

RENEWAL NEEDS ANALYSIS FORM

(BODY CORPORATE /
HOME OWNERS ASSOCIATION)



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 Name:.....

Physical Address:.....

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

Postal Address.....

..... Code:

Contact Person Details:

Managing Agent (representative completing this analysis):.....

Is said person duly authorised to enter into agreements on behalf of Body Corporate /Association:.....

Relevant Contact Person.....

Telephone Number: Facsimile Number:

Cellphone number: E-mail Address:.....

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

ANNUAL POLICY	MONTHLY POLICY
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Voluntary information (for statistical and marketing purposes only)

Gender:

MALE	FEMALE
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Nationality:.....

Marital Status:

SINGLE	MARRIED	DIVORCE	WIDOWED
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Highest Qualification achieved:.....

What social media do you use?

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

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

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What is your preferred means of communication?

E-MAIL	SMS	POST	TELEPHONE	FAX
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Do you wish to receive marketing promotional information?.

YES	NO
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RISK DETAILS:

Physical Address:

.....
.....

Construction of walls:

1. Standard
2. Wooden Structure
3. Pre-Fabrication
4. Asbestos
5. Corrugated iron

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO



Construction of roof:

1. Standard
2. Thatch
3. Asbestos
4. Wooden
5. Slate

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

Please advise on any non-standard construction units and values (advise if cover is required for retaining walls):

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

NOTE: PLEASE NOTE THAT COVER FOR RETAINING WALLS IS SUBJECT TO STANDARD BUILDING REGULATIONS AND A COPY OF THE ENGINEERS CERTIFICATE WILL BE REQUESTED SHOULD A CLAIM OCCUR.

Other Tenants Occupying the Premises:

NOTE: SHOULD THERE BE A COMMERCIAL OCCUPATION ON THE PROPERTY PLEASE ADVISE US OF THE TENANTS AND OCCUPATIONS

.....
.....

Previous Insurers Details:

.....

Period of Insurance from:

..... To:.....

Claims and Loss Experience Last 3 (three) Years:



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

Has an Insurer ever refused to renew/imposed special terms and conditions/cancelled your insurances, if so why:

.....
.....

SECTION 1: BODY CORPORATE/HOME OWNERS ASSOCIATION

Sum Insured R

Retaining walls R

Kindly attach the P.Q listing)

ADDITIONAL COVERS

Please advise if you would require a quote to include any of the following covers.

1. Geyser Maintenance Cover	YES	NO
2. Geyser Excess Buy Back Cover	YES	NO
3. Trustees Cover	YES	NO
4. Has the average clause been explained?	YES	NO

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

Is more specified cover required for items kept in the open?

CCTV Cameras and related equipment R.....
 Security Systems R.....
 Garden Equipment and/or tools R.....
 Gate motor R.....
 Intercom Systems R.....

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

Cover can also be provided for Special Type vehicles that are used and owned by the estate. Kindly provide full details in an Annexure.

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 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 Body Corporate 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:
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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)

