

# DYNAMIC RISK ASSESSMENT

Business Unit Risk	Medium	Date	20 March 2023
Client Name	Client16	Client ID	282163492
Completed By:	Armughan Ahmad	Completed By: Role/Designation	Admin

Overall Dynamic Risk: Medium

		Score	Weight	Risk Factor
A Client Risk		29		
Client Type	Individual			
Occupation	Minor/Scholar	1	1	1
Country of Birth	India	2	3	6
Country of Residence	India	2	3	6
Nationality	India	2	3	6
Is nationality different to current jurisdiction?				
Industry	Health care and medical	2	1	2
Source of Funds	Maintainance(Formal agreement)	1	1	1
Relationship to client	Premium Payer	1	1	1
B. Product/Service Risk				
Product/Service Risk	Advisory or intermediary services only with commission based inflow	3	2	3
Product/Service Category	Advisory services: non financial			
C. Transaction Risk		5		
Transaction Flow	Outflow			
Method of Transaction	Bank Transfer	2	2	4
Reason of Transaction	1			
Has this Reason for Transaction been considered as a High Risk in any Typology report/guidance?	2			

Frequency of Transaction	1			
Value of Transaction:	0	Currency:	0	
Transaction Geography	1			
Jurisdiction of funds	3			
Delivery channel	Succession Finance Planning	1		
Linked Party acting on behalf of Client?	Not Applicable	1	1	1
Linked Party paying / receiving funds	1			
<b>D. Reputation Risk</b>	Medium	2		
Client is a true match on:	Adverse Media	2	1	2
Are there Linked Parties / Beneficiaries to Client?	No			
<b>Action</b>	Accept with standard controls			

## INVESTMENT AND SAVINGS

### Source of Funds

Identify the source of funds being invested

### Analysis of Client's Circumstances

The analysis of your personal circumstances as described above.

#### Investment Requirements

2.1 Investment term

#### Need

Years

2.2 Liquidity/Access required during term

☐

Yes

☒

No

2.3 Voluntary or compulsory investment

☐

Voluntary

☒

Compulsory

2.4 Lump sum or recurring premium

☐

Lump Sum

☒

Recurring

2.5 Income Required

☐

Yes

☒

No

2.6 Investment Strategy

2.7 Return Required

**SECTION C:****Financial Solutions:**

Summary of recommendations to address your identified needs

**SECTION D:****Alternative Solutions Considered****SECTION D:****Product Taken**

Products accepted by you to meet your requirements

**Product:****Product Provider:****Policy Number:****Product Name:****Frequency:**

Monthly

**Escalation:****Total estimated annual cost (EAC):****Contracting Party:****Life/Lives Assured:****Premium Layer:****Beneficial/Cessionary:****Initial Commission:**

R (%)

**Ongoing Commission:**

R (%)

Were the SFP Solution Funds (multi-managed wrap funds) considered?



Yes



No

**Investment portfolio**

Fund Fact Sheets to client

Funds

%

Provided

Discussed

The following are reasons why the abovementioned product best suits your needs and objectives:

The details of the material aspects of the selected product that were discussed with you are outlined below.

**BUSINESS ASSURANCE****Trade name of Business:****Registered name of Business:****Authorised Person(s):****Financial Advisor:****Address:****Email:**

Phone:

Date: N.A.

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on <https://www.sfpadvice.co.za>

SECTION A:

1. Compulsory Disclosures

Client was provided with a copy of the Letter of Introduction. ☐ Yes ☒ No

Client has provided authority to access information. ☐ Yes ☒ No

2. Financial Intelligence Centre Act (FICA)

Client has provided a clear copy of his/her identity document. ☐ Yes ☒ No

3. Replacements

Does/Do the product(s) taken replace an existing product(s)? ☐ Yes ☒ No

If "Yes" (above), the Financial Adviser confirms that all disclosures on the Replacement Product Comparison document have been explained to the client. ☐ Yes ☒ No

The client has confirmed that no financial products were canceled, Lapsed forfeited, surrendered, or partially surrendered in the 6 months preceding and does not intend to cancel a financial product in the next 6 months. ☐ Yes ☒ No

SECTION B:

Background information

Provide a brief description of the business

Business Needs Identified

PART I: RISK

2. Financial Needs Analysis Summary: Business Assurance

Business assurance needs identified

☐ Funding of Buy-and-Sell Agreement ☐ Key Person Insurance ☐ Contingent liability ☐ Business Protection Overheads  
☐ Credit Loan Account Redemption ☐ Debit Loan Redemption ☐ Funding of Future Expenses ☐ Funding of Deferred Gratuities

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
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Buy and Sell:

Death	R	R	R	R
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Disability	R	R	R	R
Comments				
Key person:				
Death	R	R	R	R
Disability	R	R	R	R
Temporary Income (p.m.)	R	R	R	R
Permanent Income (p.m.)	R	R	R	R
Comments				
Suretyship and Liability:				
Death	R	R	R	R
Disability	R	R	R	R
Comments				
Business Overheads Protection:				
Temporary Income(p.m.)	R	R	R	R
Permanant Income(p.m.)	R	R	R	R
Comments				
Credit Loan Account Redemption:				
Temporary Income (p.m.)	R	R	R	R
Permanant Income (p.m.)	R	R	R	R
Debit Loan Account Redemption:				
Temporary Income (p.m.)	R	R	R	R
Permanant Income (p.m.)	R	R	R	R

## SECTION B:

### Financial Solutions

Summary of recommendations to address the business's needs identified.

Life Cover

Disability Cover

## SECTION C:

### Alternative Solutions Considered

## SECTION E:

Product Taken

Products accepted by you to meet your requirements

Product Provider:	Policy Number:		
Product Name:	Frequency:		
Premium Pattern:	Escalation in cover/premium:		
Contracting Party:	Life/Lives covered:		
Premium Payer:			
1st year commission:	R	2nd year commission:	R
Benefit description: life cover, disability etc:		Cover amount	

The following are reasons why the abovementioned product best suits the business’s needs and objectives:

The details of the material aspects of the selected product that were discussed with you are outlined below:

INVESTMENT & SAVINGS

SECTION B:

Analysis of Business’s Circumstances

The analysis of your personal circumstances as described above

Investment requirements	Need			
Investment term	Years			
Lump sum or recurring premium.	<input checked="" type="radio"/> Lump Sum <input type="radio"/> Recurring			
Investment Strategy	Capital Growth			
Return Required	Guaranteed Return			
Risk Profile	Ultra Conservative			
Funding of future expenses and/or deferred gratuities				
Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
Payment of trade restraint agreements	R	R	R	R

Replacement of assets	R	R	R	R
Compulsory refurbishing of franchises	R	R	R	R

## SECTION C:

### Financial Solutions:

Summary of recommendations to address the business's needs identified

## SECTION D:

### Alternative Solutions Considered

## SECTION E:

### Product Taken (Each additional need must be accompanied by its own product annexure.)

Products accepted by you to meet your requirements to meet the business's requirements

Product Provider:	Policy Number:		
Product Name:	Frequency:		
Premium Pattern:	Escalation in cover/premium:		
Contracting Party:	Life/Lives covered:		
Beneficial/Cessionary:	Premium payer(s):		
Initial commission:	R (%)	Ongoing commission:	R (%)

### Investment Portfolio

		Fund Fact Sheets to client	
Funds	%	Provided	Discussed

### Source of Funds

Identify the source of funds being invested

The following are reasons why the abovementioned product best suits the business's needs and objectives:

The details of the material aspects of the selected product that were discussed with you are outlined below.

