

Commercial: Proposal Form

Insured details

Company name:

Trading as:

Type of business: Registration:

VAT number:

Full business description:
(including company operations and activities)

Have you previously traded under a different name? Yes: No: If yes, specify name:

Contact details

Telephone: Cellphone:

Email: Website:

Physical address

Street name and number: City / town:

Province: Area code:

Postal address

P.O. Box number: City / town:

Province: Area code:

Additional information

Brokerage: Broker name:

Kindly complete the information below that is relevant to the sections on your policy. Should there be additional premises, items or vehicles which cannot be accommodated on this form please supply an additional list with the information required.

Risk address information

	Premises 1	Premises 2	Premises 3
Street:	<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Province:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction of property:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the property occupied?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Property occupied as:	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many floors:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Perimeter protection:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Risk profile:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Security requirement for all crime classes is a linked alarm with armed response.

Business interruption

Specified suppliers:			
Percentage dependency:			
Specified customers:			
Percentage dependency:			

Business all risk

	Item 1	Item 2	Item 3
Article type:			
Description:			
Serial number:			

Goods in transit

Haulage policies - annual haulage fees:		All other commercial polices - annual carry:	
Commodity(ies) transported:			
Areas of operation:			

Fidelity guarantee

Number of employees:

Motor

	Vehicle 1	Vehicle 2	Vehicle 3
Registration number:			
VIN number:			
Engine number:			
Registered owner:			

If any of the above vehicles are busses, please supply the number of seats for passenger liability cover:

Number of seats:			
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Motor traders

Annual salaries:		Vehicle types:	
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Social, domestic and pleasure purposes (if included):

	Driver 1	Driver 2	Driver 3
Full name:			
ID number:			

Electronic equipment

	Item 1	Item 2	Item 3
Article type:			
Description:			
Serial number:			

Machinery breakdown

	Item 1	Item 2	Item 3
Article type:			
Description:			
Serial number:			

Plant all risk

	Plant 1	Plant 2	Plant 3
Description:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stated benefits/Group personal accident - specified basis

	Person 1	Person 2	Person 3
Full name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stated benefits/Group personal accident - unspecified basis

	Item 1	Item 2	Item 3
Number of employees:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual earnings:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Categories:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Broadform liability

State the class of products required for Products liability cover:

Annual turnover:

Employer's liability

Number of employees: Annual salaries:

Details of loss/damage in the past 3 years

Please supply proof of past 3 years claims history from previous Insurer(s).

Declaration

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	Capacity	Date	Signature

Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer?

Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No:

Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No:

Cancelled your policy? Yes: No:

If yes, name of Insurer?

Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature

Debit Order Authority

Account holder full name:

Name of bank:

Account type:

Branch code:

Name of branch:

Account number:

Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

1. That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
2. To pay any bank charges relating to this debit order instruction.
3. Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
4. This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
5. To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
6. The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature