

NEEDS ANALYSIS FORM (FARMERS)

33 Central Street, Houghton, 2198
P O Box 92337, Norwood, 2117.
Tel: 011 694 5000. Fax: 011 694 5111



All questions to be answered in full

BROKER'S CHECKLIST:

1. Letter of Introduction
2. Completed and signed Needs Analysis
(including previous Insurance Policy Schedule)
3. Printed Quotation
4. Complete Record of Advice
5. Letter of Appointment
6. 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:

Contact Person Details:

Name and Surname: Capacity:

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

Telephone Number: Facsimile Number:

Cellphone number: E-mail Address:

Website: Effective date of cover:

Voluntary information (for statistical and marketing purposes only)

Gender:

MALE **FEMALE**

Nationality:

Marital Status:

SINGLE

MARRIED

DIVORCE

WIDOWED

Highest Qualification achieved:

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

What social media do you use?

FACEBOOK	TWITTER	LINKEDIN	OTHER
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If other, please specify:.....

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

What is your preferred means of communication?

E-MAIL	SMS	POST	TELEPHONE	FAX
---------------	------------	-------------	------------------	------------

Do you wish to receive marketing promotional information?.

YES	NO
------------	-----------

RISK DETAILS:

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



All Risk Addresses:

Inception Date:

YES	NO	Annual
------------	-----------	--------

Description of Security on Premises:

Occupation of Premises (other tenants occupying the premises):

Construction of Buildings:

Hazardous Process:

Additional Claims Preparation Costs

R

.....

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

Earthquake

Special Perils (Storm, wind, water, hail)

Malicious Damage (This is not SASRIA)

Sprinklers Leakage / Limit Required R

Subsidence and Landslip (Subject to Survey)

Spontaneous Combustion

Fork Lift Trucks if no Motor Cover

Fodder

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

Temperature Clause (AP required)

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Stock Declaration Conditions

Disposal of Salvage

Escalation – specify percentage

Inflation – specify percentage

Spread of Fire

Spread of fire to plantation

*Questionnaire must be completed

Driving of livestock

E C Liability

Guesthouse

Warehouse man

*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
YES	NO
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)

Subsidence and Landslip (Subject to Survey)

Escalation – specify percentage

Inflation Contingency– specify percentage

Prevention of Access

Occupancy

Geysers

*Has the average clause been explained to the client?

YES	NO
YES	NO

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO



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SECTION 3. OFFICE COMPREHENSIVE

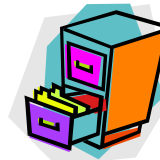
DETAILS:

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

Documents

Liability for Documents

Increased Cost of Working



SUM INSURED

R

R

R

R.....

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

Theft by Forcible and Violent Entry or Exit
(Restricted to forcible or violent entry or exit)

Application of Alarm warranty

Full Theft Cover

*Has the average clause been explained to the client?

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 penalised in the event of a claim to the same extent that you are underinsured.

SECTION 4. BUSINESS INTERRUPTIONS

ITEM NO.

1. Gross Profit (Difference Basis)

2. Gross Profit (Additions Basis)

3. Gross Rental

4. Revenue

5. Additional Increase in Cost of Working



SUM INSURED

R

R.....

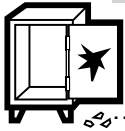
R

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

SECTION 5. THEFT AND MALICIOUS DAMAGE



FIRST LOST LIMIT

..... R

..... R

..... R

..... R

..... R

Additional Claims Preparation Cost..... R

Total R _____

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

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

Alarm Warranty Application

YES	NO
YES	NO

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)
(limited to R5000 until safe is surveyed) R.....
3. While in residence of insured, partner, director, employee of insured R.....
4. In custody of partner, director, employee of insured while away from premises on a business trip anywhere in the world R.....
5. In custody of collector, roundsman or petrol attendant R.....
6. Seasonal increase (specify period:) R.....
7. Crossed cheques, crossed money orders, crossed postal orders R.....
8. 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

Internal / External

Armour Plate Doors

Alarm Systems

Additional Claims Preparation Costs

YES	NO
YES	NO
YES	NO
YES	NO

..... R.....

