

# NEED ANALYSIS AND PROPOSAL FORM

## COMMERCIAL

[www.smitk.co.za](http://www.smitk.co.za)



All questions to be answered in full

### BROKERS CHECKLIST:

1. Letter of Introduction
2. Completed and signed Need Analysis form (including previous Insurance Policy Schedule)
3. Printed Quotation
4. Complete Record of Advice
5. Letter of Appointment
6. Collect Copies of ID, Driver's licence, Vehicle Licence and Registration Documents
7. Send Policy Schedule with Disclosure Notice

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO



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

### CONTACT PERSON DETAILS:

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

Is said person duly authorized to enter into agreements on behalf of Company? .....

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

Cell phone Number: ..... Website: .....

E-mail Address: .....

Effective date of Cover: ...../...../.....

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

Gender:

MALE	FEMALE
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Nationality:.....

Marital Status:	<b>SINGLE</b>	<b>MARRIED</b>	<b>DIVORCE</b>	<b>WIDOWED</b>
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Highest Qualification achieved:.....

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

.....

.....

What social media do you use?	<b>FACEBOOK</b>	<b>TWITTER</b>	<b>LINKEDIN</b>	<b>OTHER</b>
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If other, please specify:.....

Sports/Hobbies/Recreational/Activities:.....

.....

What is your preferred means of communication?	<b>E-MAIL</b>	<b>SMS</b>	<b>POST</b>	<b>TELEPHONE</b>	<b>FAX</b>
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Do you wish to receive marketing promotional information?.

<b>YES</b>	<b>NO</b>
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**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:

<b><u>DATE:</u></b>	<b><u>DESCRIPTION OF EVENT:</u></b>	<b><u>AMOUNT:</u></b>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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

<b>YES</b>	<b>NO</b>
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If yes, please provide details: .....

.....

.....

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

<b>YES</b>	<b>NO</b>
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If yes, please provide details: .....

.....

.....

Have you or your business ever been declared insolvent?

<b>YES</b>	<b>NO</b>
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If yes, please provide details: .....

.....

.....

**RISK DETAILS:**

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

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



Risk Addresses:

.....  
 .....

Inception date: .....

Annual: 

YES	NO
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**Description of Security on Premises:**

1. Are all windows protected by burglar bars?
2. Are all perimeter doors protected by security gates or roller shutters?
3. Does building have 24 hour armed security?  
Name of Security Company:  
.....
4. Access Control
5. Alarm warranty applicability
6. Has burglar Alarm System been installed  
Name of Installer:  
.....
7. Is the installer / monitor approved?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO



**Fire Prevention Measures:**

1. Extinguishers / serviced
2. Hose reels serviced
3. Hydrant
4. Bakkie Sakkie

YES	NO
YES	NO
YES	NO
YES	NO

Construction of Buildings:

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

Hazardous Process:

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

Other Tenants Occupying the Premises and/or Adjacent

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

Type of residence (please mark with an X):

OWNER	RENTED	BONDED	LODGER
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Details of bondholder: .....

Estimated Annual Turnover: .....

Previous Insurers Details: .....

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

<b>SECTION 1: FIRE</b>	<b>YES</b>	<b>NO</b>
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*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. Claims settlement is subject to Average
3. This section does not cover theft, wear and tear or gradual deterioration
4. Geysers must be insured under Business All Risk



	DETAILS / ADDRESS	
	<b>BUILDINGS</b>	
1		
2		
3		
4		
5		
	<b>RENT (RECEIVABLE / PAYABLE)</b>	
1		
	<b>PLANT &amp; MACHINERY</b>	
1		
2		
3		
	<b>STOCK &amp; MATERIAL</b>	
1		
2		
3		
	<b>MISCELLANEOUS (example: deterioration of stock, pumps, tractors, forklifts)</b>	
1		
2		
3		
4		
	<b>ADDITIONAL CLAIMS PREPARATION COST</b>	R

Seasonal Increase from ..... to ..... R.....

