**Needs Analysis and Proposal Form**

**Commercial**



**Advising Broker**

Anton Fourie

*Under supervision of Koos Smit*

FSP: 11184

**Administrative Broker**

Smit & Kie Brokers(PTY)Ltd

FSP: 11184

***All questions to be answered in full***

**BROKERS CHECKLIST:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Letter of Introduction |  |  |  |  |
|  |  |  |  |  |  |
| 2 | Completed and signed Authority to obtain information if required and/or full claims |  |  |  |  |
|  |  |  |  |  |  |
| 3 | FICA documents |  |  |  |  |

**CLIENT DETAILS:**

Full Registered name: ………………………………………………………………………………………………………………

Trading name (if applicable) ……………………………………………………………………………………………………...

Registered Address: ..........................................................................................................................................................................

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

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

............................................................................................................................ Code: ...................................

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

Are you a (**please mark with an X**):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MANUFACTURER | WHOLESALER | RETAILER | DISTRIBUTOR | PROPERTY OWNER |

If none of the above please describe your Business: …………………………………………………………………………………………..

**CONTACT PERSON DETAILS:**

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

ID: number ……………………………………………………………………..

Is said person duly authorized to enter into agreements on behalf of Company? ............................................................... Telephone Number: .......................................................... Fax to email Number: ............................................................... Cell phone Number: .......................................................... Website: ...............................................................................

E-mail Address: ...................................................................................................................................................................

|  |  |
| --- | --- |
| **MAANDELIKSE POLIS** | **JAARLIKSE POLIS** |

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

What is your preferred

means of communication?

**PREVIOUS INSURANCE HISTORY**

Have you (or any other person whose property is to be insured hereunder) sustained any loss or damage during the last 3 years which would have been covered by this type of insurance had it been in force whether or not a claim was paid – please describe below:

|  |  |  |
| --- | --- | --- |
| **DATE:** | **DESCRIPTION OF EVENT:** | **AMOUNT:** |
| ................................. | ......................................................................................... | ........................................................ |
| ................................. | ......................................................................................... | ........................................................ |
| ................................. | ......................................................................................... | ........................................................ |
| ................................. | ......................................................................................... | ........................................................ |

Has any insurer ever cancelled an insurance policy / declined a proposal / refused to continue or agreed to continue only on special terms with you?

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

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

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

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

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

Have you (or any person living with you) ever been convicted of arson or any other criminal offence

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

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

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

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

Have you or your business ever been declared insolvent?

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

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

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

**RISK DETAILS:**

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

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

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Risk Addresses:

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

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

Describe the security on the premises:

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

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

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

Construction of Buildings:

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

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Hazardous Process:

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

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

Other Tenants Occupying the Premises and/or Adjacent

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

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

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

Occupying the Premises since:

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

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

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

Is there fire-fighting equipment on the premises? YES / NO

Type of equipment / Service date and quantities

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

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

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

Does the equipment comply with legislation?

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

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

Type of residence (please mark with an X):

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

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

Current financial status ………………………………………………………………………………………………………………….

**Average:**

Prerequisite means that if your insured amount does not represent a new replacement value, you will be

penalized for the amount under insured in the event of a claim.

**Insurable interest:**

Insurable interest means when the Insured has an interest in the item placed on the schedule, either

financially or due to a liability agreement.

|  |  |  |
| --- | --- | --- |
| **SECTION 1: FIRE** | **YES** | **NO** |

*Defined events: Damage to the whole or part of the property by fire, lightning or thunderbolt and explosion. Including tenants’ alterations to the building. Specials perils included storm, wind, water, hail or snow. Aircraft or other objects dropped there from. Impact by animals, trees (excluded while busy being cut/felled) antennas, satellite dishes or vehicles.*

* + - 1. All items must be insured for replacement value
      2. Claiming is subject to proportionality
      3. This section does not cover theft, wear and tear or gradual weathering

4. Geysers must be insured under Business All Risks

**5. Average is applicable**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DETAILS / ADDRESS** |  | **SUM INSURED** |
|  | **BUILDINGS** |  |  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
|  |  |  |  |
|  | **RENT (RECEIVABLE / PAYABLE)** |  |  |
| **1** |  |  |  |
|  |  |  |  |
|  | **PLANT & MACHINERY** |  |  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
|  |  |  |  |
|  | **STOCK & MATERIAL** |  |  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
|  |  |  |  |
|  | **MISCELLANEOUS (example: deterioration of stock, pumps, tractors, forklifts)** |  |  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
|  |  |  |  |
|  | **ADDITIONAL CLAIMS PREPARATION COST** | **R** |  |

Seasonal increase from ............................................... to ............................................ R .......................................