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

Special Reinstatement

YES	NO
YES	NO

*Has the average clause been explained to the client?

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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)

Retroactive Cover

Superseded Policy (.....Years)

Voluntary First Amount Payable R

Reinstatement of Sum Insured

YES	NO
YES	NO
YES	NO
YES	NO
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

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)

All Risks

YES	NO
-----	----

Fire, Explosion, Collision, Derailment and Overturning Limitation

YES	NO
-----	----

Theft and Hijacking

YES	NO
-----	----

Debris Removal/Exposure/Pollution

YES	NO
-----	----

Territorial Limits

YES	NO
-----	----

Do you transport livestock?

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

YES	NO
-----	----

 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 11. ACCIDENTAL DAMAGE

ITEM NO.

SUM INSURED

Premises

..... R.....

..... R.....

1. All Properties as defined thereunder: Total Value: R.....

OR

2. First Loss R.....

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)



Leakage of Oils / Chemicals / Fumes R

YES	NO
YES	NO

Additional Claims Preparation Costs R

SECTION 12. PUBLIC LIABILITY

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

GENERAL Tenants liability Limit R.....

Products Liability Limit R.....

Turnover R.....

Defective Workmanship Limit R.....

Wages R.....

EEC Liability Limit R.....

Spread of Fire Limit R.....



YES	NO
-----	----

Extended Liability up to R20 000 000

Please stipulate if 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

<u>NAMES OF PERSONS</u>	<u>AGES</u>	<u>OCCUPATION</u>	<u>SUM INSURED</u>
.....			R.....
.....			R.....
.....			R.....

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
Business Hours Limitation	YES	NO

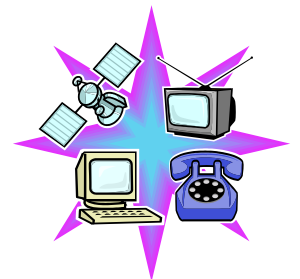
SECTION 15. ELECTRONIC EQUIPMENT

<u>ITEM DESCRIPTION</u>	<u>SUM INSURED</u>
1.	R.....
2.	R.....
3.	R.....
4.	R.....
5.	R.....

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
4. Lightning Protection Plug	YES	NO

5. *Has the average clause been explained to the client?

YES	NO
-----	----

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SECTION 16. IRRIGATION EQUIPMENT ON WHEELS AND CENTRE PIVOTS

<u>MAKE</u>	<u>SIZE</u>	<u>TYPE OF COVER</u>	<u>SUM INSURED</u>
.....	R.....
.....	R.....
.....	R.....

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



SUMMARY OF COMMERCIAL COVER REQUIRED:

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



22. Machinery Breakdown L.O.P

YES NO

23. SASRIA

YES NO

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

- 1. Specialised Liabilities
- 2. Professional Indemnity Cover
- 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. Employee Benefits
- 10. Guarantee
- 11. Crop Insurance
- 12. Game/Wildlife Insurance

YES	NO
YES	NO
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 CostsFlat 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
---------------	---------------	---------------	-------------	--------------

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

YES	NO
------------	-----------

Describe Present fire fighting measures / equipment:

.....

Thatched

YES	NO
------------	-----------

lapa? How far from main building? m.

Subsidence and landslide

Borehole

Water course

YES	NO
YES	NO
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:

Noting of interest

YES	NO
------------	-----------

required:

If yes, please provide details:

YES	NO
------------	-----------

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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
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PARK HOME	DOUBLESTORY TOWNHOUSE	DOUBLESTORY DWELLING	STORE FACILITY	OTHER
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Location (please mark with an X):

RESIDENTIAL AREA	SECURITY COMPLEX	PLOT	FARM
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Describe Construction of:

ROOF:	TILES	SINK	THATCH	OTHER
WALLS:	BRICKS	CEMENT	WOOD	OTHER

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

YES	NO
------------	-----------

Present fire fighting measures / equipment:

Thatched

YES	NO
------------	-----------

 lapa? How far from main building? m. Size: m².

