

Brokerserv (Pty) Ltd

121 Bram Fischer Drive, Randburg, 2125. Tel: (011) 889-8400 Fax: (011) 886-0092

PROPOSAL FORM			
Policy Number:			
Broker:			
Period of Insurance:	From:	To:	
Name of Proposer:			
Postal Address:			
Physical Address:			
Description of Business:			
Co Reg. Number:			
Telephone Number:		Fax Number:	
Cellular Number:		E-Mail Address:	
POLICY SECTION IN FORCE (Indicate Yes/No as applicable)	APPLICABLE	ANNUAL PREMIUM	
1. Fire			
2. Buildings Combined			
3. Office Contents			
4. Business Interruption			
5. Accounts Receivable			
6. Theft			
7. Money			
8. Glass			
9. Fidelity			
10. Goods in Transit			
11. Business All Risk			
12. Accidental Damage			
13. Public Liability			
14. Employers Liability			
15. Stated Benefits			
16. Group Personal Accident			
17. Motor			
18. Motor Traders - Internal Risks			
19. Motor Traders - External Risks			
20. Electronic Equipment			
TOTAL PREMIUM			
SASRIA			

GENERAL			
1. Has any insurer ever declined a proposal of your, cancelled any policy (or any section thereof) of yours, imposed any special conditions, refused to renew any policy (or any section thereof) of yours, or refused to continue with any insurance of yours?			
Yes		No	
If yes, please give full details:			
2. History of previous losses/claims. Please give full particulars in respect of all losses sustained by you during the past five years, including all claims which have been paid or not been paid.			
TYPE OF LOSS/CLAIM	YEAR	AMOUNT	INSURER

METHOD OF PREMIUM PAYMENT (Please indicate by "Y" , the method of premium payment required)	
Yearly in cash	
Per month via debit order	
DEBIT ORDER INFORMATION AND AUTHORISATION	
Name of Bank:	
Account Holder:	
Type of Account:	
Bank Branch Identification Number:	
Account Number:	
I hereby authorise Brokerserv (Pty) Ltd or their nominated collection agent to draw on my account at the above mentioned bank/institution, in any manner agreed on between Brokerserv (Pty) Ltd or their nominated collection agent and such institution, the amount of premium (which includes VAT) payable, and I request the aforesaid institution to debit my account with all debits drawn against it by Brokerserv (Pty) Ltd or their nominated collection agent.	
Signature of account holder:	

DECLARATION	
I/We hereby declare that all the statement and particulars in this proposal are true and correct and contain all the information know to me/us affecting the risk to be insured and that this and any other written statement made by me/us or on my/our behalf for the purposes of the proposed insurance shall be the basis of and incorporated in the contract between me/us and Brokerserv (Pty) Ltd and shall be promissory, and I/we declare that if such statements and particulars are in the handwriting of any person other than myself/ourselves such person shall be regarded as having been my/our agent for the purpose of filling in same. I/We further declare that only those sections of the policy indicated in my/our proposal as being required shall be in force.	
Date:	Signature of Proposer:

Please list premises below:					
Item	* Premises/Description	Occupation	Construction	Postal Code	Risk Code
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					

* Also enter description of items under fire section

Comments: (e.g. cross reference to other policies, previous loss experience etc.)

SECTION 2: BUILDINGS COMBINED				
Item No.	Details /Premises/ Description	Sum Insured	Rate	Premium
	Additional claims preparation costs	R		
	Total	R		
	Sasria			

Subsidence and landslip included?

Yes	No
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Comments:

SECTION 3: OFFICE CONTENTS				
Item No.	Details /Premises/ Description	Sum Insured	Rate	Premium
	Additional claims preparation costs	R		
	Documents	R		
	Liability for docutments	R		
	Total	R		
	Sasria			
Comments:				

SECTION 4: BUSINESS INTERRUPTION				
Item No.	Details /Premises/ Description	Sum Insured	Rate	Premium
Item 1	Gross profit (.....basis) Addition or difference basis	R		
Item 2	Gross rentals	R		
Item 3	Revenue	R		
Item 4	Additional increase in cost of working	R		
Item 5	Wages (number of weeks basis) (Number of weeks.....)	R		
	Total	R		
	Sasria			

Indemnity period a maximum ofmonths.