Describe Construction of:

<b>ROOF:</b>	<b>TILES</b>	<b>SINK</b>	<b>THATCH</b>	<b>OTHER</b>
<b>WALLS:</b>	<b>BRICKS</b>	<b>CEMENT</b>	<b>WOOD</b>	<b>OTHER</b>

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

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

YES	NO
YES	NO
YES	NO

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

Consignment Stock R \_\_\_\_\_  
 Goods in the Open R \_\_\_\_\_  
 Client Goods R \_\_\_\_\_  
 Stock declaration conditions  
 Disposal of salvage by Insured  
 Escalation – specify percentage .....  
 Inflation – Specify percentage .....  
 Does the average clause apply?  
 \*Has the average clause been explained to the client?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

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

<b>SECTION 2: BUILDINGS COMBINED</b>	<b>YES</b>	<b>NO</b>
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*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.



NO	DETAILS / ADDRESS	SUM INSURED
	<b>ADDITIONAL CLAIMS PREPARATION COST</b>	<b>R</b>

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

Subsidence and Landslip (Subject to Survey)

YES	NO
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Customers (specified) .....	% of the sums insured by items 1 to 5	YES	NO
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Public utilities – insured perils	YES	NO
Public telecommunications – insured perils	YES	NO
Public telecommunications – extended cover	YES	NO
Public utilities – extended cover	YES	NO
Accidental damage (subject to a Combined Business Interruption/ Accidental damage limit as specified in the Accidental Damage Section)	YES	NO

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

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

<b>SECTION 4: OFFICE CONTENTS</b>	YES	NO
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*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

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

DETAILS	SUM INSURED
Contents (Theft Cover is limited to 25% of Sum Insured OR full theft cover)	
Documents	
Liability for Documents	
<b>ADDITIONAL CLAIM PREPARATION COSTS</b>	R

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

Application of Alarm warranty	YES	NO
Does the average clause apply?	YES	NO
*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 penalized in the event of a claim to the same extent that you are underinsured.

<b>SECTION 5: ACCOUNTS RECEIVABLE</b>	YES	NO
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	SUM INSURED
Outstanding Debit Balances	
<b>ADDITIONAL CLAIMS PREPARATION COSTS</b>	R

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

Transit Extension	YES	NO
Riot and Strike (Outside R.S.A. and Namibia)	YES	NO
*Has the average clause been explained to the client?	YES	NO

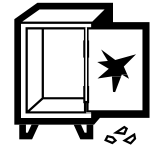
\*average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalized in the event of a claim to the same extent that you are underinsured.

**NOTE: DECLARATION OF OUTSTANDING DEBIT BALANCES TO BE MADE WITHIN 60 DAYS OF THE END OF THE MONTH TO WHICH THEY REFER.**

<b>SECTION 6: THEFT AND MALICIOUS DAMAGE</b>	<b>YES</b>	<b>NO</b>
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*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.*

Important that all burglar alarms and/or security precautions be kept in good working order.



**NOTE: PROPERTY IN THE OPEN NOT COVERED  
MAINTENANCE OF PROTECTIONS**

NO	PREMISES	FIRST LOSS LIMIT
1.		
2.		
3.		
4.		
5.		
	<b>ADDITIONAL CLAIMS PREPARATION COSTS</b>	<b>R</b>

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

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

.....

Alarms Warranty Application

Malicious Damage

<b>YES</b>	<b>NO</b>
<b>YES</b>	<b>NO</b>
<b>YES</b>	<b>NO</b>

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

<b>SECTION 7: MONEY</b>	<b>YES</b>	<b>NO</b>
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*Defined events: Loss or damage to money (as defined) at the insured premises and/or in transit.*

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		

**NOTE: MONEY ONLY COVERED IN DIRECT TRANSIT**

**ITEM (PREMISES TO BE SPECIFIED)**



1.	
2.	
3.	

