



## 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

---

Type of business

Private Company (Pty) Ltd

Personal Liability Company (Inc.)

Close Corporation

Sole Proprietor

Other

Registration no (if applicable) or details if 'other'

---

Please list the names and I.D. numbers of all directors / members / sole proprietors

---

Name

ID

---

Name

ID

---

Name

ID

---

Name

ID

---

Name

ID

---

Please list the names, I.D. numbers or company registration numbers of all shareholders

---

Name

ID

---

Name

ID

---

Name

ID

---

Name

ID

---

Have any of the persons listed above, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestered or entered into arrangements with creditors or are any such matters still pending?

Yes      No      If yes, please provide full details.

---

---

Have any of these persons been convicted of any criminal offence during the past 5 years? Yes      No  
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

Email

---

### Membership Details

---

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? Yes 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

Cumulative 12 month loss ratio

---

Company name

Branch

Contact person

Contact number

Period of agreement

Monthly premium

Cumulative 12 month loss ratio

---

---

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 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

---

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)

---

What type of financial service the FSP is registered to provide (please provide sub-category product details e.g. 1.2 short-term insurance personal lines; 1.6 short-term insurance commercial lines)

---

Are there any other conditions applicable for licence categories? Yes

No

If the answer is Yes, please provide details of such conditions

---

---

Name of registered Compliance Officer

Email

Business tel

Cell

---

**Cover Details**

---

Please attach supplementary proof (i.e. policy schedule or proof of cover)

**Professional Indemnity Cover** (Compulsory for all FSP's 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

Who is covered under the PI policy, e.g. only Directors, all staff? Please specify:

---

**I.G.F. Cover** (compulsory if the intermediary is mandated as a credit intermediary to receive and hold premium in terms of Section 45 of the Short-term Insurance Act read with Regulation 4 thereto)

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

---

### 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

Signature

---

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.

**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

---