

GUESTSURE APPLICATION QUOTATION AND PROPOSAL FOR INSURANCE

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)

(Subject to the Terms and Conditions of the Commercial Protector Policy Wording)

BROKER					
Name:					
Tel. Number:		Fax Number:			
CLIENT DETAILS					
Name:					
Postal address:					
Email :					
Tel. Number:		Fax Number:			
VAT Number:		Company Reg. No:			
May we perform a credit rating check, to assist with rating for underwriting and claims?				YES	NO

RISK DETAILS		INCEPTION DATE	
Business Description (full details is required):			
Tenants that occupy the premises			
Are you currently insured?		Name of Current Insurer	Policy Number
Has your insurance ever been interrupted?		Reason for interruption	
Are the assets that you want to insure, owned by the company and registered as company assets?			

PREMIUM PAYMENT DETAILS / DEBIT ORDER AUTHORITY				
Name of Policy Holder				
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"/>		<input type="checkbox"/>	HALF YEARLY
	<input type="checkbox"/>		<input type="checkbox"/>	QUARTERLY
Date of Monthly Debit Order	1 st		7 th	
			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	
<p>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.</p> <p>I confirm that the Financial Service Provider (known as the Broker), will be act on my behalf.</p> <p>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.</p> <p>Premium will be deducted as per accepted proposal / quote.</p> <p>I acknowledge that premium might change subject to amendments to the policy as per prior consent.</p> <p>Should the debit order detail change, resubmission of our DEBIT AUTHORITY form is necessary to remain compliant.</p>	
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			
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SECTION	CLASS	TICK APPLICABLE BOX	ANNUAL PREMIUM		
1.	Fire _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
2.	Buildings Combined _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
3.	Contents _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
4.	Office Contents _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
5.	Business Interruption _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
6.	Accounts Receivable _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
7.	Theft _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
8.	Money _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
9.	Glass _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
10.	Fidelity _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
11.	Goods in Transit _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				
12.	All Risks _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	R _____
YES	NO				

- | | | | | | |
|-----|-------------------------------------|---|-----|----|---------|
| 13. | Accidental Damage _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 14. | Public Liability _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 15. | Employers Liability _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 16. | Stated Benefits _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 17. | Group Personal Accident _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 18. | Motor _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 19. | Electronic Equipment _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 20. | Machinery Breakdown _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 21. | Commercial Umbrella Liability _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 22. | Watercraft _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |
| 23. | Frontline Assist _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">YES</td> <td style="padding: 2px 10px;">NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | | |

Total Annual Premium (payable in advance)

Brokers Fee

SASRIA (Riot) Annual

R _____
R _____
R _____

TOTAL ANNUAL PREMIUM

R _____

To calculate Monthly premium divide Annual premium by 12

Monthly Premium

Brokers Fee

SASRIA (Riot) Annual R _____ ÷ 10

R _____
R _____
R _____

TOTAL MONTHLY PREMIUM

R _____

DETAILS OF INSURANCE CLASS

SECTION 1.	FIRE
RISK ADDRESS:	

COLUMN	DESCRIPTION	SUM INSURED
1.	Buildings constructed of brick, stone or concrete and metal on metal framework and roofed with slate tiles, metal, concrete or asbestos unless otherwise stated in the schedules including landlord's fixtures and fittings therein or thereon walls (except dam walls) gates, posts and fences.	R
2.	The number of months rent / rental value stated in the schedule.	R
3.	Plant, machinery, landlord's fixtures and fittings for which the insured is responsible and all other contents excluding property more specifically insured.	R
4.	Stock and material in trade.	R
5.	Sundries (Specify)	R

ADDITIONAL PERILS (Tick applicable box)

- Earthquake
- Special Perils (Storm, wind, water, hail)
- Leakage / First loss Limit R _____
- Leakage / Full value R _____
- Subsidence and Landslip (Complete questionnaire)
- Malicious Damage
- Riot and Strike (Except RSA and Namibia)
- Stock declaration
- Additional claims preparation costs R _____
- Disposal of Salvage
- Escalation – specify percentage _____
- Construction – Standard (If No, Specify _____)
- Geysers up to R 5 000. Number _____

