



Tradesure Commercial Specialists

13 Reynolds Street  
Petervale  
Gauteng, South Africa  
PO Box 3512 Rivonia, 2128  
Tel: +27 (0) 87 353 2577  
Fax: +27 (0) 86 687 3353

**PROPOSAL / QUOTE FOR COMMERCIAL INSURANCE**

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

DATE:

BROKER NAME:	
ATTENTION:	
PROPOSER (Name of Client):	
INSURED NAME (Name of Business):	
COMPANY REGISTRATION NO.:	
VAT NO.:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	
CELL NUMBER:	
FAX NO.:	
HAS INSURED NAME CHANGED IN PAST 3 YEARS:	
OCCUPATION/DESCRIPTION OF BUSINESS:	
RISK ADDRESS:	
POSTAL ADDRESS:	
SECURITY:	
CONSTRUCTION OF STRUCTURE(S)	
PREVIOUS INSURER(S)	
3 YEAR CLAIMS/LOSS HISTORY:	
HOW LONG HAS BUSINESS BEEN ESTABLISHED:	

	SUM INSURED	RATE	ANNUAL PREMIUM	MONTHLY PREMIUM
	R	%	R	R
<b>FIRE &amp; ALLIED PERILS</b>				
Premises				
Occupation				
COL 1 - Buildings				
COL 2 - Rental Months				
COL 3 - Plant, Machinery Equipment & All Other Contents				
COL 4 - Stock				
COL 5 - Miscellaneous				
Additional Claims Preparation Costs				
Excesses:				
COMMENTS:				
<b>Fire Total</b>				
<b>BUILDINGS COMBINED</b>				
Premises				
Occupation				
Sum Insured				
Loss or Damage to Geysers				
Additional Claims Preparation Costs				
Excess:				
COMMENTS:				
<b>NOTE : The following to apply to Geysers</b>				
<u>Age of Item</u>	<u>Limit of Liability</u>			
Up to 3 Years	100% of Item & Installation and/or Repair Cost			
Over 3 up to 4 Years	75% of Item & Installation and/or Repair Cost			
Over 4 up to 5 Years	60% of Item & Installation and/or Repair Cost			
Over 5 up to 6 Years	50% of Item & Installation and/or Repair Cost			
Over 6 up to 8 Years	40% of Item & Installation and/or Repair Cost			
Over 8 up to 10 Years	25% of Item & Installation and/or Repair Cost			
Older than 10 Years	No cover			
<b>Buildings Combined Total</b>				
<b>OFFICE CONTENTS</b>				
Premises				
Contents				
Theft by forcible/violent entry/exit				
Documents				
Additional claims Preparation Costs				
Excess:				
COMMENTS :				
<b>REQUIRED : Linked Alarm with armed response for all theft limits over R10 000</b>				
<b>Office Contents Total</b>				
<b>BUSINESS INTERRUPTION</b>				
Indemnity Period.....months				
Annual Gross Profit Additions / Difference Basis				
Rentals / Revenue				
Additional claims Preparation Costs				
Extensions:				
Excess:				
COMMENTS :				
<b>Business Interruption Total</b>				

	SUM INSURED	RATE	ANNUAL PREMIUM	MONTHLY PREMIUM
	R	%	R	R
<b>ACCOUNTS RECEIVABLE</b>				
Sum Insured				
Additional Claims Preparation Costs				
Excess:				
COMMENTS :				
<b>NOTE: Duplicate records must be kept away from the premises (in fireproof safe)</b>				
<b>Accounts Receivable Total</b>				
<b>THEFT</b>				
Premises				
First Loss Limit				
Additional Claims Preparation Costs				
Locks and Keys				
Damage to Buildings				
Excess:				
COMMENTS :				
<b>REQUIRED : Linked Alarm with armed response for all theft limits over R10 000</b>				
<b>Theft Total</b>				
<b>MONEY</b>				
Major Limit (Overnight limit in safe per SABS category)				
Seasonal Increase				
Receptacles				
Claims Preparation Costs				
Personal Accident Assault.....persons				
Excess				
COMMENTS :				
<b>REQUIRED : Money over R10 000 must be carried by a professional cash in transit carrying company</b>				
<b>Money Total</b>				
<b>GLASS</b>				
Sum Insured				
Excess:				
COMMENTS:				
NOTE : Average applies				
<b>Glass Total</b>				
<b>FIDELITY</b>				
Limit of Indemnity				
Number of Employees				
Excess:				
COMMENTS:				
<b>Fidelity Total</b>				
<b>GOODS IN TRANSIT</b>				
All Risks / Fire, Collision and overturning / Fire, Collision, Overturning and Theft				
Load Limit				
Estimated Annual Carry				
Type of Goods				
Means of Conveyance				
Excess:				
COMMENTS:				
<b>Goods in Transit Total</b>				

