**SHORT TERM INSURANCE**

**SINGLE NEED ADVICE RECORD**

**SUPPLEMENTARY DOCUMENT TO POLICY SCHEDULE / QUOTATION**

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| --- | --- | --- | --- |
| **CLIENT DETAILS** | | | |
| Client name |  | Policy no / ref |  |

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| --- |
| **AMENDMENT DETAILS** |
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**DECLARATION:**

1. I confirm that the amendments must be done as above, and that the implication thereof was explained to me by the broker.
2. 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. The person completing this request on my behalf does so as my agent.
3. I understand that this insurance will not start until this proposal has been accepted by the insurers.
4. Where I elected not to take up the Financial Advisor’s recommendation of a Full Financial Needs Analysis, I was advised and understand that I should take particular care to consider whether and ensure that the product(s) purchased or selected by me is/are appropriate to my specific needs, objectives and financial circumstances.

If I did not provide the Financial Advisor with all information requested, or there was insufficient time to conduct an analysis, I confirm that:

I clearly understand that there may be limitations on the appropriateness of the advice provided, and

I will take particular care to consider on my own whether the advice is appropriate considering my own financial objectives and current financial position.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_