## Employee Benefits

Client Name:	ID number:		
Address			
Phone (Tel):	Phone (Cell):		
Email:	Date:	N.A.	
Financial Advisor:	Details of fee:		

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### Section A: Employer Information:

Name of business entity:

Physical Business Address:

Employer contact person:

Office Tel No:

Cell Phone:

Email Address:

Nature of business & Type of industry:

Do the employees belong to Trade Union/ Bargaining Council?: ☐ Yes ☒ No

Details:

Total number of employees:

Total number of eligible employees:

Specify and explain categories of members excluded:

### Section B: Take-over of existing fund

Name of existing fund & PF Reg no:

Name of previous Insurer/ Administrator:

Current total fund value:

Number of current active members:

Number of fully paid-up members:

Reason for change:

### Section C: Clients Needs and Requirements

☒ Yes ☐ No ☐ Undecided

### Section D: Investment Indicator

Are some of the employees within five years of retirement? ☐ Yes ☒ No %

Indicate the percentage of employees that are financially illiterate? ☐ Yes ☒ No %

Indicate the percentage of employees that are financially sophisticated ☐ Yes ☒ No %



Is there a high staff turnover?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	%
Is individual member investment choice required?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	%
Is a Default Investment Portfolio required?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	%

Additional Comments

## Section E: Risk Benefits

Categories (description)

Member Contributions	R	R	R	R
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Employer contributions	R	R	R	R
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Normal Retirement age

Death Benefits

Flexible group life	(Multiple of Salary)
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Approved

☒ Yes ☐ No

Unapproved

☒ Yes ☐ No

Will the new fund be taking over the life cover of existing disability claims?

☒ Yes ☐ No

Spouse life cover	R	R	R	R
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Notes on Spouse cover

Trauma Benefits

Multiple of Salary	R	R	R	R
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Funeral Benefits

Cover required	R	R	R	R
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Capital Disability Benefit

Approved

☒ Yes ☐ No

Unapproved

☒ Yes ☐ No

Cover required	R	R	R	R
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Disability Income Benefit

Waiting period

Conversion option:

Growth rates for income  
benefits:

Notes on Disability Benefits:

Accident Benefit

Benefit ()

Disability Cover:

Dread Disease Cover:

## Section F: Recommendations

Submit a copy of the accepted proposal with all details of new fund/scheme and benefits with this document.

Product provider/ Administrator:

Product name:

Type of fund:

Motivation for recommendations of fund/scheme and  
type:

Is a Default Investment Portfolio required? ☐ Yes ☒ No

The client has accepted the recommendations ☐ Yes ☒ No

If the client has decided to conclude a transaction that  
differs from the recommended solution, has the  
employer been informed of the risks? What risks have  
been pointed out?

## Section G: Fund Replacement

Name of fund replaced:

Reg No:

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Type of fund replaced:

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Detail (as applicable) of the actual and potential financial implications, costs & consequences of the replacement as disclosed to the client.

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Yes



No

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Fees and charges in respect of the replacement fund:

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Special terms and conditions, exclusions of liability, waiting periods, loadings, penalties, excesses, pre-existing conditions, restrictions or circumstances in which benefits will not be provided, which may be applicable to the replacement product:

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In the case of risk benefits, the impact of age and health changes on the premium payable:

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Differences between the tax implications of the replacement fund and the terminated fund:

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Material differences between the investment risk of the replacement fund and the terminated fund:

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Penalties or un-recouped expenses deductible or payable due to termination of the terminated fund:

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The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund:

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The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund:

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	Proposed	Existing Fund
Comparison of Benefits		
Eligible groups		
Member contribution % / rate		
Employer contribution % / rate		

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Is the employer contribution % inclusive or exclusive of risk and administration fees?

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Benefit payable on death

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Benefit payable on disability (if admitted by underwriter)

---

Benefit payable on withdrawal

---

Benefit payable on retirement

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Normal retirement age

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Conversion option available and for which benefits?

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Are housing loans provided?

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What is the cost of administration and related costs (e.g. commission) as a % of employer's contribution  
EB\_BusFRReplace\_AdminC

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What are the investments fees?

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What is the cost of risk cover as a % of the employer's contribution?

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Are any other benefits available to members on old fund/scheme that are not under the new fund/scheme (e.g. funeral or monthly disability benefits)?

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Is there investment choice and if so who qualifies?

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## Section H: Clients Declarations

(Please note that it is of utmost importance that you read this section carefully and understand it fully).

1. I confirm that a Contact Stage Disclosure letter, setting out the financial adviser's full particulars, experience and services offered has been provided to me.
2. I confirm that I required the financial adviser to render the financial services set out in the Service Level Agreement, a copy of which has been provided to me
3. I understand that the accuracy of a needs analysis is dependent upon the information provided to or obtained by the financial adviser. The advice furnished and product recommendations made by the financial adviser are based largely on the information I provided to the

financial adviser. I understand that material non-disclosures and misrepresentations could result in inappropriate product(s) being recommended and purchased by me

4. I confirm that I was provided with copies of quotations, fund fact sheet(s), marketing brochures and rates and benefit sheets for the product(s) selected. All material terms and conditions of the product(s) selected were explained to me prior to any decision made.
5. I have been informed of and understand all costs, charges, penalties, liquidity limitations and tax implications where applicable. I understand the risks / guarantees (or absence thereof) associated with the product(s) and /or underlying fund(s) selected.
6. I confirm that all documents signed by me were fully completed prior to my signing them.
7. I confirm that the financial adviser has made enquiries to ascertain whether the product(s) selected are intended to replace any existing financial products held by me and where applicable, has informed me of the financial implications, costs and consequences of replacement.
8. Notwithstanding the information provided by the Advisor, I acknowledge that I have an obligation to familiarize myself with the terms and conditions of the product(s) that I have purchased.

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## SHORT-TERM INSURANCE: COMMERCIAL

Quotation Number:

Underwritten by:

Branch Name:

Branch Number:

Inception Date:

N.A.

Renewal Date: (If any):

N.A.

(\* Select if applicable)

Payment method: Annual

☒ Yes

Payment method: Monthly

☒ Yes

\*Sasria: Annual

☒ Yes

\*Sasria: Monthly

☒ Yes

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### A. DETAILS OF CLIENT

Full name of business/Applicant/Owner:

Client identity number:

Company registration number:

VAT number:

Postal Address:

Risk Address:

Name and surname of contact person:

Telephone Number:

Fax Number:

Cellphone Number:

Email Address:

Description of business activities:

It is important for the purpose of disclosure that the insurer is aware of the full business description which encompasses all the activities that the business is involved. This impacts the validity of the cover and potential future claims, and you are requested to inform us whenever there may be change in the business description.

Client Preference:

(Mark the applicable option. Client must initial in the space provided.)

Lower premium (Possible lower cover/reduced benefits) ☒ Yes

Most comprehensive cover (Possible higher premium) ☒ Yes

## B. General

1. Has any short-term insurer ever turned down your application for insurance, cancelled any policy (or part thereof) imposed any special conditions, refused to renew any policy, or part thereof, or refused to continue any part of your insurance? ☒ Yes ☐ No
2. History of previous losses/claims. Provide details regarding any losses you might have sustained during the past five years, including all claims that were paid out or not paid out

## C. REPLACEMENT OF INSURANCE

Does the advice given to the client include replacement of an existing financial product? ☒ Yes ☐ No

If yes, answer the following:

What is the purpose of this replacement?

Reasons why replacement is considered more suitable than retaining or modifying the terminated product:

Suppliers of the product(s) to be replaced:

Comparison between the product to be replaced (old product) and the recommended product (new product):

**Read the detail required carefully and complete the comparison below. Use 'Not applicable' where an aspect does not apply and explain why not applicable.**

Financial Implications of Replacement			Existing Products		Replacement Product		
PRODUCT COMPARISON AND REPLACEMENT							
			Existing Product			Replacement Product	
Cover	Recommended	Accepted	Cover amount	Premium	Excess	Premium	Excess
Fire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Buildings combined	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Buildings combined	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Office contents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Business Interruption	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R

Machinery Breakdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Machinery breakdown: loss of profits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Deterioration of stock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Accounts receiveable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Theft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Money	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Glass	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Fidelity gurantee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Goods in transit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Business all risks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Accidental damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Public liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Top up personal Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Commercial umberella liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Products gurantee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Cyber Risks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Director and officer's Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Employer practices Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Product inefficacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Product guarantee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R

