



INSURANCE PROPOSAL FORM

Broker Details

Broker	Quote No.
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Insured Details

Full name of insured		
Postal address	Postal code	
Telephone	Web	
Email		
VAT Reg. No.	CC/Co. Reg. No.	
Inception date	Renewal date	
Premium payment	Annually	Monthly debit order

Details of Risk

Street address	Postal code
Occupation of building, i.e. what is the building utilised for?	
Is the building occupied? Yes No If vacant, when last occupied?	
If vacant what security measures are there?	
Construction of roof	
Construction of walls	
Type of Non-Standard Construction	

Are there any lapa's or non-standard structures (wendy houses etc) on the property: Yes No

If yes please provide the size of the lapa/non-standard structures in m² and the distance in meters from the standard construction buildings

Number of storeys/floors?

Number of residential units?

Is there perfect separation between commercial and residential sections? If not please provide more detail:

Tenants fixtures and fittings Yes No

No

Sum insured for tenants fixtures and fittings R

Noting of Interest

Bank Name

Bond number

Bank contact details

Buildings Sum insured: R

Means the costs of reconstruction of the building with new materials; plus the following additional costs:

- professional and municipal fees;
- demolition charges;
- debris removal;
- securing the site;
- compliance with current national or local building or other regulations;
- VAT.

→ Please attach the PQ schedule if this is a Sectional Title complex.

Homeowners Associations must include the total reconstruction cost of all common property including geysers, gate houses, outbuildings such as servants' quarters, storerooms, paved/tarred roads, boundary walls, electric gates and intercoms, swimming pools, lifts, substations and transformers, water tanks, boilers, generators, sewerage plants and pumps and electrical reticulation - Average is applicable.

Previous Insurance

Has any other insurer ever turned down an application for 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 provide details:

Name of previous insurers

Please supply details of all previous losses sustained during the past three years including claims that were paid out and not paid out.

Description of loss		
Year	Amount	Insurer
Description of loss		
Year	Amount	Insurer
Description of loss		
Year	Amount	Insurer
Description of loss		
Year	Amount	Insurer
Description of loss		
Year	Amount	Insurer
Description of loss		
Year	Amount	Insurer
Description of loss		
Year	Amount	Insurer

Debit Order Authority

Debit order Authority: I/we authorise Commercial and Industrial Acceptances (Pty) Limited (CIA) FSP: 13890 on behalf of Compass Insurance Company Limited FSP 12148 to draw on my/our account at the abovementioned institution in any manner agreed on between CIA and such institution the amount of the premium payable and request the aforesaid institution to debit my/our account with all debits drawn against it by CIA. All such withdrawals from my/our account by CIA shall be treated as though they had been signed by me/us personally.

- Please note: the reference on your bank statement will be reflected as a combination of numbers and Alpha digits: CIA CIA79105RF134K6Y – 1st 3 Digits identifying CIA followed by 8 digits which will be the policy number. The numbers following the RF will change monthly as these are the specific debit identifier for the collection Company: Fulcrum Collections (Pty) Ltd
- The amount of the broker fee as displayed on the quotation has been explicitly agreed to and agreed by the policyholder and may be included in the debitor order deduction or annual premium due.
- Bond, credit card and trust accounts cannot be debited

Name of bank	Branch
Branch code	Account name
Account number	
Type of account	Current Savings (Only certain savings accounts allow debit orders, check with your bank)

Your account will be debited during the first week of each month.

Assisted by _____ Capacity _____

Date _____

If a company is the payer, an authorised person (indicating authorised capacity) must sign.

Signature: _____

Declaration

I/We declare that the particulars and declarations are correct and complete and include all information known to me/us and which concerns the risk to be insured and that 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 the insured and Compass and that it will be binding. It is further declared and understood that should this application be completed by the broker/agent of the insured, the broker/agent will be considered to have been authorised to act as the insured's agent for the purpose of completing the application.

Date _____

Signature of insured or broker _____