Describe Construction of:

|  |  |  |  |
| --- | --- | --- | --- |
| **TILES** | **SINK** | **THATCH** | **OTHER** |
| **BRICKS** | **CEMENT** | **WOOD** | **OTHER** |

**ROOF:**

**WALLS:**

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

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

Malicious Damage (this is not SASRIA)

Leakage / Limit Required R ………………………………………

Subsidence and Landslip (Subject to Survey)

Riot and Strike (Outside R.S.A and Namibia) Not SASRIA

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

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

Consignment Stock R

Goods in the Open R

Client Goods R ­­­­­\_\_\_\_\_\_\_\_

Stock declaration conditions R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposal of salvage by Insured R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spontaneous combustion R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escalation – specify percentage R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inflation – specify percentage R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **SECTION 2: BUILDINGS COMBINED** | **YES** | **NO** |

*Defined events: Damage to the whole or part of the building, including all outbuildings, sporting and recreational structures due to fire, lightning or thunderbolt and explosion. Including tenant’s alterations to the building. Specials perils included storm, wind, water, hail or snow. Aircraft or other objects dropped there from. Impact by animals, trees (excluded while busy being cut/felled) antennas, satellite dishes or vehicles. Theft or attempt thereto accompanied by forcible and violent entry or exit to the building. Accidental damage to sanitary ware.*

1. *All items must be insured for replacement value*
2. *Claims settlement is subject to Average/Underinsurance*
3. *This section does not cover theft, wear and tear or gradual deterioration*
4. *Geysers must be insured under All Risk Section.*
5. ***Average is applicable***

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **DETAILS / ADDRESS** |  | **SUM INSURED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | **ADDITIONAL CLAIMS PREPARATION COST** | **R** |  |

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

Subsidence and Landslip (Subject to Survey)

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

Spontaneous Combustion

Escalation – specify percentage …………………………………

Inflation – specify percentage …………………………………….

Prevention of Access

|  |  |  |
| --- | --- | --- |
| **SECTION 3: BUSINESS INTERRUPTION** | **YES** | **NO** |

Defined events: *Loss following interruption of or interference with the business in consequence of damage occurring during the period of insurance at the premises in respect of which liability admitted under the sections of this policy: Fire, Buildings Combined, Office contents, or any other material damage insurance, but only in respect of perils covered on the Fire section.*

Claims settlement is subject to Average/Underinsurance. Insured amount must reflect 12 months.

Average is applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **DETAILS** |  | **SUM INSURED** |
| 1. | Gross Profit (Difference Basis) (Turnover – Purchase) |  |  |
| 2. | Gross Profit (Additions Basis) (Net Profit + Fixed Costs) |  |  |
| 3. | Gross Rental |  |  |
| 4. | Revenue |  |  |
| 5. | Additional Increase in Cost of Working |  |  |
| 6. | Wages (Number of Weeks Basis) Number of Weeks ………………. |  |  |
| 7. | Fines and Penalties |  |  |
| 8. | Other  …………………………………………………………………………………………………….  ……………………………………………………………………………………………… |  |  |
| 9. | **ADDITIONAL CLAIMS PREPARATION COSTS** | **R** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6 | 12 | 18 | 24 |

**INDEMNITY PERIOD** (Number of Months)

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

**Deposit Premium Basis**

**EXTENSIONS TO BE INCLUDED**

|  |  |  |  |
| --- | --- | --- | --- |
| Suppliers/Subcontractors (specified) | ……………% of the sums insured by |  |  |
| items 1 to 5 |  | **YES** | **NO** |
|  |  |  |  |
|  |  |  |  |
| Suppliers/Subcontractors (unspecified) | ……………% of the sums insured by |  |  |
| items 1 to 5 |  | **YES** | **NO** |
|  |  |  |  |
|  |  |  |  |
| Prevention of access – Extended cover |  | **YES** | **NO** |

