



Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited, Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

BROKER					
Name of Insured:					
Postal address:					Code:
Tel. Number:		Fax Number:			
Email address:					
Please supply full details of the following:					
Risk address:					Code:
PERIOD OF INSURANCE		From ____/____/____ to ____/____/____			
SUM INSURED		R			
May we perform a credit rating check, to assist with rating for underwriting and claims?				YES	NO
Construction of walls	STD / BRICK	WOODEN STRUCTURE	PRE-FABRICATED	ASBESTOS	CORROGATED IRON
Construction of Roof	STD / BRICK	THATCH	ASBESTOS	WOODEN	SLATE
Please advise us of any NON-STANDARD CONSTRUCTION units and values you may have on your property e.g. Wendy Huts and/or Thatch Lapas:					
Description		Type of Construction		Value	
				R	
				R	
				R	
				R	
Please note that any NON-STANDARD BUILDINGS are subject to additional premiums.					
NOTE: A COPY OF THE PARTICIPATION QUOTE SCHEDULE (PQ'S) MUST ACCOMPANY THE APPLICATION FORM					
IMPORTANT: PLEASE NOTE THAT COVER FOR RETAINING WALL IS SUBJECT TO STANDARD BUILDING REGULATIONS AND A COPY OF THE ENGINEERS CERTIFICATE WILL BE REQUESTED SHOULD A CLAIM OCCUR.					
Should there be commercial occupation on the property, please advise us of the tenants and occupations:					
Section No.	Insured			Occupation	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

GEYSERS QUESTIONNAIRE

1.	Do you wish to select cover for geyser maintenance?	YES	NO
2.	Please advise us of number of geysers on the property	No. of Geysers: _____	
3.	Do you operate a business from home?	YES	NO
	If yes, please state type of business: _____		

ALL RISK ITEMS

Please supply All Risk Items:

Description	Serial Number	Value
		R
		R
		R
		R
		R

PREVIOUS INSURANCE

1.	Has any other insurer ever turned down an application of insurance, cancelled any policy or part thereof, imposed special conditions, refused to renew any policy, or part thereof, or refused to continue any part of your insurance?	YES	NO
----	--	-----	----

If yes, please supply the details below:

2.	History of previous losses / claims. Please supply the details of all losses you sustained during the past three years, including all claims that were not taken up or rejected by your insurer.
----	--

Type of loss	Year	Insurer	Amount
			R
			R
			R
			R
			R

PREMIUM PAYMENT DETAILS / DEBIT ORDER AUTHORITY

Name of Policyholder								
Policy Number (if existing policy)	Not yet issued / Quote status							
Company Reg. Number (if applicable)								
Vat Reg. Number (if applicable)								
Bank Account Holder – Name in full								
Name of Financial Institute / Bank								
Bank Account Number								
Bank Branch code / Type of Account								
PREMIUM TO BE DEBITED	R							
Payment method premium collection	<input type="checkbox"/>	MONTHLY	<input type="checkbox"/>	ANNUAL	<input type="checkbox"/>	HALF YEARLY	<input type="checkbox"/>	QUARTERLY
Date of Monthly Debit Order	<input type="checkbox"/> 1 st		<input type="checkbox"/> 7 th			<input type="checkbox"/> 15 th		

The Debit order reference will reflect on the bank statement with the prefix **“FRONTLINE”** followed by the policy number as a suffix, once issued on our system (example **“FRONTLINE****12345****”**).

DECLARATION

I hereby authorise Frontline Underwriting Managers (Pty) Ltd to present their debit order in respect of the accepted Non-Life Insurance premium (including VAT) to the above account.
 I confirm that the Financial Service Provider (known as the Broker), will be act on my behalf.
 All information, so obtained, must be treated as confidential by the Financial Service Provider and may not be made public in any way without written consent in compliance with the POPI Act.
 Premium will be deducted as per accepted proposal / quote.
 I acknowledge that premium might change subject to amendments to the policy as per prior consent.
 Should the debit order detail change, resubmission of our DEBIT AUTHORITY form is necessary to remain compliant.

Bank Account Holder Name / Surname	
Date of Signature	
Bank Account Holder Signature	
Policy Holder Signature	
Policy Holder Name and Surname	NAME AND SURNAME:

COMPULSORY PROOF OF BANKING DETAILS REQUIRED (To be dated within current 3 months)

- Bank stamped bank statement reflecting clear account holder name and number, OR
- Letter from Financial Institute confirming banking details

COMPULSORY DOCUMENTATION

- Copy of your ID Document
- Copy of your Registration Document if paid-up with a Finance House
- Copy of CK Documents / Business Registration Documents

COVER REQUIRED

SECTION	CLASS	TICK APPLICABLE BOX	ANNUAL PREMIUM
1.	Buildings Combined _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
2.	Office Contents _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
3.	Money _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
5.	Fidelity _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
6.	Business All Risks _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
7.	Accidental Damage _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
8.	Public Liability (Including Trustees Liability) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
9.	Employers Liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
10.	Machinery Breakdown _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
11.	Commercial Umbrella Liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____

Total Annual Premium (payable in advance)

R _____

Brokers Fee

R _____

SASRIA (Riot) Annual

R _____

TOTAL ANNUAL PREMIUM

R _____

To calculate Monthly premium divide Annual premium by 12

Monthly Premium

R _____

Brokers Fee

R _____

SASRIA (Riot) Annual R _____ ÷ 10

R _____

TOTAL MONTHLY PREMIUM

R _____

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this proposal form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this proposal form together with any other information supplied by me/us from the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF: _____

SIGNATURE

DESIGNATION: _____

NAME IN PRINT: _____

DATE

PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information.

In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>