

PROPOSAL FORM FOR COMMERCIAL INSURANCE

Important Note:

All information to be completed in full, correctly and each page to be signed at the bottom of the Proposal form before a quote can be done PLEASE!!!!

Policy Inception Date: _____

Broker Name: _____

To be completed by Insured

Client Information

Insured or Business Name: _____ ID No. _____

Trading As: _____ Business Description: _____

Company Reg. no: _____ Company Vat no: _____

Contact Person: _____ Contact number: _____

Business Phone Number: _____ Fax Number: _____

E-mail Address: _____

Physical and Postal Address

Street Address: _____

Suburb: _____ Town: _____

Postal Code: _____

Postal Address: _____

Insurance Cover Required:

The following cover is available on the below sections. Please tick (☐) the class of insurance cover and complete the required sections on the proposal form.

Policy Sections	Applicable	Policy Sections	Applicable	Policy Sections	Applicable
• Fire	<input type="checkbox"/>	• Accounts Receivable	<input type="checkbox"/>	• Stated Benefits	<input type="checkbox"/>
• Theft	<input type="checkbox"/>	• Accidental Damage	<input type="checkbox"/>	• Group Personal Acc	<input type="checkbox"/>
• Money	<input type="checkbox"/>	• Buildings Combined	<input type="checkbox"/>	• Electronic Equipment	<input type="checkbox"/>
• Glass	<input type="checkbox"/>	• Goods In Transit	<input type="checkbox"/>	• Motor Section	<input type="checkbox"/>
• Fidelity	<input type="checkbox"/>	• Business All Risk	<input type="checkbox"/>	• Windscreen	<input type="checkbox"/>
• Office Contents	<input type="checkbox"/>	• Public Liability	<input type="checkbox"/>		
• Business Interruption	<input type="checkbox"/>	• Employers Liability	<input type="checkbox"/>		

Please answer the following questions:

- *Has any proposal or insurance policy of yours ever been declined or Cancelled under any of the above sections by any insurer, imposed any Special conditions, refused to renew any policy, imposed any special Conditions or refused to continue with insurance whatsoever?* Yes No

If you answered yes to the above question please give full details:

- Has any Director, Shareholder or partner ever been declared Insolvent, had any judgments taken against them or have any criminal record? Yes No

If you answered yes to the above question please give full details:

- Have you had any previous losses / Claims in the last 5 years? Yes No
- Are you currently insured? Yes No

If yes, Name of Insurance Company: _____ Policy Number: _____

- Are you currently duly insured? Yes No

If yes, Name of other Insurer: _____

Policy Number: _____

If you answered yes to the above question, please complete the following:

Type of loss / Claim	Date	Estimated Amount	Type of loss / Claim	Date	Estimated Amount	Insurer
		R			R	
		R			R	
		R			R	
		R			R	
		R			R	
		R			R	
		R			R	

Premium and Cover Summary

Section of cover	Total Sum Insured	Excess	Monthly Premium
• Fire	R		R
• Theft	R		R
• Money	R		R
• Glass	R		R
• Fidelity	R		R
• Office Contents	R		R
• Business Interruption	R		R
• Accounts Receivable	R		R
• Accidental Damage	R		R
• Buildings Combined	R		R
• Goods In Transit	R		R
• Business All Risk	R		R
• Public Liability	R		R
• Employers Liability	R		R
• Stated Benefits	R		R
• Group Personal Acc	R		R
• Electronic Equipment	R		R
• Motor Section	R		R
• Windscreen	R		R

Payment method
Please indicate with the tick () the method of premium payment required.

Annual Premium Or Monthly Debit order
Debit account Cheque account Transmission account
Savings
Proffered date of debit order 1st 15th

Debit Order Information.
Please complete the below debit order information. The debit order will commence upon acceptance of the Insurance policy.

Account Holder Name: _____

Account Number: _____ Branch Code: _____

Name of Bank: _____

I / We hereby authorize that the monthly Insurance premium debit order may be deducted from my / our account as noted above.

Signature: _____ Name in Print: _____

Declaration

I / We hereby declare that all the statements, information and particulars in this proposal are true and correct in every respect and contain all the information known to me for purpose of the proposed application, that no information are withheld which shall be the basis of an incorporated in the contract between myself / ourselves and Origen Underwriting Managers (Pty) Ltd. I / We further declare that if such statements and particulars are in the handwriting of any person other than me / us such a person shall be regard as having been my / our agent for the purpose of filling the same. I / We undertake to exercise all ordinary and reasonable precautions and steps for safety of the insured risk for which insurance is proposed. I / We by our signature hereto irrevocably authorize and consent Origen Underwriting Managers or its nominated agents to perform credit, previous insurance and criminal record checks as they deem fit.

Signed at _____ on the _____ day of _____ 20____

Signature of Insured: _____ Name in Print: _____

Signature of Witness: _____ Name in Print: _____

Signature of Broker: _____ Name in Print: _____

Vehicle Section for Commercial if cover is required
(Vehicles, Motorcycles, Trailers & other)
NB. Please answer all the questions correctly as the information provided will determine the outcome of all claims.

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Make			
Model			
Year Model			
Engine No.			
Chassis / Vin No.			
Registration No.			
Vehicle Value			
Registered Owner			
Regular Driver			
ID Number of Regular driver			
Regular Driver Occupation			
Year of driver's license			
License Code			

Please indicate with a tick (☐)			
Vehicle Use:	Private <input type="checkbox"/> Busines <input type="checkbox"/>	Private <input type="checkbox"/> Busines <input type="checkbox"/>	Private <input type="checkbox"/> Busines <input type="checkbox"/>
Type of cover required:	Comprehensive <input type="checkbox"/> Third Party, Fire & The <input type="checkbox"/> Third Party Only <input type="checkbox"/>	Comprehensive <input type="checkbox"/> Third Party, Fire & The <input type="checkbox"/> Third Party Only <input type="checkbox"/>	Comprehensive <input type="checkbox"/> Third Party, Fire & The <input type="checkbox"/> Third Party Only <input type="checkbox"/>
Securities fitted	Tracker <input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobilise <input type="checkbox"/> Anti-Hijack <input type="checkbox"/>	Tracker <input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobilise <input type="checkbox"/> Anti-Hijack <input type="checkbox"/>	Tracker <input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobilise <input type="checkbox"/> Anti-Hijack <input type="checkbox"/>

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Vehicle Value			
Registered Owner			
Regular Driver			
ID Number of Regular driver			
Regular Driver Occupation			
Year of driver's license			
License Code			

Please indicate with a tick (☐)			
Vehicle Use:	Private <input type="checkbox"/> Business <input type="checkbox"/>	Private <input type="checkbox"/> Business <input type="checkbox"/>	Private <input type="checkbox"/> Business <input type="checkbox"/>
Type of cover required:	Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party Only <input type="checkbox"/>	Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party Only <input type="checkbox"/>	Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party Only <input type="checkbox"/>
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ID Number of Regular driver			
Regular Driver Occupation			
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