

## 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.	ID no/Trust/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 m<sup>2</sup> 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

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

## Insured Details

Full Name		Account Holder Name	
Postal Address			
Name of Bank		Branch Code	
Type of Account: Current	Savings	Transmission	Branch Name
Account No		Amount	
Strike Date	1st	15th	
Debit Frequency		First Payment Date	

I/We hereby authorise Commercial and Industrial Acceptances (Pty) Ltd (CIA) to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the insurance contract (Agreement). CIA whilst acting as an Agent for the Compass Insurance Company Limited is authorised to draw payment in terms of the Agreement.

I agree that the first payment instruction will be issued and delivered on the first payment date and thereafter regularly, until the Agreement termination date or until this Authority and Mandate is terminated by me/us by giving CIA notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated below.

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

**Mandate:** I/We acknowledge that all payment instructions issued by CIA shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

**Cancellation:** I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which CIA have withdrawn while this Authority was in force, if such amounts were legally owing to CIA.

**Assignment:** I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

The **Agreement reference** on the bank statement will be reflected as a combination of the word "Insurance\_CIA" followed by the insured policy number. For example: Insurance\_CIA123456.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Full Name \_\_\_\_\_ Signature of Account Holder  
Designation \_\_\_\_\_ (Duly Authorised)

## 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