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**YES**

**NO**

|  |  |  |
| --- | --- | --- |
| Public utilities – insured perils    Public telecommunications – insured perils  Public telecommunications – extended cover  Public utilities – extended cover  Accidental damage (subject to a Combined Business Interruption/  Accidental damage limit as specified in the Accidental Damage Section) | **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |

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

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

|  |  |  |
| --- | --- | --- |
| **SECTION 4: OFFICE CONTENTS** | **YES** | **NO** |

*Defined events: Loss or damage to office contents (other than documents and electronic equipment) due to fire, lightning, explosion, malicious damage, storm, wind, water, impact, theft or attempt thereto.*

1. *All items must be insured for replacement value*
2. *Claims settlement is subject to Average/Under insurance*
3. *Theft subject to forcible violent entry / exit*
4. *Average is applicable*

*Electronic equipment such as computers, printers, laptops is* ***excluded*** *and must be insured on Electronic section*

|  |  |  |
| --- | --- | --- |
| **DETAILS** |  | **SUM INSURED** |
| Content (Limited theft cover) |  |  |
| Documents |  |  |
| Liability for Documents |  |  |
| **ADDITIONAL CLAIM PREPARATION COSTS** | **R** |  |

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

|  |  |  |
| --- | --- | --- |
| Application of Alarm warranty | **YES** | **NO** |

|  |  |  |
| --- | --- | --- |
| **SECTION 5: THEFT AND MALICIOUS DAMAGE** | **YES** | **NO** |

*Defined events: Loss or damage to all contents from any insured building at the insured premises as a result of theft accompanied by forcible and violent entry into or exit from such building or any attempt thereto or as a result of theft following violence or threat of violence.*

1. It is important to keep all the alarms and / or security measures in a good working condition

Property in the open is not covered

1. Maintenance of protection

|  |  |  |
| --- | --- | --- |
| **NO** | **PREMISES** | **FIRST LOSS LIMIT** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
|  | **ADDITIONAL CLAIMS PREPARATION COSTS** | **R** |

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

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

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

R….……………………………

1. Alarms Warranty Application (See note on schedule)
2. Malicious Damage

**First Loss Basis:** No Average applicable, insurer will pay loss up to Sum Insured per event.

|  |  |  |
| --- | --- | --- |
| **SECTION 6: MONEY** | **YES** | **NO** |

*Defined events: Loss or damage to money (as defined) at the insured premises and/or in transit.*

***Transit must be direct***

|  |  |  |  |
| --- | --- | --- | --- |
| NO SABS RATING | R5 000 | SABS CATEGORY 2ADM 3D | R125 000 |
| SABS CATEGORY 1 GRADING | R10 000 | SABS CATEGORY 3 GRADING | R175 000 |
| SABS CATEGORY 2 GRADING | R20 000 | SABS CATEGORY 4 GRADING | R350 000 |
| SABS CATEGORY 2HD GRADING | R40 000 | SABS CATEGORY 5 GRADING | R500 000 |

SABS CATEGORY 2ADM GRADING R100 000

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**ITEM (PREMISES TO BE**

**SPECIFIED)**

|  |  |  |
| --- | --- | --- |
| **NO** |  | **MAJOR LIMIT** |
| 1. | During Business Hours |  |
| 2. | Outside Business Hours in approve safe |  |
| 3. | While in residence of insured, partner, director, employee of insured |  |
| 4. | In custody of partner, director, employee of insured while away from premises on a business trip anywhere in the world |  |
| 5. | In custody of collector, rounds man or petrol attendant |  |
| 6. | Seasonal increase (Specify period): |  |
| 7. | Crossed cheques, crossed money orders, crossed postal orders |  |
| 8. | Receptacles / Clothing and lock and keys (R5000 limit unless otherwise stated) |  |
| 9. | ATM |  |
| 10. | Personal Accident for Employees |  |

**Specify Safe Category at premises.................................................................................................**

**Do you use professional carriers? If so provide details...................................................................**

|  |  |  |
| --- | --- | --- |
| **SECTION 7: GLASS (including frames)** | **YES** | **NO** |

*Defined events: Loss or damage to internal and external glass (including mirrors) sign writing and treatment thereon.*