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

SECTION 2.	BUILDINGS COMBINED
RISK ADDRESS:	

ITEM NO.	DETAILS OF OCCUPATION - Usage of building	SUM INSURED
		R
		R
		R
		R
		R

TOTAL R _____

EXTENSIONS (Tick applicable box)

- Subsidence and Landslip (GeoTech Report required)
- Prevention of access
- Escalation – specify percentage _____
- Riot and Strike (Except RSA and Namibia)
- Additional claims preparation costs
- Construction – Standard (If No, Specify _____)
- Damage by Wild Animals in Excess of R20 000
- Leakage
- Reinstatement of Greens

YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	R
YES	NO	
YES	NO	R
YES	NO	
YES	NO	R

The sum insured of Buildings must include replacement value of the property as well as the costs of professional fees and debris removal, otherwise average will apply.

SECTION 3.	CONTENTS
RISK ADDRESS:	

ITEM NO.	DESCRIPTION OF CONTENTS	SUM INSURED
		R
		R
		R
		R
		R

TOTAL R _____

OPTIONAL EXTENSIONS (Tick applicable box)

Accidental Damage in Excess of R20 000
 Guest Property in Excess of R20 000
 Mechanical Breakdown (Electric stoves)
 Damage by Wild Animals in Excess of R20 000

YES	NO	R
YES	NO	R
YES	NO	R
YES	NO	R

SECTION 4.	OFFICE CONTENTS
RISK ADDRESS:	

ITEM	SUM INSURED
Contents	R
Documents	R
Legal Liability documents	R

EXTENSIONS (Tick applicable box)

Riot and Strike (Except RSA and Namibia)
 Theft by forcible entry / exit
 Theft without forcible entry / exit (Max 25% of Sum Insured)
 Subsidence and Landslip (Complete questionnaire)
 Additional claims preparation costs R _____
 Construction – Standard (If No, Specify _____)

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

N.B. COMPUTER EQUIPMENT IS EXCLUDED UNDER THIS SECTION

SECTION 5.	BUSINESS INTERRUPTION
RISK ADDRESS:	

ITEM NO.	DETAILS OF OCCUPATION - Usage of building	SUM INSURED
1.	Gross Profit (Difference Basis)	R
2.	Gross Profit (Additions Basis)	R
3.	Gross Rental	R
4.	Revenue	R
5.	Additional Increased Cost of Working	R
6.	Wages Number of weeks _____	R
7.	Fines and Penalties	R
8.	Additional claims preparation costs	R

INDEMNITY PERIOD _____ **Number of months**

In respect of DIFFERENCE BASIS (specify uninsured costs)

In respect of ADDITIONS BASIS (specify standing costs)

EXTENSIONS (Tick applicable box)

Suppliers / Sub contractors

Specify _____

YES	NO
-----	----

_____ % of sum insured according to items, 1,2 or 4

Suppliers / Sub contracts (unspecified)

Specify _____

YES	NO
-----	----

_____ % of sum insured according to items, 1,2 or 4

Clients

Specify _____

YES	NO
-----	----

_____ % of sum insured according to items, 1,2 or 4

Prevention of access – Extended cover

YES	NO
-----	----

Public Utilities - Insured perils

YES	NO
-----	----

Public telecommunication - Insured perils

YES	NO
-----	----

Accidental damage

YES	NO
-----	----

Maximum sum insured is Accidental damage sum insured and Business Interruption sum insured

EXCLUDES loss due to Power Surge

Cancellation of bookings

YES	NO
-----	----

(Standing charges or working expenses. List of costs / expenses must be provided)

SECTION 6.	ACCOUNTS RECEIVABLE
RISK ADDRESS:	

ITEM	SUM INSURED
Outstanding Debit balance	R _____
Additional Claims preparation costs	R _____
TOTAL	R _____

EXTENSIONS (Tick applicable box)

Transit extension

YES	NO
YES	NO

Riot and Strike (Except RSA and Namibia)

SECTION 7.	THEFT
RISK ADDRESS:	

	FIRST LOSS
	R _____
	R _____
	R _____
	R _____
Additional claims preparation costs	R _____
TOTAL	R _____

EXTENSIONS (Tick applicable box)

