

Broker Application

Please take note that this application cannot be processed if ALL fields and pages are not completed in full.

Company Details				
Name in full, including current trading title, if any				
Previous trading names, agencies or brokers with whom you have been associated				
ype of business				
rivate Company (Pty) Ltd Personal Liability Company (Inc.) Close Corporation				
ole Proprietor Other Registration no (if applicable) or details if 'other'				
lease list the names and I.D. numbers of all directors / members / sole proprietors				
Name ID				
lease list the names, I.D. numbers or company registration numbers of all shareholders				
Name ID				
lave any of the persons listed above, or has any organisation in which they have held a managerial position been placed in rovisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally r finally sequestrated or entered into arrangements with creditors or are any such matters still pending?				
es No If yes, please provide full details.				

If you means mayida full details						
if yes, please provide full details.	If yes, please provide full details.					
Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant?						
Yes No If yes, please provide full details.						
Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms?						
Yes No If yes, please provide full details.						
Contact Details						
Physical address from which business is conducted						
Business tel Cell Fax						
Email Website						
Postal and code						
Other Contact Details						
Main contact person						
Email						
Underwriting contact person Email						



Claims contact person Email Accounts contact person

Membership Details

Email

State any insurance/broker/underwriting association related membership

Association Membership no.

Association Membership no.

Banking Details

Name of bank Branch Branch code Type of account

Account number Account holder name

Have you changed bankers over the last 2 years? No If yes, please provide full details.

Name of bank Account holder name

Branch Account number

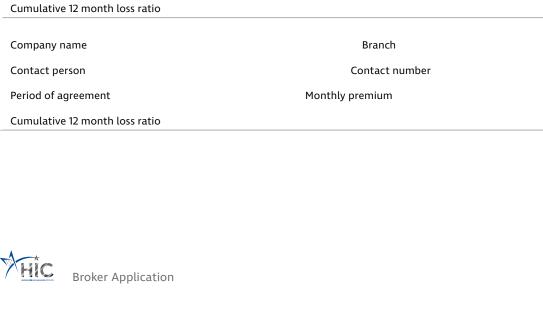
Facility/Contract Details

Below, list the detail as requested of the three Insurance Companies and/or Underwriting Agencies with whom most of your business is placed. Please note that all the fields need to be completed in full.

Company name Branch

Contact person Contact number

Period of agreement Monthly premium





Company name	Branch			
Contact person	Contact number			
Period of agreement	Monthly premium			
Cumulative 12 month loss ratio				
List the names only of any other insurance company and/or underwriting agency with whom you place business				
1	2			
3	4			
	·			
5	6			
7	8			
Do you currently have a Guardrisk facility through any other	er Guardrisk Underwriting Manager?			
Yes No If yes, please provide full details.				
Tax Status				
Is the Company a registered taxpayer? Yes No				
, , , , , , , , , , , , , , , , , , , ,				
Income tax number	VAT registration number			
Financial Advisory And Intermediary Services Act				
Finalicial Advisory And Intermedially Services Act				
Please note that your application cannot be approved if you have not registered correctly in terms of FAIS.				
FSP licence number				
Category (e.g. Cat I / II / IIA III / IV)				
	ide (please provide sub-category product details e.g. 1.2 short-term			
insurance personal lines; 1.6 short-term insurance commerc	ciat unes)			
Are there any other conditions applicable for licence categ	ories? Yes No			
If the answer is Yes, please provide details of such conditio	ns			



Name of registered Compliance Officer				
Email				
Business tel	Cell			
243233 tot				
Cover Details				
Please attach supplementary proof (i.e.	policy schedule or proof of cover)			
Professional Indemnity Cover (Compu Fidelity Insurance Cover for Providers, p	lsory for all FSP's in terms of the Notice on Requiremental sublished in Board Notice 123 of 2009)	ents for Professional Indemnity and		
Underwriter				
Limit of indemnity	Policy number			
Expiry date				
Who is covered under the PI policy, e.g.	only Directors, all staff? Please specify:			
I.G.F. Cover (compulsory if the intermediation 45 of the Short-term Insurance A	diary is mandated as a credit intermediary to receive a Act read with Regulation 4 thereto)	and hold premium in terms of		
Underwriter				
Limit of indemnity	Policy number			
Expiry date				
Suitable Fidelity Insurance / Bank Guarantee (compulsory if the FSP receive premiums or hold assets on behalf of clients in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)				
Underwriter				
Limit of indemnity	Policy number			
Expiry date				
Technical Details Of Employees				
Number of employees				
Employee	Short term insurance experience	Short term insurance related qualifications		



Broker Application Page 5

Annualised Premium
Annualised premium to be placed at inception
Annualised premium within 6 months
Annualised premium after 12 months
Declaration
Personal service provider in terms of the Income Tax Act.
The Company does not derive more than 80% of its annual income from 1 (one) client only: Yes No
The Company employs 3 (three) or more full time employees who are not shareholders or members/directors of the Company:
Yes No
POPI Consent and Declaration
Consent to processing of personal information
The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:
• By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
• To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
To comply with legal and regulatory requirements as well as industry codes.
We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.
I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.
Proposal/declarations completed by Date

The acceptance of this proposal is subject to the final approval of Guardrisk Insurance. Guardrisk Insurance will not accept responsibility for cover until written confirmation has been issued and the agreement between the parties have been concluded.



Signature

Office Use

Item	Checked by
Approved by	
Date received at Guardrisk	Proof of PI attached Yes No
Proof of IGF and FI attached Yes No	