Indicate Yes/No as applicable		Included	
Uninsured costs (difference basis)			
Insured standing charges (addition basis)			
Extensions to other premises			
Suppliers/ Sub-contractors	% Dependency% of the sums insured by items 1 to 5
Prevention of access - extended cover			
Customers (specify)	% Dependency% of the sums insured by items 1 to 5
Public utilities - insured perils			
Public utilities - extended cover			
Uninsured Costs	Insured Standing Charges	Sasria - Insured Standing Charges	
Comments:			

SECTION 5: ACCOUNTS RECEIVABLE

Item No.	Details /Premises/ Description	Sum Insured/ Outstanding Debit Balances	Rate	Premium
	Additional claims preparation costs	R		
	Total	R		
	Sasria			
Clauses and memoranda (Please indicate Yes/No as applicable)		Included		
	Transit extension			
	Duplicate records			
	Protections warranty			
Comments:				

SECTION 6: THEFT

Item No.	Details /Premises	Sum Insured	Rate	Premium
	Malicious damage: theft - Included Yes/No	R		
	Additional claims preparation costs	R		
	Documents	R		
	Liability for documents	R		
	Total	R		
	Sasria			

Comments:				

SECTION 7: MONEY

Details	Compensation/ Limit of indemnity	Rate	Premium
Specific limitations: 1. In respect of money not contained in a locked safe or strongroom (i) While on the insured premises situated as stated outside the hours during which the commercial operations of the insured are conducted.	R 1000.00		
(ii) While in the residence of the insured or any partner or director or employee of the insured	R1000.00		
(iii) In the custody of any partner, director or employee of the Insured while away from the insured premises on a Business trip anywhere in the world.	R1000.00		
(iv) In the custody of any collector, rounds man or petrol attendant.	(i) R	(i)	
2. In respect of money contained in locked safe or strongroom whilst on the insured premises as sated outside the hours during which the commercial operations of the insured are conducted. (i) In respect of any specified safe or strongroom to the corresponding amount stated (ii) Description of safe/strongroom			
A Limit 2 (i)	R		
B Limit 2 (i)	R		
C Limit 2 (i)	R		
D Limit 2 (i)	R		
(ii) In respect of any safe or strongroom not specified in 2 (i) above the limits shall be according to the grading of such safe or strongroom as follows: a. No SABS grading b. SABS-category 1 grading c. SABS-category 2 grading d. SABS-category 3 grading e. SABS-category 4 grading f. g. Provided always that the company's liability shall not in any event exceed the limit stated	R2500.00 R5000.00 R10000.00 R50000.00 R100000.00		
3. In respect of any other loss of or damage to money 4. Major limits - (i) during.....(state period) 5. (ii) at any other time 6. 7. Premises			
A Limit 3 (i)	R		
Limit 3 (ii)	R		
B Limit 3 (i)	R		
Limit 3 (ii)	R		
C Limit 3 (i)	R		
Limit 3 (ii)	R		
3. In respect of any loss of or damage to crossed cheques or crossed money or postal orders.	R100000.00		

SECTION 7: MONEY(CONTINUED)

Details	Compensation/ Limit of indemnity	Rate	Premium
Extension 1: Receptacles limit	R		
Additional claims preparation costs	R		
Personal accident assault (Indicate Yes/No)	Included		
Capital sum	R		
Weekly sum	R		
Medical expenses	R		
Total	R		
Sasria	R		

Comments:

SECTION 8: GLASS

Item No.	Details /Premises	Sum Insured	Rate	Premium
	Additional claims preparation costs	R		
	Total	R		
	Sasria			
	Special reinstatement (Indicate Yes/No as applicable)	Included		

Comments:

SECTION 9: FIDELITY

Details		Sum Insured	Rate	Premium
Basis Blanket or name/ position (delete whichever is not applicable) Names or positions (if applicable)				
Additional claims preparation costs		R		
Indicate Yes/No as applicable	Included			
Retroactive cover (12 months)				
Superseded policy (.....years)				
Insurer.....				
Policy Number.....				
Sum Insured.....				
Voluntary first amount payable R.....				
Reduction/Reinstatement of insured amount				
Cost of recovery (where loss exceeds Sum insured)				
Computer losses extension				
Total				

Comments:

SECTION 10: GOODS IN TRANSIT

Details	Applicable	Limit of indemnity	Rate	Premium
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All goods consigned (including ropes, tarpaulins and packing materials in connection with the transit) a. By the insured b. By or to the insured (Yes/No) c. To the insured	a.	R R R R		
Estimated annual carry				
Means of conveyance				
Additional claims preparation costs		R		
Indicate Yes/No as applicable	Included			
First amount payable R.....				
Debris removal above R1000.00		R		
Fire, explosion, collision and overturning limitation		R		
Sasria				
Total				

Comments:

SECTION 11: BUSINESS ALL RISK					
Item No.	Details	First amount payable	Sum Insured	Rate	Premium
	Indicate Yes/No as applicable	Total Included	R		
	Replacement value condition				
	Increase cost of working				
	Total				
	Sasria				

Comments:

SECTION 12: ACCIDENTAL DAMAGE						
Item No.	Details/Insured Property	Total Value	First amount payable	Sum Insured	Rate	Premium
	Defined events (i) 1. All the insured property as defined in this section	1.	1.	1.	1.	
2.	2. Premises	2.	2.	2.	2.	
3.	3.	3.	3.	3.	3.	
4.	4.	4.	4.	4.	4.	
5.	5. Additional claims preparation costs	5.	5.	5.	5.	
6.	6. Total	6.	6.	6.	6.	
7.	7. Sasria	7.	7.	7.	7.	
8.	Memoranda applicable (indicate Yes/No)					
	Average					
	Excluded Property					
	(Describe)					
	Reinstatement					
	First loss average					
	Defined events (ii) Leakage of oils/chemicals/fumes					

Comments:

SECTION 13: PUBLIC LIABILITY

Details	Applicable	Limit of indemnity	Rate	Premium
Claims made basis (Yes/No) Retroactive date/...../.....		R		
Occurrence basis (Yes/No)		R		
Extensions (Yes/No)	Included			
Products Liability Territories: excl USA & Canada		R		
Defective workmanship liability		R		
Legal defence costs		R100000.00		
Wrongful arrest and defamation		R10000.00 per event. R50000.00 per (annual) period of insurance.		
E.E.C. liability		R		
Fire and explosions liability		R		
Livestock liability		R	Total	R
First amount payable:				
Product liability		R		
Defective workmanship		R		
E.E.C liability		R		
Fire and explosion liability		R		
Livestock liability		R		
Other		R		

Comments:

SECTION 14: EMPLOYER'S LIABILITY			
Details	Limit of indemnity	Rate	Premium
Limit of Indemnity Retroactive date	R		

Comments:

SECTION 15: STATED BENEFITS				
Names of Persons	Occupation	Compensation	Rate	Premium

<p>Circumstances:</p> <p>1. Death.....times annual earnings.</p> <p>2. Permanent disability.....times such percentage oftimes annual earnings as is specified for the particular disability.</p> <p>3. Temporary total disability.....percent of average weekly earnings per week for a period longer than.....weeks but not longer than.....weeks.</p> <p>4. Medical expenses.....R.....</p> <p>5.</p> <p>6. Business limitation (Indicate Yes/No)</p> <p>7. Burns disfigurement (Indicate yes/No)</p>	Applicable
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Comments:

SECTION 16: GROUP PERSONAL ACCIDENT				
Names of Persons	Occupation	Compensation	Rate	Premium

<p>Circumstances:</p> <p>1. Death.....times annual earnings.</p> <p>2. Permanent disability.....times such percentage oftimes annual earnings as is specified for the particular disability.</p> <p>3. Temporary total disability.....percent of average weekly earnings per week for a period longer than.....weeks but not longer than.....weeks.</p> <p>4. Medical expenses.....R.....</p> <p>5.</p> <p>6. Business limitation (Indicate Yes/No)</p> <p>7. Burns disfigurement (Indicate yes/No)</p>	<p>Applicable</p> <p>R.....per week</p>
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Comments:

SECTION 17: MOTOR							
Make	Model	Year of Manufacture	Reg: #	Sum Insured	Type of cover	Premium	Detail of vehicle

Comments:

SECTION 18: MOTOR TRADE-INTERNAL RISK

Details		Premium
Limits of liability Article I: R..... Article II: R..... First Portion Payable: R.....		
Situation of premises		
Wages: R.....		
Extensions and modifications (Indicate Yes/No as applicable)	Included	
1. Extension regarding work away from premises	1.	
2. Extension regarding car hoists	2.	
3. Modification regarding third party only cover	3.	
4.	4. Total	1.

Comments:

SECTION 19: MOTOR TRADE-EXTERNAL RISK		
Details		Premium
Limits of liability Article I: R..... Article II: R..... First Portion Payable: R.....		
Basis of insurance:		
Named Drivers:		
Trade registration numbers:		
Wages: R.....		
Extensions (Indicate Yes/No as applicable)	Included	
1. Use for social, domestic and pleasure purposes:		
2. Names:.....		
3. Loss of use of customer's vehicles: Amount R.....		
4. Unauthorised use of vehicles by employees		
5. Legal liability in respect of passengers (applicable to motor cycles and motor scooters only): R.....		
6. Legal liability of passengers for acts of negligence.		
7. Driving of motor cycles and motor scooters.		
8. Total		
9. Sasria Value R.....		
10. Modifications (Indicate Yes/No as applicable)	Applicable	
1. Cover for motor cycles and motor scooters.		
2. Cover for special type vehicles only.		
3. Exclusion of own vehicles.		
4. Exclusion of demonstration risk.		
5. Exclusion of legal liability in respect of passengers.		
6. Restricted cover (third party, fire and theft)		
7. Third party only cover.		

Comments:

