

CLIENT DETAILS

POLICY APPLICANT: _____
COMPANY NAME: _____
REGISTRATION No.: _____ VAT REG. No.: _____
CONTACT PERSON: _____
TITLE: MR MRS MS DR PROF
SURNAME: _____ INITIALS: _____
FULL NAMES: _____
DATE OF BIRTH: _____ ID NUMBER: _____
TELEPHONE: (W) _____ (H) _____
FAX: _____ CELL: _____
E-MAIL: _____
POSTAL ADDRESS: _____
PHYSICAL ADDRESS: _____
REGION: _____
INTERESTS / HOBBIES: GOLF CULTURE SPORT
 FISHING HUNTING OTHER _____
HOW DID YOU HEAR ABOUT CORPORATE GUARANTEE?

BANKING DETAILS

ACCOUNT HOLDER: _____
BANK: _____
BRANCH: _____ CODE: _____
ACCOUNT NUMBER: _____
PAYMENT PLAN: _____

DECLARATION:

I hereby apply for the insurance indicated in this proposal as being required by my organization and I agree (should the aforesaid insurance be granted) to accept such insurance in accordance with the terms, exceptions, conditions and limitations of the policy issued by CORPORATE GUARANTEE LTD. I declare that the terms under which this insurance is issued by CORPORATE GUARANTEE LTD have been fully explained to me, in particular that the aggregate of all claims under this insurance may never exceed the Policy Indemnity Limit as defined by CORPORATE GUARANTEE LTD. I further declare that I am duly authorised to make this application on behalf of the proposer.

SIGNATURE OF PROPOSER: _____

DATE: _____

FOR OFFICE USE ONLY

BANKING DETAILS: STANDARD BANK • ACCOUNT No.: 041 464 346 • BRANCH CODE: 082 372

VAT: YES NO ADMIN FEE: _____ % REFERRER: _____ CG OFFICIAL: _____
ONCE OFF N\$ (MIN 35%) _____ + VAT _____
MONTHLY N\$ _____ X _____ MONTHS + VAT _____
TOTAL ANNUAL PREMIUM: N\$ _____ + VAT _____
DEBIT ORDER DATE: N/A 5th 15th Ad Hoc Last Working Day DEBIT ORDER COMMENCEMENT DATE: _____

NOTES:

APPROVED: _____

DATE: _____

APPLICABLE POLICY SECTION

1. FIRE: (UNINSURED) (value of property) N\$

2. BUILDINGS COMBINED: BUSINESSES N\$

Erf No.:

Description:

FARMING N\$

Farm name:

Farm No.: Dams: Pumps: Camps:

Other:

3. OFFICE CONTENTS: N\$

Description:

4. BUSINESS INTERRUPTION: N\$

Annual Turnover N\$

5. ACCOUNTING RECORDS: N\$

Annual Turnover N\$

6. THEFT: (UNINSURED) N\$

Description:

7. MONEY: N\$

Cover N\$

8. GLASS: N\$

(Replacement values of glass and sign writing) N\$

9. FIDELITY: N\$

(Loss occurred due to fraud or dishonesty) N\$

10. GOODS IN TRANSIT: N\$

Description:

11. BUSINESS ALL RISKS: N\$

Loss/Damage to property:

12. ACCIDENTAL DAMAGE: N\$

Loss/Damage to property:

13. PUBLIC LIABILITY: (claims made basis) N\$

Animals on public roads?

14. PUBLIC LIABILITY: (occurrence basis) N\$

Due to accidental death/injury/illness

15. EMPLOYERS LIABILITY: N\$

Employees:

Gross weekly wages N\$

16. STATED BENEFITS: N\$

Injury caused by accident or violence

APPLICABLE POLICY SECTION

17. GROUP PERSONAL ACCIDENT: Injury caused by accident or violence N\$

18. MOTOR: (UNINSURED) N\$

MAKE MODEL REG. No.

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19. COMPUTER: (UNINSURED) N\$

Description:

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20. MOTOR TRADERS INTERNAL: (if applicable) N\$

21. MOTOR TRADERS EXTERNAL: (if applicable) N\$

22. HOUSE OWNERS: (if applicable) N\$

23. HOUSEHOLDERS: (if applicable) N\$

24. PERSONAL ALL RISKS: N\$

Specified article:

25. BLOODSTOCK: (Farming Stud) N\$

Insured property:

UNINSURED PROPERTY N\$

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26. NATURAL DISASTERS: (UNINSURED) N\$

LIVESTOCK	BREED	QUANTITY
Cattle		
Sheep/Goats		
Horses		
Other		

27. PROFESSIONAL INDEMNITY: N\$

Companies / CC under control of insured

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28. CREDIT INSURANCE: N\$

Annual Turnover N\$

29. DIRECTORS' & OFFICERS' LIABILITY: N\$

NAMES OF DIRECTORS

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30. INCOME PROTECTION: N\$

Annual Turnover N\$

TOTAL N\$:

The Policy Holder confirms that this analysis of insured Perils is a true reflection of the estimated value of indemnity cover required from the Insurer and the type of Perils to be insured. The Policy Holder is aware of the effect of a lack of insurance cover ("under insurance") and multiple indemnities for the same Peril ("over insurance").

Client Signature:

RISK MATRIX		
	LOW (N\$)	HIGH (N\$)
CATASTROPHIC
MAJOR
MODERATE
MINOR
INSIGNIFICANT

OTHER AUTHORISED SIGNATORIES

SIGNATORY 1

Name:

Signature:

CLAIM

CANCELATION

LOAN

SECURITY

SIGNATORY 2

Name:

Signature:

CLAIM

CANCELATION

LOAN

SECURITY

SIGNATORY 3

Name:

Signature:

CLAIM

CANCELATION

LOAN

SECURITY

SIGNATORY 4

Name:

Signature:

CLAIM

CANCELATION

LOAN

SECURITY

Required to sign:

Any 1 of above

Any 2 of above

Any 3 of above

All of above

Other:

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Name of Proposer: Signature of Proposer: