



Tradesure Commercial Specialists
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PROPOSAL FOR RESIDENTIAL BODY CORPORATE

QUOTE IS SUBJECT TO SURVEY AND SATISFACTORY CLAIMS EXPERIENCE AND IS VALID FOR 30 DAYS

DATE:

Broker Name:	
Attention:	
Full Name of the Insured:	
Occupation of Building i.e. Residential/Commercial	
Is any business or profession carried out at the premises:	YES NO
If Yes, Please provide full details	

Risk Address:	
Postal Address	
Client Contact Details	
Name	
Email Address:	
Telephone Number:	
Cell Number:	

DETAILS OF RISK

Security details at the complex:	
Construction of Roof:	
Construction of Walls:	
Are there any lapa's or non-standard construction structure's on the property?	
If yes please provide the size of the lapa/non-standard structures in m2 and the distance in meters from the standard construction buildings	
How many storeys?	
Is there perfect separation between commercial and residential sections? If not please explain.	
Sum Insured	

Please attach the PQ schedule if this is a Sectional Title complex

DETAILS OF PREVIOUS INSURANCE

Details of Previous Insurance (Insurer and Policy Number)	
Has any insurer ever cancelled, decline or refused to renew your Insurance or imposed Special Terms?	YES NO
If Yes, please provide details:	

Please provide and/or attach details of any losses, whether claimed for or not, in the last 3 years

Date of Loss	Description of claim	Amount Paid	Insurer Name

PAYMENT DETAILS

PREMIUM PAYMENT METHOD	Annually Yes / No	Monthly Yes / No
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DEBIT ORDER AUTHORITY

Account Holder:		
Name of bank/building society:		Branch Name
Town / City:		Branch Code
Bank account number:	Type of account: Cheque - Transmission - Savings	
Debit Order Date:		

Authority is hereby granted to draw against my/our account when premium(s) are due for all policies. It is further understood and agreed that if any premium(s) is/are not paid then the policy(ies) will be automatically cancelled from the end of the period of insurance for which the premium(s) had been paid. In addition this authority is effective against any party collecting premium(s) for insurance purposes as authorised by Tradesure Commercial Specialists. Should my/our account be transferred, this authority is also effective against any such alternative account. All policy conditions are to apply. Premium(s) on debits may vary to reflect any change in cover, risk, sum insured or policy rates and policy fees. All debits from my/our account are to be treated as each signed personally and this instruction is to be regarded as received by my/our bankers.

SIGNED ON THIS DAY OF..... 20..... SIGNATURE.....

NAME OF SIGNATORY CAPACITY
(please print)

IMPORTANT NOTICE REGARDING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgement. Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.

I/we declare that the statements and information provided are true and that I/we have not misstated or misinterpreted or suppressed any material fact on this quotation request / proposal. together with anv additional information supplied.

This proposal form shall form the basis of the Contract of Insurance effected.

DATED THIS.....DAY OF.....20.....

FOR AND BEHALF OF.....(NAME OF INSURED)

SIGNATURE OF DIRECTOR / PRINCIPAL PARTNER.....

NAME OF SIGNATORY (please print)

BROKER NAME BROKER SIGNATURE

COMMENCEMENT DATE OF INSURANCE COVER.....

POLICYHOLDER PROTECTION RULES

The Financial Sector Conduct Authority published the amendments to the Policyholder Protection Rules as prescribed under Section 55 of the Short-Term Insurance Act and in that regard, we would like the Policyholder to complete the question as under-noted below:

Please may you confirm if the business/policyholder annual turnover or asset value is R2 000 000 or less:

- Yes
- No

If no, please may you confirm if the Policyholder is aware of the fees being charged.

- Yes
- No