Protections:

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



General:

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

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

Extensions/ limitations:

Accidental damage up to R20,000 or 10 % of the sum insured included @ R12 pm

YES	NO
-----	----

Domestic employee compensation

YES	NO
-----	----

Subsidence and landslide:

YES	NO
-----	----

Limited cover option (theft/ burglary cancelled): R

YES	NO
-----	----

Excess Waiver:

YES	NO
-----	----

Details:

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

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

*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.

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): R
 (Limit per item is 25% of the above sum insured)

2. Jewellery (specify) (Valuation Certificate required for items over R10 000.00) : R



..... R

..... R

3. Spectacles, sun glasses & contact lenses: R



..... R

..... R

4. Sporting equipment (including golf clubs, bicycles, etc.): 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

Personal laptops, Ipads, E-readers etc.: name/ model (**serial numbers required**)



..... R

..... R

..... R

Software:

..... R

7. Video cameras & photographic equipment (**serial numbers required**):



..... R

..... R

..... R

8. Contents of caravan:



..... R

9. Other:

..... 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?

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



MOTOR VEHICLE SECTION: Required:

(if more, please list on addition motor page)

YES	NO
-----	----

Vehicle 1

vehicle 2

YEAR & M&M CODE						
MAKE & MODEL						
REGISTRATION NO						
ENGINE NO						
VIN NO						
COLOUR OF VEHICLE						
TYPE OF USE	PRIVATE	PROFESSIONAL	BUSINESS	PRIVATE	PROFESSIONAL	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								
1ST ISSUE DATE OF LICENCE								
FINANCE DETAILS								
PHYSICAL ADDRESS WHERE THE VEHICLE IS NORMALLY KEPT								
OVERNIGHT PARKING	LOCKE D GARAG E	BEHIND LOCKE D GATES	IN STREE T	CARPO RT	LOCKE D GARAG E	BEHIND LOCKE D GATES	IN STREE T	CARPO RT
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**.
2. If the vehicle is a "rebuilt" or "code 3" a valuation from an authorized dealer has to be on record before a loss occurs.
3. Additional "first amounts payable" will apply in respect of age and license or special circumstances. Refer to policy schedule.

STANDARD COVERS :

Garrun Assist: minimum monthly premium: **R20.00**.

YES	NO
-----	----

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.**

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

YES	NO
-----	----

	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:

Garrun Assist: minimum monthly premium: **R7.50 per vehicle**

YES	NO
-----	----

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 minimum monthly premium: **R85.00.**

YES	NO
-----	----

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):

Carnetion

Administration Service:

Available for all comprehensively insured vehicles
Carnetion Hire that is administered on the insured's behalf in the event of accident and theft.



Option 1:

Economy vehicle (1100 – 1300cc);
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.

YES	NO
-----	----

Option 2:

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.

YES	NO
-----	----

Option 3:

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.

YES	NO
-----	----

MONTHLY PREMIUMS

(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:.....



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.
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. Details of any/all conditions/warranties and/or endorsements applied by previous insurers.
.....
4. 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:
.....
5. I AGREE THAT this re proposal shall be the basis of the contract between the insurer and myself.
6. I UNDERSTAND THAT my insurance will not start until this proposal has been accepted by the insurers.
7. I AM AWARE OF the Client Service Fee that Smit and Kie 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.
8. 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 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 POPI Policy which is available on their website.
9. I WARRANT THAT I am duly authorised to sign on behalf of the Business in question.

Signed at: on this day of20

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:
.....
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 of20

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



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