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** .....

<b>SECTION 8: GLASS (including frames)</b>	<b>YES</b>	<b>NO</b>
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*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



NO	PREMISES TO BE SPECIFIED	SUM INSURED
1.		
2.		
3.		
4.		
5.		
	<b>ADDITIONAL CLAIMS PREPARATION COSTS</b>	<b>R</b>

Signage	<b>YES</b>	<b>NO</b>	<b>R</b>
Neon Signs	<b>YES</b>	<b>NO</b>	<b>R</b>
Burglar alarm strips to be included	<b>YES</b>	<b>NO</b>	<b>R</b>
Special Reinstatement	<b>YES</b>	<b>NO</b>	<b>R</b>
Riot & Strike (other than R.S.A. & Namibia)	<b>YES</b>	<b>NO</b>	<b>R</b>
Does the average clause apply	<b>YES</b>	<b>NO</b>	
Has the average clause been explained to the client	<b>YES</b>	<b>NO</b>	

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

<b>SECTION 9: FIDELITY GUARANTEE</b>	<b>YES</b>	<b>NO</b>
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*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



<b>BASIS: Name or Positions Basis</b>	<b>SUM INSURED</b>
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<b>BLANKET BASIS:</b>	
No of Employees .....	
<b>ADDITIONAL CLAIMS PREPARATION COSTS</b>	R

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

Retroactive Cover – If yes, DATE: ..... / ..... / .....	<b>YES</b>	<b>NO</b>
Superseded Policy (..... Years)	<b>YES</b>	<b>NO</b>
Voluntary First Amount Payable R .....	<b>YES</b>	<b>NO</b>
Reinstatement of Sum Insured	<b>YES</b>	<b>NO</b>
Cost of Recovery	<b>YES</b>	<b>NO</b>
Computer Losses	<b>YES</b>	<b>NO</b>
Extension for losses discovered more than 24 months after being committed but not more than 36 months thereafter	<b>YES</b>	<b>NO</b>
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: .....	<b>YES</b>	<b>NO</b>

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

<b>SECTION 10: GOODS IN TRANSIT</b>	<b>YES</b>	<b>NO</b>
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*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**       **MARINE**

Additional Claims Preparation Costs: .....

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

All Risks	<b>YES</b>	<b>NO</b>
Fire, Explosion, Collision, Derailment and Overturning Limitation	<b>YES</b>	<b>NO</b>
Theft and Hi-jacking	<b>YES</b>	<b>NO</b>
Debris Removal	<b>YES</b>	<b>NO</b> R
Fire Extinguishing Charges	<b>YES</b>	<b>NO</b> R
Territorial Limits	<b>YES</b>	<b>NO</b>
Riot & Strike other than RSA & Namibia	<b>YES</b>	<b>NO</b>

<b>SECTION 11: BUSINESS ALL RISK</b>	<b>YES</b>	<b>NO</b>
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*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.		

Does the average clause apply?

<b>YES</b>	<b>NO</b>
<b>YES</b>	<b>NO</b>

\*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 penalized in the event of a claim to the same extent that you are underinsured.

<b>SECTION 12: ACCIDENTAL DAMAGE</b>	<b>YES</b>	<b>NO</b>
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*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.		

1. All Properties as defined there under: Total Value: R .....
- Or
2. First Loss .....



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

Leakage of Oils / Chemicals / Fumes      R .....	<b>YES</b>	<b>NO</b>
Reinstatement No	<b>YES</b>	<b>NO</b>
<b>ADDITIONAL CLAIMS PREPARATION COST</b> R .....	<b>YES</b>	<b>NO</b>

<b>SECTION 13: PUBLIC LIABILITY</b>	<b>YES</b>	<b>NO</b>
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*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.

**BASIS OF COVER: CLAIMS MADE**

Retroactive date: .....

