policy schedule represents the **maximum indemnity** only and the **actual value is to be determined at the time of a loss**.

1. If the vehicle is a “rebuilt” or “code 3” a valuation from an authorized dealer has to be on record before a loss occurs.

1. Additional “first amounts payable” will apply in respect of age and license or special circumstances. Refer to policy schedule.

**STANDARD COVERS:**

|  |  |
| --- | --- |
| **YES**  | **NO**  |

**Motor Assist:** minimummonthly premium: **R20.00**.

This Section covers towing of comprehensively insured vehicles that have been involved in an accident. Should this product be taken, the Insurer will only settle R1500 of the tow, the balance being for your account. Please refer to the brochure for the vehicle breakdown. Home assistance benefits are included in this product.

**Inception Value Policy: COMPULSORY**

IVP settles the sum insured (set at the retail value at date of taking out the IVP policy) of your vehicle/s less the retail value (at the loss date).

**SASRIA** (political & non-political riot cover):  **Included for all assets.**

|  |  |  |
| --- | --- | --- |
| **YES**  |  | **NO**  |

 **CARAVAN/TRAILER SECTION:** (loss or damage)  **Required:**

|  |  |  |
| --- | --- | --- |
|  | **ITEM 1**  | **ITEM 2**  |
| **YEAR**  |   |   |
| **MAKE AND MODEL**  |   |   |
| **VIN NR**  |   |   |
| **SUM INSURED**  |   |   |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASURE CRAFT (BOATS/SKIES): (**loss or damage)  **Required:** **YES / NO**

**Type** (Mark with an x): Ski boat: ……...……. Sea-going boat: ……...…. Rubber duck: ……...……. Jet ski……...……

|  |  |
| --- | --- |
| **Hull:**   | Make: ………………………………………. Model: …………………………… Year: …….……….…  |
| **Engine** 1:   | Make: ………………. ….. Model: ………………...… Year: ………………… HP: ………………………  |
| **Engine** 2:   | Make: …………….….... Model: ………………...…... Year: ………………… HP: ………………………  |
| **Engine** 3: **.**  | Make: …….…….……... Model: …………………...…Year: ………….…...… HP: ……….……………...  |
| **Engine** 4:  | Make: ……………...…... Model: ………………………Year: …………….… HP: ……………………...  |

**PERSONAL ACCIDENT SECTION: (**external injury/ death up to 70) **Required: YES / NO**

* **Insured person**: ……………………………………………………………………

 ID Number: ………………………...……… Occupation: …………………………………………

* Death & Permanent Disability: R ………………...….

* Temporary Disability (per week): R …………...……….
* Medical Expenses: R ……………………

* **Spouse/ partner**: ……………………………………………….………………………………………………..…

 ID Number: ………………………...……… Occupation: ……………….………………………………………

* Death & Permanent Disability: R ………………...….

* Temporary Disability (per week): R …………...……….

* Medical Expenses: R ……………………

* **Other relative**: ……...………………………………………………….……………………………………………...……

 ID Number: ………………………...……… Occupation: ……………….……………………………….

* Death & Permanent Disability: R ………………...….

* Temporary Disability (per week): R …………...…… …

|  |  |
| --- | --- |
|   Medical Expenses:   | R …………………...  |
| **STANDARD COVERS:**  |   |

|  |  |
| --- | --- |
| **YES**  | **NO**  |

**Motor Assist:** minimummonthly premium: **R7.50 per vehicle**

This Section covers towing of comprehensively insured vehicles that have been involved in an accident. Should this product be taken, the Insurer will only settle R1500 of the tow, the balance being for your account. Please refer to the brochure for the vehicle breakdown. Home assistance benefits are included in this product.

|  |  |
| --- | --- |
| **YES**  | **NO**  |

**Inception Value Policy** minimum monthly premium: **R85.00.**

IVP settles the sum insured (set at the retail value at date of taking out the IVP policy) of your vehicle/s less the retail value (at the loss date).

**SASRIA** (political & non-political riot cover): **Included for all assets. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **OPTIONAL COVERS AVAILABLE (Please indicate if a quotation is required):**  |
| **Carnection** |  **Option 1:**   |

|  |  |
| --- | --- |
| comprehensively insured vehicles Carnection Hire that is administered on the insured’s behalf in the event of accident and theft.  | No aircon, no power steering; No LDV’s; Manual gearshift; 100 kms free per day; Maximum hire period: up to 21 days; R55 per month per vehicle.   |

**Administration Service**: Economy vehicle (1100 – **YES / NO**

Available for all 1300cc);

 **Option 2: YES / NO**

Passenger vehicle (1400 – 1600cc);

With aircon, manual gearshift,and

power steering;

LDV manual – without aircon;

100 kms free per day;

Maximum hire period: up to 21 days;

R88 per month per vehicle.

 **Option 3: YES / NO**

Passenger vehicle (1400 –1600cc);

With aircon and power

steering; No LDV’s;

100 kms free per day;

Unlimited mileage;

Maximum hire period: up to 30 days; R100 per month per vehicle.

|  |  |
| --- | --- |
| **YES**  | **NO**  |

 **Option 4:**

Passenger vehicle (1400 –

1600cc);

Automatic transmission; With aircon and power

steering; No LDV’s;

100 kms free per day;

Maximum hire period: up to 21 days;

R125 per month per vehicle.

**DECLARATION:**

1. I warrant that the answers given are true and correct and I do not know of any material facts even though specific questions about them have not been asked that should be communicated to insurers.

1. I have never been refused insurance for the risk I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. If I have been refused insurance Cover, I have stipulated details of such above.

1. Details of any/all conditions/warranties and/or endorsements applied by previous insurers.

.…………………………………………………………………………………………………………………………

1. There are no material facts that could influence insurers decisions in accepting the risk or any factors that could make the risk more hazardous than normal unless stipulated below:

 ………………………………………………………………………………………………………………………

1. I AGREE THAT this re proposal shall be the basis of the contract between the insurer and myself.

1. I UNDERSTAND THAT my insurance will not start until this proposal has been accepted by the insurers.

1. I AM AWARE OF the Client Service Fee that Smit and Kie Pretoria Brokers (Pty) Ltd charges in terms of Section 12.4.2 of the Short-

Term Insurance Act and agree that such fee has been explained to me and the exact numerical amount will be disclosed on my Insurance Policy as well as the exact Client Services which make up said fee. I understand that I have the right to request such fee and services be cancelled.

1. I UNDERSTAND THAT certain personal information may be required in order to render proper financial advice and my consent in collecting such or otherwise processing such information is necessary, should there be any personal information I am not comfortable with my Broker/Smit and Kie Pretoria Brokers (Pty) Ltd collecting and/or otherwise processing, I will notify him/her in writing. I consent to such personal information being used by any necessary third party such as the Insurer. I am aware that such Personal Information will be dealt with in accordance with the Personal Protection of Information Act and the Smit and Kie Pretoria Brokers (Pty) Ltd POPI Policy which is available on their website.
2. I WARRANT THAT I am duly authorised to sign on behalf of the Business in question.

Signed at: …...………………………….……………on this …………….………………… day of …………20 ……

Signature……………………………………………………...……Designation…………………………………………

(s/he being duly authorised)

Signature……………………………………………………...……Designation…………………………………………

(S/he being duly authorised)

**INCOMPLETE ANALYSIS DECLARATION**:

1. I AGREE THAT I have elected not to allow the broker to complete the above Needs Analysis as required by him/her in terms of the Financial Advisory and Intermediary Services Act. The reasons for my refusal are set out below:

………………………………………………………………………………………………………………………

1. The Broker may revisit me on ……………………... to perform this analysis, but in the interim, I give the Broker permission to provide me with quotations and/or issue my policy as per our verbal/written discussions and my verbal/written instructions.

1. I UNDERSTAND THAT as a result of the above, the quotation and/or cover provided may not be according to my needs and requirements and could potentially result in rejection of claims as a consequence of incomplete or inaccurate information.

1. I AGREE THAT the Broker has attempted to perform this Needs Analysis with me but that I have, for reasons stated above, withheld him/her from doing so.

Signed at: …………………………….…………………………. ….. on this …………………… day of ……20 ……

Signature……………………………………………………...……Designation………………………………………

(s/he being duly authorised)

Signature……………………………………………………...……Designation………………………………………

(s/he being duly authorised)