

## IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

## 1 | GENERAL INFORMATION

### Details of entities to be insured (the "Proposer")

Proposer's Name:		.....	
ID number (if Sole Trader):		.....	
Head Office (Physical Address):		.....	
		Postal Code:	
Postal Address:		.....	
		Postal Code:	
Company Reg No:		VAT No:	
Professional Association(s):		.....	
Contact Person:		Contact number:	
Email:		Website:	
Date Company Established / Services Commenced:		/ /	
<b>As currently constituted</b> (If commenced within the past 24 months - Please attach CV of key personnel/Directors/Principals)			
Date Company Established / Services Commenced:		/ /	
<b>As initially established</b>			
Company Legal Constitution:		Partnership / Private Company / Public Company / Close Corporation / Non-profit Organisation / Government / Sole Proprietor	

## THE POWER OF KNOWLEDGE

## 2 | INSURANCE HISTORY

1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?  Yes  No

If Yes, please state: Insurers: \_\_\_\_\_

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 For the type of Insurance now being proposed, has any Insurer ever:

i) Required an increased premium or imposed special terms?  Yes  No

ii) Refused to accept or renew any insurance for the body corporate  Yes  No

iii) Cancelled the insurance?  Yes  No

If any answer is Yes to any of the above 3 questions, please provide full details


## 3 | REQUIRED COVER

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?  Yes  No

3 Is cover required for the previous business activities of any Principal?  Yes  No

If Yes, please provide full details:


## 4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?  Yes  No

ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?  Yes  No

iii) Otherwise affect the consideration of this proposal for insurance?  Yes  No

If Yes, please provide details:


2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, please identify details (including loss date, amount claimed and a brief description):


3 What steps have been taken to prevent a recurrence?


## 5 | ADDITIONAL INFORMATION

1 Please provide details of all current Principals including qualifications:

Name in full of all Principals/ Directors/Partners	Qualifications	Date Qualified	How many years full-time practical industry experience?

2 Has the ownership of the Proposer/s changed, or has there been any merger or take-over at any time in the past?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, please provide full details:


## 6 | STAFF COMPLEMENT

Total number of staff involved in insurance activities:

Partners / Directors / Principals	
Professional Assistants/Accountants Executives:	
Financial Managers:	
Finance & Insurance Personnel:	
All Other Staff:	
<b>Total</b>	

## 7 | JOINT BROKING

Details of all Joint Broking Appointments (F&I Managers, etc.) held by the Proposer

Client	Type of Portfolio	Joint Broker

## 8 | PROFESSIONAL BUSINESS RELATIONSHIPS

1 Are you a member of any Professional Associations?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2 FSP License Number: \_\_\_\_\_

3 Please advise what sub-categories you are licensed for:

Financial Product	A Advice	B Intermediary Service
Long Term Insurance: Category A		
Short Term Insurance: Personal Lines		
Long term Insurance: Category B		
Long term Insurance: Category C		
Short-term Insurance: Commercial Lines		

4 If licensed for any other categories please provide the details thereof below:


## 9 | FINANCIAL INFORMATION

1 Approximate percentage of estimated gross income accruing from various activities

Activities	Approximate Percentage
Credit shortfall	%
Motor and related Business	%
Motor/Accident Business	%
Gap Insurance	%
Credit protection	%
Extended warranties	%
Valuations for third parties	%
Other (please specify)	%
	%
<b>Total</b>	<b>100%</b>

2 For the last financial year, please state:

Average Commission plus Fee per client:

R \_\_\_\_\_

3 Please state the maximum car price per dealership:

R \_\_\_\_\_

## 10 | FEES AND COMMISSION

(as per company's financial year-end in respect of activities as stated in question 9)

1 Financial Year-end: \_\_\_\_\_

2 Please give the audited fees for the past 5 years: In respect of Insurance and Finance Activities only

Year End	Fees
/ /	R
/ /	R
/ /	R
Estimated for coming 12 months:	R

**PLEASE READ**

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

.....	.....
<b>NAME</b>	<b>CAPACITY</b>
.....	.....
<b>SIGNATURE OF THE PROPOSER</b>	<b>DATE</b> DD/MM/YYYY
.....	.....

**BROKER DETAILS**

Broker: .....

Contact Person: .....	Tel: .....
Email: .....	Fax number: .....