Damage to buildings following theft – In excess of R 5000

YES	NO
-----	----

R _____

Replacement of Locks and Keys in excess of R 7 500

YES	NO
-----	----

R _____

Non-Forcible and Violent Entry (Limited to 25% of Sum Insured)

YES	NO
-----	----

R _____

Property of Guests (Limited to R10 000 per Guest)

YES	NO
-----	----

R _____

SECTION 8.	MONEY
RISK ADDRESS:	

	Major limit	R
	Major limit	R
	Major limit	R
TOTAL		R _____

Seasonal increase (Period _____ to _____)	R
---	---

EXTENSIONS (Tick applicable box)

While on insured premises in custody of one or more petrol attendants	YES	NO	R
While in custody of one or more collectors or delivery people	YES	NO	R
Receptacles	YES	NO	R
Additional claims preparation costs	YES	NO	R

Personal Accident

Number of persons	_____		
Capital amount (Death)	R _____		
Weekly income (Per week)	R _____		
Medical costs	R _____		
Riot and Strike (Except RSA and Namibia)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
Type of safe and grading	_____		

SECTION 9.	GLASS
RISK ADDRESS:	

Additional claims preparation costs	R	
Neon signs	R	
TOTAL		R _____

EXTENSIONS (Tick applicable box)

Special replacement	YES	NO
Riot and Strike (Except RSA and Namibia)	YES	NO

SECTION 10.	FIDELITY
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BASIS OF COVER		SUM INSURED
a)	Blanket Basis Number of employees _____	R _____
b)	Name Basis Names: 1) _____ 2) _____ 3) _____	R _____ R _____ R _____
c)	Positions Basis 1) _____ 2) _____ 3) _____	R _____ R _____ R _____

EXTENSIONS (Tick applicable box)

Retroactive cover

YES	NO
-----	----

Superseded cover:

YES	NO
-----	----

INSURANCE COMPANY	POLICY NO	SUM INSURED

Voluntary First amount payable R _____

YES	NO
-----	----

Reinstatement of insured amount

YES	NO
-----	----

Cost of recover R _____

YES	NO
-----	----

Computer losses

YES	NO
-----	----

Extension of losses discovered over 24 months – 36 months

YES	NO
-----	----

Additional claims preparation costs R _____

YES	NO
-----	----

COVER SUBJECT TO ACCEPTABLE FIDELITY PROPOSAL FORM.

SECTION 11. GOODS IN TRANSIT

BASIS OF COVER

a) Fire, explosion, collision, derailment, overturning

YES	NO
-----	----

b) All Risks

YES	NO
-----	----

- Do you want cover per vehicle load?

If Yes: Number of vehicles _____

Load limit per vehicle R _____

YES	NO
-----	----

- Do you want cover on annual carry?

If Yes:

State your annual carry R _____

YES	NO
-----	----

Additional claims preparation costs

R _____

EXTENSIONS (Tick applicable box)

Debris removal

YES	NO
-----	----

Riot and Strike (Except RSA and Namibia)

YES	NO
-----	----

Additional fire extinguishing charges

YES	NO
-----	----

Type of goods that are transported _____

SECTION 12. ALL RISKS (Personal items and items related to the Business)

ITEM NO.	DESCRIPTION OF ITEMS	MODEL / SERIAL NO	SUM INSURED
			R
			R
			R
			R
			R
			R
			R
			R
			R
			R
			R
			R
			R
			R

TOTAL R _____

EXTENSIONS (Tick applicable box)

Replacement value condition
 Increased cost of working
 Riot and Strike (Except RSA and Namibia)
 Additional claims preparation costs R _____

YES	NO
YES	NO
YES	NO
YES	NO

SECTION 13.	ACCIDENTAL DAMAGE
RISK ADDRESS:	

- SUM INSURED**
1. Accidental Damage: Total value of all the insured property R _____
OR
2. Accidental Damage: First Loss R _____
3. Power Surge
Level 2 Surge Protection device to be installed in all DB Boards R _____

Requirements:

Limit under R10,000 – No mandatory Surge Arrester

Limit over R10,000 – Type 2 Surge Arrester to be installed in all DB Boards

It is a condition that Type 2 Surge Protectors, lightning arrestors or other surge protection devices must be installed on the main electrical distribution boards of the home / business and installed to SANS 10142 specifications.