1. *All items must be insured for replacement value*
2. *Claims settlement is subject to Average/Under insurance*
3. *Insured amount must include sign writing/stickers as well as frames.*
4. *Included R 2000 for appointment of a guard before replacement of glass or boarding*
5. *Average is applicable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **PREMISES TO BE SPECIFIED** |  | **SUM INSURED** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
|  | **ADDITIONAL CLAIMS PREPARATION COSTS** | **R** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Billboards / "Signwriting" | **YES** | **NO** | **R** |
| Neon Signs | **YES** | **NO** | **R** |
| Burglar alarm strips to be included | **YES** | **NO** | **R** |
| Special Reinstatement | **YES** | **NO** | **R** |
| Riot & Strike (other than R.S.A. & Namibia) | **YES** | **NO** | **R** |

|  |  |  |
| --- | --- | --- |
| **SECTION 8: FIDELITY GUARANTEE** | **YES** | **NO** |

|  |  |
| --- | --- |
| **BASIS: Name or Positions Basis** | **SUM INSURED** |

*Defined events: Loss of money and/or property belonging to the insured or for which they are responsible stolen by an insured employee or direct financial loss sustained by the insured as a result of fraud or dishonesty of* *an insured employee all of which occurs during the currency of this section which result in personal financial gain for the employee concerned.*

***NOTE:*** *Insurance does not cover losses that occurred 24 months prior discovery*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| **BLANKET BASIS:** |  |
| No of Employees ……………………………………… |  |
| **ADDITIONAL CLAIMS PREPARATION COSTS** | **R** |

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

|  |  |  |
| --- | --- | --- |
| Retroactive Cover – If yes, DATE: …………. / …………… / …………….. | **YES** | **NO** |
| Superseded Policy (…………… Years) | **YES** | **NO** |
| Voluntary First Amount Payable R …………………………………………. | **YES** | **NO** |
| Reinstatement of Sum Insured | **YES** | **NO** |
| Cost of Recovery | **YES** | **NO** |
| Computer Losses | **YES** | **NO** |
| Extension for losses discovered more than 24 months after being committed but not more than 36 months thereafter | **YES** | **NO** |
| Extension granted on receipt of a satisfactory systems audit in respect of losses  discovered more than 24 months after being committed If YES – State name of accounting firm:  ………………………………………………………………………………………………… | **YES** | **NO** |

**COVER MY BE SUBJECT TO A SEPARATE ACCEPTABLE FIDELITY GUARANTEE PROPOSAL**

**FIDELITY APPLICATION**

|  |  |  |
| --- | --- | --- |
| **SECTION 9: GOODS IN TRANSIT** | **YES** | **NO** |

*Defined events: Loss or damage to the whole or part of the insured property including containers and or covers in which the load is packed, during transit by any means of conveyance, directly caused by accident or misfortune not otherwise excluded.*

1. *Method of conveyance per road, rail or air*
2. *No theft cover from unattended vehicles*
3. *No cover for breakdown of cooling equipment – machinery breakdown*

*All Goods usual to the Insured’s Business*

Annual Carry: R............................................................... Limit per Vehicle: R.................................................................

Means of Conveyance: **ROAD RAIL AIR SEA**

Additional Claims Preparation Costs: ...........................................

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All Risks | |  |  | **YES** | | | **NO** | |
| Fire, Explosion, Collision, Derailment and Overturning Limitation | |  |  | **YES** | | | **NO** | |
| Theft and Hi-jacking | |  |  | **YES** | | | **NO** | |
| Debris Removal | | **YES** | **NO** | | | R |  | |
| Fire Extinguishing Charges | | **YES** | **NO** | | | R |  | |
| Territorial Limits | |  | **YES** | | |  | **NO** | |
| Riot & Strike other than RSA & Namibia | |  | **YES** | | |  | **NO** | |
|  | |  |  | | |  |  | |
| **SECTION 10: BUSINESS ALL RISK** | | | | **YES** | | | **NO** | |

*Defined events: Loss or damage to the whole or part of the property, while anywhere, by an accident or misfortune not otherwise excluded.*

1. *Theft from unattended vehicles without sign of forcible entry is not covered.*
2. *Electrical and mechanical breakdown, wear and tear, failure or breakage is excluded.*

|  |  |  |
| --- | --- | --- |
| **NO** | **DETAILS** | **SUM INSURED** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 11: ACCIDENTAL DAMAGE** | **YES** | **NO** |

*Defined events: Accidental physical loss or damage to the insured property at or about the premises not otherwise insured or for which insurance is available and described in terms of any section other than Business All Risk.*

|  |  |  |
| --- | --- | --- |
| **NO** | **PREMISES** | **SUM INSURED** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

|  |  |  |
| --- | --- | --- |
| Leakage of Oils / Chemicals / Fumes R ……………………………. | **YES** | **NO** |
| Reinstatement No | **YES** | **NO** |
| **ADDITIONAL CLAIMS PREPARATION COST** R..…………………………… | **YES** | **NO** |

* 1. All Properties as defined there under: Total Value: R …………………………………………

Or

* 1. First Loss ………………………………………………………

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

|  |  |  |
| --- | --- | --- |
| **SECTION 12: PUBLIC LIABILITY** | **YES** | **NO** |

*Defined events: Damages for which the insured shall become legally liable to pay consequent upon death of or bodily injury to or illness of any person, or accidental loss of or physical damage to tangible property which* *occurred in the course or in connection with the business.*

* + - * 1. Act on veld and forest fires (1998) forces every property owner, where a fire can spread to clean a fire break on his side.
        2. If something happens that can lead to a claim **do not admit liability** ever, refer to broker.
        3. The labor and workings are not covered during defective workmanship, only the resulting

loss after the item returned to the customer is returned / handed over

* + - * 1. The use of radioactive material and explosives is excluded

**BASIS OF COVER: CLAIMS MADE**

Retroactive date: ...................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **PUBLIC LIABILITY** | **YES** | **NO** | **COMMENTS** |
|  | 1 | GENERAL AND TENARTS (CLAIM SUBMITTED) |  |  |  |
|  | 2 | FAILURE SUBJECT MANAGEMENT TYPE OPERATION: SALARY / WAGES: |  |  |  |
|  | 3 | PRODUCTS EXPORT: YES / NO TURNOVER: R |  |  |  |
|  | 4 | WORK AWAY |  |  |  |
|  | 5 | DRiVING OF LIVESTOCK |  |  |  |
|  | 6 | HUNTING |  |  |  |
|  | 7 | SPREAD OF FIRE |  |  |  |
|  | 8 | EXTINGUISHER COST (ONLY FIELD FIRE) |  |  |  |
|  | 9 | SPREAD OF FIRE TO PLANTATIONS (QUESTIONARE) |  |  |  |
|  | 10 | CUSTOMER GOODS |  |  |  |
|  | 11 | USE OF SUBCONTRACTORS |  |  |  |
|  | 12 | POLLUTION COVER (WATER, AIR. ETC.) |  |  |  |
|  | 13 | PRODUCTS GUARANTEED (QUESTIONARE) |  |  |  |
|  | 14 | PRODUCTS RECALL (QUESTIONARE) |  |  |  |
|  | 15 | BURSTING OF DAM WALLS (INGENEERS REPORT) |  |  |  |
|  | 16 | EXTENDED REPORTING PERIOD |  |  |  |
|  | 17 | LIABILITY IN TERMS OF AGREEMENT (TRANSNET) |  |  |  |
|  | 18 | DEFECTIVE WORKMANSHIP |  |  |  |

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

EXTENDED LIABILITY UP TO R20 000 000

Please stipulate if you require R50 000 000 or R1 000 000 000 (Resorts and Timeshare only)

• Custody & Control is excluded

|  |  |  |
| --- | --- | --- |
| **SECTION 13: EMPLOYERS LIABILITY (Claims made basis only)** | **YES** | **NO** |
|  | **LIMIT OF INDEMNITY** | |
| Retroactive date: ................................................................................... | R ……………………………………. | |
| **SECTION 14: STATED BENEFITS** | **YES** | **NO** |

*Defined events: Bodily injury caused by accidental, violent, external and visible means to any person as defined in the schedule.*

*Refer to policy wording for limitations*

***Detail of pre-existing conditions, dangerous occupancies / hobbies must be declared***

|  |  |  |
| --- | --- | --- |
| **NAME** | **AGE** | **COMPENSATION** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Circumstances

1. Death ………………………………………………. Times annual earnings.

1. 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: GROUP PERSONAL ACCIDENT** | **YES** | **NO** |

*Defined events: Bodily injury caused by accidental, violent, external and visible means to any person as defined in the schedule.*

1. ***Refer to policy wording for limitations***
2. ***Detail of pre-existing conditions, dangerous occupancies / hobbies must be declared***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **AGE** | **OCCUPATION** | **SUM INSURED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Death …………………. Times annual earnings

1. 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 16: MOTOR** | **YES** | **NO** |

*Defined events: Loss or damage to any vehicle as described in the schedule, and its accessories and spare parts whilst thereon.*

*All vehicles must be roadworthy and licensed.*

1. *Drivers must have valid licenses for the vehicle class, as well as public permits where applicable.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR & M&M CODE** |  |  | | |  | | | |
| **MAKE & MODEL** |  |  | | |  | | | |
| **REGISTRATION NO** |  |  | | |  | | | |
| **ENGINE NO** |  |  | | |  | | | |
| **VIN NO** |  |  | | |  | | | |
| **COLOUR OF VEHICLE** |  |  | | |  | | | |
| **TYPE OF USE** | PRIVATE | PROFESSIONAL | | | BUSINESS | | | |
| **TYPE OF COVER** |  |  | | |  | | | |
| **SECURITY MEASURES** |  |  | | |  | | | |
| **RETAIL VALUE** (Without  extra’s) |  |  | | |  | | | |
| **EXTRAS** |  |  | | |  | | | |
| **YEAR & M&M CODE** |  | |  | |  | | | |
| **MAKE & MODEL** |  | |  | |  | | | |
| **REGISTRATION NO** |  | |  | |  | | | |
| **ENGINE NO** |  | |  | |  | | | |
| **VIN NO** |  | |  | |  | | | |
| **COLOUR OF VEHICLE** |  | |  | |  | | | |
| **TYPE OF USE** | PRIVATE | | PROFESSIONAL | | BUSINESS | | | |
| **TYPE OF COVER** |  | |  | |  | | | |
| **SECURITY MEASURES** |  | |  | |  | | | |
| **RETAIL VALUE** (Without  extra’s) |  | |  | |  | | | |
| **EXTRAS** |  | |  | |  | | | |
| **YEAR & M&M CODE** |  | |  | |  | | | |
| **MAKE & MODEL** |  | |  | |  | | | |
| **REGISTRATION NO** |  | |  | |  | | | |
| **ENGINE NO** |  | |  | |  | | | |
| **VIN NO** |  | |  | |  | | | |
| **COLOUR OF VEHICLE** |  | |  | |  | | | |
| **TYPE OF USE** | PRIVATE | | PROFESSIONAL | | BUSINESS | | | |
| **TYPE OF COVER** |  | |  | |  | | | |
| **SECURITY MEASURES** |  | |  | |  | | | |
| **RETAIL VALUE** (Without  extra’s) |  | |  | |  | | | |
| **EXTRAS** |  | |  | |  | | | |
|  | **YEAR & M&M CODE** |  | | | | | | | |
| **MAKE & MODEL** |  | | | | | | | |
| **REGISTRATION NO** |  | | | | | | | |
| **ENGINE NO** |  | | | | | | | |
| **VIN NO** |  | | | | | | | |
| **COLOUR OF VEHICLE** |  | | | | | | | |
| **TYPE OF USE** | PRIVATE | | | PROFESSIONAL | | BUSINESS | | |
| **TYPE OF COVER** |  | | | | | | | |
| **SECURITY MEASURES** |  | | | | | | | |
| **RETAIL VALUE** (Without  extra’s) |  | | | | | | | |
|  Faire Paying Passenger Liability | | | | | | | | **YES** | **NO** |
|  Contingent Liability (Employees vehicles) | | | | | | | | **YES** | **NO** |
|  Keys / Locks R | | | | | | | | **YES** | **NO** |
|  Windscreen | | | | | | | | **YES** | **NO** |
|  Unauthorized Passengers | | | | | | | | **YES** | **NO** |
|  Parking facilities and movement of third party vehicles | | | | | | | | **YES** | **NO** |
|  Emergency Assist  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. | | | | | | | | **YES** | **NO** |
|  Inception Value Policy  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) | | | | | | | | **YES** | **NO** |

|  |  |  |
| --- | --- | --- |
| **SECTION 17: ELECTRONIC EQUIPMENT** | **YES** | **NO** |

*Defined events: Physical loss of or damage to the property at the insured’s premises, in transit and temporary removal.* *Cover is worldwide for Laptops and portable equipment.*