GENERAL Tenants liability	Limit	R
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Products Liability	Limit	R
Do you export? _____ Type / Nature of product? _____	Turnover	R
Defective Workmanship	Limit	R
Type / Nature of Work? _____	Wages	R
Work away	Limit	R
Droving of livestock	Limit	R
Hunting	Limit	R
EEC Liability	Limit	R
Bursting of Dam Walls	Limit	R
Extended Reporting Period	Limit	R
Spread of Fire	Limit	R

EXTENDED LIABILITY UP TO R20 000 000

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

YES	NO
YES	NO

- Custody & Control is excluded

**NOTE: THIS SECTION COULD BE SUBJECT TO ADDITIONAL QUESTIONNAIRE**

<b>SECTION 14: EMPLOYERS LIABILITY (Claims made basis only)</b>	<b>YES</b>	<b>NO</b>
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**LIMIT OF INDEMNITY**

Retroactive date: .....

R .....

<b>SECTION 15: STATED BENEFITS</b>	<b>YES</b>	<b>NO</b>
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*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**

<u>NAME</u>	<u>AGE</u>	<u>COMPENSATION</u>

Circumstances

1. Death ..... Times annual earnings
2. Permanent Disability – Such percentage of ..... Annual earnings as is specified for the particular disability
3. Temporary Total Disability ..... Percent of average weekly earnings for a period longer than ..... Week/s but not longer than ..... Weeks
4. Medical Expenses R .....

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



Burns Disfigurement Extension

YES	NO
YES	NO

Business Hours Limitation

<b>SECTION 16: GROUP PERSONAL ACCIDENT</b>	<b>YES</b>	<b>NO</b>
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*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 preexisting conditions, dangerous occupancies / hobbies must be declared**

<b>NAME</b>	<b>AGE</b>	<b>OCCUPATION</b>	<b>SUM INSURED</b>

1. Death ..... Times annual earnings
2. Permanent Disability – Such percentage of ..... Annual earnings as is specified for the particular disability
3. Temporary Total Disability ..... Percent of average weekly earnings for a period longer than ..... Week/s but not longer than ..... Weeks
4. Medical Expenses R .....



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

Burns Disfigurement Extension

YES	NO
YES	NO

Business Hours Limitation

<b>SECTION 17: MOTOR</b>	<b>YES</b>	<b>NO</b>
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*Defined events: Loss or damage to any vehicle as described in the schedule, and its accessories and spare parts whilst thereon.*

1. All vehicles must be roadworthy and licensed.
2. Drivers must have valid licenses for the vehicle class, as well as public permits where applicable.



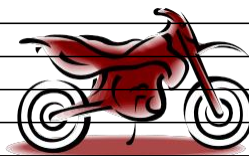
<b>YEAR &amp; M&amp;M CODE</b>	
<b>MAKE &amp; MODEL</b>	
<b>REGISTRATION NO</b>	
<b>ENGINE NO</b>	
<b>VIN NO</b>	
<b>COLOUR OF VEHICLE</b>	
<b>TYPE OF USE</b>	PRIVATE      PROFESSIONAL      BUSINESS
<b>TYPE OF COVER</b>	
<b>SECURITY MEASURES</b>	
<b>RETAIL VALUE</b> (Without extra's)	
<b>EXTRAS</b>	

<b>YEAR &amp; M&amp;M CODE</b>			
<b>MAKE &amp; MODEL</b>			
<b>REGISTRATION NO</b>			
<b>ENGINE NO</b>			
<b>VIN NO</b>			
<b>COLOUR OF VEHICLE</b>			
<b>TYPE OF USE</b>	PRIVATE	PROFESSIONAL	BUSINESS
<b>TYPE OF COVER</b>			
<b>SECURITY MEASURES</b>			
<b>RETAIL VALUE (Without extra's)</b>			
<b>EXTRAS</b>			

<b>YEAR &amp; M&amp;M CODE</b>			
<b>MAKE &amp; MODEL</b>			
<b>REGISTRATION NO</b>			
<b>ENGINE NO</b>			
<b>VIN NO</b>			
<b>COLOUR OF VEHICLE</b>			
<b>TYPE OF USE</b>	PRIVATE	PROFESSIONAL	BUSINESS
<b>TYPE OF COVER</b>			
<b>SECURITY MEASURES</b>			
<b>RETAIL VALUE (Without extra's)</b>			
<b>EXTRAS</b>			

<b>YEAR &amp; M&amp;M CODE</b>			
<b>MAKE &amp; MODEL</b>			
<b>REGISTRATION NO</b>			
<b>ENGINE NO</b>			
<b>VIN NO</b>			
<b>COLOUR OF VEHICLE</b>			
<b>TYPE OF USE</b>	PRIVATE	PROFESSIONAL	BUSINESS
<b>TYPE OF COVER</b>			
<b>SECURITY MEASURES</b>			
<b>RETAIL VALUE (Without extra's)</b>			
<b>EXTRAS</b>			

* 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
* Garrun Assist – Minimum Monthly 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 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



<b>SECTION 17: MOTOR TRADERS</b>	<b>YES</b>	<b>NO</b>
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1. INTERNAL

Subsection A Own Damage

R.....

Subsection B Third Party Damage

R.....

Wages Required

R.....

**Hoist Extension**

YES	NO
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2. EXTERNAL

Subsection A Own Damage

R.....

Subsection B Third Party Damage

R.....

Wages Required

R.....

Number of Employees:.....

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

Work away from premises

YES	NO
YES	NO
YES	NO

Windscreen extension

Social Domestic and Pleasure Purposes

<b>SECTION 18: ELECTRONIC EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
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*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.*

1. Theft must be accompanied by forcible/violent entry or exit to the building.
2. Wear and tear and gradual deterioration is not covered

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

Consequential Loss

YES	NO
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If yes, Please provide the following details:

1. Increased Cost of Working R .....  
Indemnity Period a maximum of ..... months
2. Reinstatement of Data R.....  
Additional Claims Preparation Costs R .....



3. Incompatibility Cover

YES	NO
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4. Lightning Protection Plug

YES	NO
-----	----

Does the average clause apply

YES	NO
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Kindly indicate if you require quotations on the following covers:-

1. Specialised Uabilities
2. Professional Indemnity Cayer
3. Plant all risks
4. Machinery Breakdown & Loss of Profits
5. Contractors all risks
6. Erection & Testing
7. Works Damage
8. Specialised Excess Layer
9. Emplayee Benefits
10. Guarantee



YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
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)

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**BANKING DETAILS & DEBIT ORDER AUTHORITY**

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(Please complete and sign this section if you want to pay monthly)

Name of bank: .

Branch:

Branch code:

Account number:

Type of account: .

Payer's Account Name:

Signature of Payer:




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**DECLARATION:**

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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.
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. If I have been refused insurance Cover, I have stipulated details of such above.
3. I have never been declared sequestrated or insolvent nor convicted of any criminal offences unless otherwise stipulated herein.
4. Details of any/all conditions/warranties and/or endorsements applied by previous insurers.
5. 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:

- .....
6. I AGREE THAT this proposal shall be the basis of the contract between the insurer and me.
  7. I UNDERSTAND THAT my insurance will not start until this proposal has been accepted by the insurers.
  8. I AM AWARE OF the Client Service Fee that Smit and Kie Brokers Pty(Ltd). charges in terms of Section 8 (5) 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.
  9. 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 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 Smit and Kie Brokers Pty(Ltd). POPI Policy which is available on their website.
  10. I WARRANT THAT I am duly authorised to sign on behalf of the Commercial Business in question.

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

Signature:..... Designation:.....  
 (s/he being duly authorised )



Signature:..... Designation:.....  
 (S/he being duly authorised)

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**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:  
 .....
2. 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.
3. 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.
4. 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 )