	SUM INSURED	RATE	ANNUAL PREMIUM	MONTHLY PREMIUM
	R	%	R	R
<b>BUSINESS ALL RISKS</b>				
Cellphones/Tablets				
Laptops				
Tools/Samples (max R2 000 per item)				
All Other (please specify)				
Additional Increased Cost of Working				
Excess:				
COMMENTS:				
<b>Business All Risks Total</b>				
<b>ACCIDENTAL DAMAGE</b>				
Limit				
Excess:				
COMMENTS:				
<b>Accidental Damage Total</b>				
<b>PUBLIC LIABILITY (claims made)</b>				
Premises (Physical Address)				
General/Tenants/Property Owners				
Work Away				
Products Liability				
Defective Workmanship				
Legal Defences Costs				
Wrongful Arrest / Defamation				
Excess:				
COMMENTS:				
<b>NOTE : Proposal form to be completed in respect of Products Liability and Defective Workmanship</b>				
<b>Public Liability Total</b>				
<b>EMPLOYER'S LIABILITY</b>				
Limit				
Annual Wages				
Excess:				
COMMENTS:				
<b>Employer's Liability Total</b>				
<b>ELECTRONIC EQUIPMENT</b>				
Premises				
Hardware & Software (Please attach detailed list)				
Office Equipment (Fax, copier etc)				
Laptops / Palmtops				
Increased Cost of Working				
Reinstatement of Data				
Claims Preparation Costs				
Excess:				
COMMENTS:				
<b>REQUIRED : SABS Lighting Protection and SABS Power Surge devices</b>				
<b>Linked Alarm with armed response</b>				
<b>Electronic Equipment Total</b>				

	SUM INSURED	RATE	ANNUAL PREMIUM	MONTHLY PREMIUM
	R	%	R	R
<b>STATED BENEFITS / GROUP PERSONAL ACCIDENT</b>				
Basis of Cover	24 Hours / Workings Hours Only			
Estimated Annual Earnings per Occupation/Classification				
Category A				
Category B				
Category C				
Category D				
Top 3 Earners	(1)			
	(2)			
	(3)			
<u>Benefits:</u>				
Death - ..... X Annual Earnings / R.....				
Permanent Total Disability - ..... X Annual Earnings / R.....				
Temporary Total Disability - 100% of average weekly earnings per week or R..... for a period longer than 1 week but no longer than 52 weeks				
Temporary Partial Disability - .....% of average weekly earnings per week or R..... for a period longer than 1 week but no longer than ..... weeks				
Medical Expenses				
Excess:				
COMMENTS:				
<b>Stated Benefits / Group Personal Accident Total</b>				
<b>MOTOR</b>				
Vehicles Details:				
Extensions				
Excess:				
COMMENTS:				
<b>Motor Total</b>				
<b>MOTOR TRADERS INTERNAL (Per Attached)</b>				
Sum Insured				
Liability Limit				
Excess:				
COMMENTS:				
<b>Motor Traders Internal Total</b>				

	SUM INSURED	RATE	ANNUAL PREMIUM	MONTHLY PREMIUM
	R	%	R	R
<b>MOTOR TRADERS EXTERNAL (Per Attached)</b>				
Sum Insured				
Liability Limit				
Excess:				
COMMENTS:				
<b>Motor Traders External Total</b>				
<b>HOUSEHOLDERS</b>				
Replacement Value				
Excess:				
COMMENTS:				
<b>Householders Total</b>				
<b>HOUSEOWNERS</b>				
Replacement Value				
Excess:				
COMMENTS:				
<b>HouseOwners Total</b>				
<b>ANNUAL PREMIUM</b>				
<b>MONTHLY PREMIUM</b>				
<b>SASRIA - Non Motor</b>				
<b>SARIA - Motor</b>				
<b>TOTAL MONTHLY PREMIUM (including SASRIA)</b>				
<b>POLICY ADMINISTRATION FEE</b>				
<b>TOTAL Including Administration fee</b>				
<b>BROKER FEE</b>				
<b>TOTAL Including Broker Fee</b>				
<b>NOTE : UNDER MONTHLY PAID POLICIES SASRIA COVER IS AUTOMATICALLY INCLUDED FOR APPLICABLE SECTIONS</b>				

**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 any 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