*Theft must be accompanied by forcible/violent entry or exit to the building.*

*Wear and tear and gradual deterioration is not covered*

*Damage due to viruses, worms and trojans are not covered*

*Alarm guarantee is applicable to the policy limits*

|  |  |  |
| --- | --- | --- |
| **NO** | **ITEM DESCRIPTION** | **SUM INSURED** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

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

1. Lightning Protection Plug (has an impact on your excesses)

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | Specialised Labilities |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 2 | Professional Indemnity Caver |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 3 | Plant all risks |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 4 | Machinery Breakdown & Loss of Profits |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 5 | Contractors all risks |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 6 | Erection & Testing |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 7 | Works Damage |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 8 | Specialised Excess Layer |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 9 | Employee Benefits |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 10 | Guarantee |  |  |  | **YES** | **NO** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 11 | Marine |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 12 | Aircraft |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 13 | Specialist Liability (Computer, Data, Syber etc.) |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 14 | Plantation / Crop |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 15 | Game / Pedigree animals |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 16 | Directors and Officers Liability |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 17 | Car Traders |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 18 | Irrigation equipment on wheels and pivots |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 19 | Landslides & Construction machinery risk cove, |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 20 | Road risk liability & construction site liability |  |  |  | **YES** | **NO** |
|  |  |  |  |  |  |  |  |
|  | 21 | Credit insurance (debtor’s risks) |  |  |  | **YES** | **NO** |

**Together with the application, the following documents are added to make the agreement binding:**

* Letter of Introduction
* Authority to obtain information
* Appointment Letter
* Signed Quotation
* Signed and Completed Advice Record
* Signed and Completed Debit Order Authorization

**DECLARATION**

1. I, the undersigned, hereby confirm that my Financial Advisor has discussed the Renewal of my Insurance

Portfolio; I understand the content and am satisfied with the coverage that is being arranged.

1. I have never been sequestrated or declared insolvent, found guilty or on any criminal offenses unless otherwise

specified herein.

1. I guarantee that the answers given are true and true and that I am aware of no material facts (even though no

specific questions are asked) which should be disclosed to insurers

1. I have never refused insurance for the risk I want to insure, or cancel or restrict any policy in which I have or

had an interest. The person who completes this renewal on my behalf does so as my agent. If I have been

refused insurance coverage, I stipulated details thereof during the initial phases

1. If there are any other material facts that could influence the insurers' decision to accept the risk, or any factors

that could make the risk more dangerous than usual, it is stipulated here:

1. I AGREE THAT I have read and understood all the changes to my existing policy, and where there were any

changes, it was my request. I agree that the Broker has corrected me through all changes to my policy and made

me aware of the implications of any changes mentioned.

1. I UNDERSTAND that this insurance will not commence until the insurers have accepted this application
2. I AM AFFIRMED the Client Service Fee charged by Smit and Kie in terms of section 8 (5) of the Short-term

Insurance Act and agree that the relevant fee has been explained to me and that the exact numerical amount as

well as the exact Client Service from which such fee is compiled My insurance policy will be disclosed. All your

rights under this fee remain reserved and are in accordance with legislation.

1. I UNDERSTAND that certain personal information may be required to provide proper financial advice and that my

permission is required to collect or otherwise process such information. Should there be any personal

information that I do not feel made me collect and / or otherwise process my Broker / Smit and Kie, I will notify

him / her in writing. I consent to the use of such personal information by any third party, such as the Insurer. I am

aware that such personal information will be handled in accordance with the Personal Information Protection Act.

1. If you are unable to sign this statement without qualification please provide your reasons under:

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

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

(s/he being duly authorised)

Signature: …………………………………………………… Designation ………………………………………………………………………………

(s/he being duly authorised)