



PROPOSAL FORM

MOTOR DEALERS AND MOTOR DEALERSHIP GROUPS PROFESSIONAL INDEMNITY

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM

1. The Proposal, together with other information requested by or provided to the Insurers, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. “Not Applicable” and “N/A” are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.
11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.

Tradeforth 6 (Pty) Limited trading as Abelard Underwriting Agency
 Registration No 1996/008912/07
 Ground Floor, 292 Surrey Avenue, Randburg
 PO Box 2155 Pinegowrie, 2123
 Tel +27 11 326-2951, Fax 0866 351 124 (Local) +27 11 326-2952 (Intl)
 Directors: DJC Cox (Managing), CE Diederiks, CP Norrington*British, K L Waugh

F.A.I.S. Compliance Details
 FSP Licence Number: 28
 Compliance Practice: Associated Compliance (Pty) Ltd
 FSB Practice No: 6377
 Compliance Officer: Peter Veal





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12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood

This product is specifically designed for Motors Dealers and Motor Dealership Groups who provide as part of their secondary business offering a selection of credit insurance, namely credit life, short term insurance (motor and personal accident) as well as service and maintenance plans to consumers who are first and foremost buyers/leasers/renters of motor vehicles

Part 1 – General Information

1. Details of Proposer:

1.1 Proposer / Practice Name: _____
(Please attach details of _____
all subsidiary companies) _____

1.2 Postal Address: _____

1.3 Telephone Number: _____
 Fax Number: _____
 E-Mail address: _____
 Website address: _____
 VAT Registration Number: _____
 Company Registration Number: _____

1.4 Present Legal Constitution (Mark Relevant Box):
 Sole Practitioner ☐ Partnership ☐ Incorporated Co. ☐ Limited Co. ☐ Closed Corp. ☐

1.5. Date of commencement of Business:

a) As currently constituted: _____

b) As initially established: _____

1.6. Names and Qualifications of Key Individuals and Representatives (Finance and Insurance Business Managers).

i) In case of Partnerships – Partners

ii) In case of Incorporated Companies – Directors

iii) In case of Limited Companies – Professionally qualified Directors and Employees

iv) In case of Closed Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

2. Claims

- 2.1 Have any claims ever been made against the Proposer / Partners / Directors / Members or Employees for the type of cover for which you are now applying, whether in terms of this Proposal or any other Proposal / Policy for the same type of cover?

Yes ☐ No ☐

If YES, please provide full details:

- 2.2. After enquiry, are any of the Insured / Partners / Directors / Members or Employees aware of any circumstances which would be covered under a policy of this type, or any other Policy for the same type of cover, that may result in any claims or any possible claims being made against them?

Yes ☐ No ☐

If YES, please provide full details (attach a page to the back if necessary):

3. Details of Insurance

- 3.1. Are you at present or have you in the past been insured? Yes ☐ No ☐

If YES, please provide the following details:

- a) Name of insurers:
- b) Indemnity Limit:
- c) Excess: R each and every claim
- d) Date of expiry of cover:
- e) Whether policy includes "Run-off" cover? Yes ☐ No ☐
and if so, for what period?

3.2. For the type of insurance now being proposed, has any insurer ever :

- i) declined a proposal or renewal for this Practice or any Partner / Principal? Yes ☐ No ☐
- ii) required an increased premium or imposed special terms? Yes ☐ No ☐
- iii) cancelled an insurance? Yes ☐ No ☐

If any answer is YES, please give full details:

4. Staff complement

Total Number of staff involved in insurance activities:

Partners / Principals / Directors	
Professional Assistants / Accounts Executives	
Financial Managers	
F&I Business Managers / F&I Assistants	
All other staff	
Total	

5. Business Associations

Details of all Joint Broking Appointments (bank F&I Managers, etc) held by Proposer.

Client	Type of Portfolio	Joint Broker

6. Professional / Business relationships

6.1. Are you a member of any of the following Professional Associations?

RMI Yes ☐ No ☐ **NADA** Yes ☐ No ☐ **MDA** Yes ☐ No ☐

IDA Yes ☐ No ☐ **DNA** Yes ☐ No ☐ **Other** Yes ☐ No ☐

Other: Please specify _____

6.2. Please provide your FAIS FSP License Number: _____

6.3 Please advise what categories/sub categories you are licensed for:

Item	Financial Product	A. Advice	B. Intermediary service
1.1	Long-term Insurance: Category A		
1.2	Short-term Insurance: Personal Lines		
1.3	Long-term Insurance: Category B		
1.4	Long-term Insurance: Category C		
1.5	Retail Pension Benefits		
1.6	Short-term Insurance: Commercial Lines		
1.7	Pension Fund Benefits (excluding retail pension benefits)		
1.8	Securities and Instruments: Shares		
1.9	Securities and Instruments: Money market instruments		
1.10	Securities and Instruments: Debentures and securitised debt		
1.11	Securities and Instruments: Warrants, certificates and other instruments acknowledging		
1.12	Securities and Instruments: Bonds		
1.13	Securities and Instruments: Derivative instruments		
1.14	Participatory interests in Collective Investment Schemes		
1.15	Foreign currency denominated investment instruments		
1.16	Health Service Benefits		
1.17	Deposits as defined in the Banks Act – exceeding 12 months		
1.18	Deposits as defined in the Banks Act – 12 months or less		
1.19	Friendly Society Benefits		

6.4 If licensed for any other categories please provide the detail thereof below:

7. Approximate percentage of estimated gross income accruing from various activities

Activities		Approximate %
1	Credit Life	%
2	Motor and Motor related Business	%
3	Motor / Accident Business	%
4	Multimark Goods in Transit Business	%
5	Liability Business	%
6	Other (Please advise)	%
TOTAL		100%

8. Fee and Commission Income (VAT exclusive) (as at the company's financial year end)

Financial Year end: _____

Please give the audited fees for the past 5 years:

Year End	Fees	Year End	Fees
1)	R	4)	R
2)	R	5)	R
3)	R	Estimate for the next 12 months:	R
(Note: - Should the cover being requested relate to a new business venture an Estimated Fee Income figure for the coming 12 months is still a requirement)			

9. Quotations required (FAIS Act requires minimum of R1 mil PI)

- 9.1 Limit any one period of insurance inclusive of costs and expenses. Deductible (Excess)
(The amount carried by Insured per claim)
- R _____ R _____
- R _____ R _____
- R _____ R _____

- 9.2 Do you require cover in respect of any liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes ☐ No ☐

- 9.3 Do you require any of the following extensions?

- a) Dishonesty of F&I Business Managers and F&I Assistants other than Principals / Directors

Yes ☐ No ☐

- b) Dishonesty of Financial Managers other than Principals / Directors

Yes ☐ No ☐

Names	Qualifications	Years Experience in industry

DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your Broker BEFORE YOU SIGN IT. You will be bound by the answers, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

DECLARATION

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or suppressed any material fact.
- ❖ I/we further declare that all information material to the acceptance of insurance has been disclosed. We acknowledge that we will be bound by the answers and information provided.
- ❖ I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- ❖ I/we undertake to inform Insurers/underwriters of any material alteration to these facts occurring before the completion of the contract.
- ❖ I/we agree that the policy will not provide for events and/or claims made before or after the period of insurance and/or before the retroactive date. Such claims made will extend to facts or circumstances in our possession which had the potential to give raise to a claim.
- ❖ I/we agree that the policy does not extend to cover claims arising where the business transaction took place at a branch of the business which is located outside of South Africa.

Signed on behalf of Insured

Full name

Position held at Insured

Date