EXTENSIONS (Tick applicable box)

Leakage of oil / chemicals / fumes
 Reinstatement
 Additional claims preparation costs

YES	NO
YES	NO
YES	NO

SECTION 14.	PUBLIC LIABILITY
BASIS OF COVER: Claims made	

Retroactive date: _____

	LIMIT OF INDEMNITY
General and Tenants	R _____

EXTENSIONS (Tick applicable box)

Cancellation of Events – Max R50 000
 Activities – Max R1 000 000 in Aggregate
 Animals – Max R 500 000 in Aggregate
 Errors and Omissions – Max R250 000
 Commercial Game Hunting & Game Viewing – Max R1 000 000
 ** Products liability
 Spread of Fire
 Droving and Escape of Animals
 Defective Workmanship
 Legal defense costs – Limit R 50 000
 Wrongful arrest / Defamation – Limit R 50 000
 EC Liability
 Additional claims preparation costs
 Property Owners liability
 Work away from premises

YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO	Limit	R _____

**** (Products liability is subject to completion of questionnaire)**

SECTION 15. EMPLOYERS LIABILITY (only claims made basis)

Retroactive date: _____	LIMIT OF INDEMNITY
General and Tenants	R

SECTION 16. STATED BENEFITS

<u>INSURED PERSONS</u>	<u>OCCUPATIONS</u>
_____	_____
_____	_____
_____	_____

- Benefits**
1. Death _____ times annual earnings (1x, 2x, 3x, 4x)
 2. Permanent Disability 100% of death benefits
 3. Temporary Total Disability Number of weeks _____
 4. Medical costs R _____

EXTENSIONS (Tick applicable box)

Burns disfigurement	YES	NO
Business hours limitation	YES	NO
Additional claims preparation costs R _____	YES	NO

SECTION 17. GROUP PERSONAL ACCIDENT

<u>INSURED PERSON</u>	<u>OCCUPATION</u>	<u>SUM INSURED</u>
		R
		R
		R

- Benefits**
- Death
 - Permanent Disability 100% of death benefits
 - Temporary Total Disability Weekly income R _____
Number of weeks required _____
 - Medical costs R _____ per week

YES	NO
YES	NO

EXTENSIONS (Tick applicable box)

Burns disfigurement	YES	NO
Business hours limitation	YES	NO
Additional claims preparation costs R _____	YES	NO

SECTION 18.	MOTOR
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Make & Model	Year	Reg no	Cover*	NCB/CFG	Definition of vehicle #	Retail Value
						R
						R
						R
						R
						R
						R
						R
						R
						R
						R

***Cover:** C (Comprehensive), TPFT (Third Party, Fire and Theft), T (Third Party only)
Definition of vehicle:
 A (Private type vehicles, B (Commercial / Special Type Vehicles, C (Motorcycles), D (Busses), E (Trailers/ caravans)

EXTENSIONS (Tick applicable box)

Contingency liability	YES	NO	
Passengers liability	YES	NO	
Unauthorized passengers liability	YES	NO	
Parking facilities	YES	NO	
Windscreen	YES	NO	*
Loss of keys	YES	NO	*
Radio's and Tape decks (not standard in vehicle)	YES	NO	*
Credit shortfall	YES	NO	*
Riot and Strike (Except in RSA and Namibia)	YES	NO	*
Wreckage removal	YES	NO	*
Loss of use	YES	NO	*
Vehicle Hire (GROUP _____ No of Days 30/45/60: _____)	YES	NO	*
Excess Waiver	YES	NO	*
Additional claims preparation costs	YES	NO	

* = **Only Comprehensive Cover**

SECTION 19.	ELECTRONIC EQUIPMENT
RISK ADDRESS:	

DESCRIPTION OF EQUIPMENT	SERIAL NO	SUM INSURED
1.		R
2.		R
3.		R
4.		R
5.		R

EXTENSIONS (Tick applicable box)

Increased cost of working	YES	NO	R _____
Reinstatement of data	YES	NO	R _____
Telkom access lines	YES	NO	R _____
Incompatibility (maximum 20% of sum insured)	YES	NO	R _____
Currency fluctuations	YES	NO	
Escalation _____%	YES	NO	
Additional claims preparation costs R _____	YES	NO	R _____
Construction loading – Standard (If No, specify _____)	YES	NO	

SECTION 20.	MACHINERY BREAKDOWN
RISK ADDRESS:	

SUB-SECTION A – MATERIAL DAMAGE

ITEM NO	SERIAL NO	SUM INSURED
1.		R
2.		R
3.		R
4.		R
5.		R

EXTENSIONS (Tick applicable box)

Additional claims preparation costs

YES	NO
-----	----

 R _____

SUB-SECTION B – BUSINESS INTERRUPTION

BASIS	SUM INSURED
Gross Profit – Difference Basis / Revenue Basis	R
Indemnity Period	_____ Months

SUB-SECTION C – DETERIORATION OF STOCK

DESCRIPTION	SUM INSURED
	R
	R

SECTION 21. COMMERCIAL UMBRELLA LIABILITY - CULP

Item No.	Indemnity Limit	Umbrella Limit	YES	NO	Limit of indemnity
		R20 000 000			R
Number of premises					R
Number of self-propelled vehicles					R
Total					

SECTION 22. WATERCRAFT

SECTION 1 – LOSS OF OR DAMAGE TO YOUR WATERCRAFT

DESCRIPTION OF WATERCRAFT	Vin/serial/Hin No.	SUM INSURED
1.		R
2.		R
3.		R
4.		R
5.		R

EXTENSIONS (Tick applicable box)

Racing Risk (sailing vessels only)

YES	NO
-----	----

 R _____

Submerged Objects Cover

YES	NO
-----	----

 R _____

Specified Accessories:

YES	NO
-----	----

 R _____

1.	YES	NO	R
2.	YES	NO	R
3.	YES	NO	R
4.	YES	NO	R
5.	YES	NO	R

SECTION 2 – LIABILITY TO THIRD PARTIES

Third Party Liability	YES	NO	SUM INSURED
			R

SECTION 23. VALUE ADDED PRODUCT – Frontline Assist

DOMESTIC

Roadside Assist: Includes up to 5 Vehicles **under 3.5 Ton**

YES	NO
-----	----

Premium: R40,00

Number:

Premium:

Total

DECLARATION

Questions to be fully answered and signed by the Insured:

1.	Has any Insurer / Underwriter ever cancelled / declined / refused to renew / impose special terms or conditions on any policy held by you or any partner or any business registered in your or any partners names? If yes, give details:	YES	NO
2.	Name and policy number of previous Insurer / Underwriter		
3.	Have you or any partner or any business registered in your or any partners names been insolvent or been under any judicial management? If yes, give details:	YES	NO
4.	Have you or any partner or any business registered in your or any partners names had any civil judgments against your or their name in the last five years? If yes, give details:	YES	NO
5.	Do you check the Validity / Category / PrDP / Expiry of all employees South African driver’s licences, and do you have a system in place to record and update this information on an annual basis? If no, please state Country:	YES	NO
6.	Has your or any partner of the business or any staff member who may drive a company vehicle, driver’s licence ever been endorsed / cancelled / suspended? If yes, give details:	YES	NO
7.	Have you or any partner of the business, or the business (as described under Business Detail page 1) suffered any losses / claims, during the past three years (whether insured or not)? If yes, provide details below:	YES	NO

DETAILS OF LOSS:	DATE OF LOSS:	NAME OF INSURER:	COST (Approx):

DETAILS OF LOSS:	DATE OF LOSS:	NAME OF INSURER:	COST (Approx):

COMPLIANCE

8.	Fire Fighting Equipment – Installed and serviced in accordance with SANS 1475? If NO, give details:	YES	NO
9.	Certificate of Occupation – signed off? If NO, give details:	YES	NO
10.	Electrical Certificates in accordance with SANS 10142? If NO, give details:	YES	NO
11.	Surge Protection – Installed in accordance with SANS 10142? If NO, give details:	YES	NO

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: _____

DATE _____

NAME IN PRINT: _____

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal.

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/pop/>