- Warehousemen's guarantee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Employer liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Stated benefits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Personal and group accident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Group personal accident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Motor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Motor car hire extension	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Motor traders: internal risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
- Motor traders: internal risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Electronic equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
House owner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
House holders	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Professional indemnity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Marine/hull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Contractors all risks: construction and engineering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Body corporate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Aviation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Travel insurance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Sasria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Legal fees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R



Legal fees	R
Commissions	R
Total premium	R

### Insurable interest:

The Insured must have an insurable interest in any item insured under this policy at the date of the event giving rise to a claim. If the Insured's insurable interest in an insured item is an interest other than as an owner or a good-faith possessor of the goods (in terms of a credit agreement or else) who bears the risk of loss, the Insured must advise the Company of the nature and extent of the insurable interest before the cover commences. The cover for any such item will start only when the Company has given written confirmation and agreed to insure the property. Should the nature or extent of the insurable interest in any item insured under this policy change, the Insured must notify the Company immediately in writing of such change. Failure to do so may entitle the Company to reject the claim if the Insured's insurable interest was not agreed to by the Company.

### Average:

Policies of insurance covering material property are subject to average. This means that you could recover the full amount of an insured loss only if your sum insured represents the full value of the property covered. If the amounts insured are less than the full value at the time of the loss, you can recover only a proportionate amount of the loss. If there are several items of property insured, the average will be applied separately to each item. Consequently, sums insured should always be maintained at adequate level.

### Reinstatement value conditions:

Where cover is subject to these conditions, the basis upon which the amount payable is calculated should be the cost of replacement or reinstatement by similar property or repair to a condition substantially the same, but not better or more extensive than its condition when NEW. It is therefore essential that in all instances where these conditions apply, the sum insured must be representative of the actual NEW INSTALLED REPLACEMENT VALUE at the time of reinstatement, and must cater for:

- All leased, hired or rented assets which you are responsible to insure
- Labour, installation, engineering, project management and all associated costs
- Peripheral/associated equipment and costs such as cabling, trunking, etc.
- Inflation during the time it will take to reinstate/rebuild/replace
- Currency fluctuations, exchange rate duties, taxes, surcharges, and all associated costs
- Trends and other fluctuations in value
- Value-added tax

### Value-added tax:

All sums insured/limits of indemnity must be inclusive of VAT and in some instances, e.g. personal accident/stated benefits cover, where indemnity payments received by 'vendor insured's' are vatable, the sums insured/limits of indemnity would need to be increased by a further 15% so as not to reduce the net payment when a claim occurs.

### Premium payment:

The premium is due and payable on or before the inception date or renewal date but must be paid immediately upon receipt of the invoice, but no later than within 30 (thirty) days of inception/renewal of the policy. The Company shall not be obliged to accept premium tendered to it more than 30 (thirty) days after the inception or renewal date but may do so upon application at such terms as it, at its sole discretion, may determine.

- Where the premium is paid monthly

The premium is due and payable on or before the inception date or the first day of each month thereafter as the case may be. If the premium has not been paid for any reason other than the Insured having stopped payment, the Company will re-debit in the following month for two months' premium.

The policy will cancel immediately:

- If the Insured has placed a stop payment on the premium
- If the full double premium has not been paid (effective from the date of the first unpaid premium)
- There may be instances where the policy may be cancelled if one month's premium has not been successfully received. Take note of specific correspondence received in instances where this is the case.

If all premiums have not been paid, any claims made will not be settled under this policy.

### Adjustment Premium:

If the premium for any section of this policy has been calculated on any estimated figures, the Insured shall, after the expiry of each period of

insurance, furnish the Company with such particulars and information as the Company may require for the purpose of recalculation of the premium for such period. Any differences shall be paid by or to the Insured as the case may be.

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### **Duty of disclosure of material facts:**

Because you have a far better knowledge of your risk than your insurers, please advise us prior to inception of cover or renewal or when changes are made to your risk during the year, of information which may affect the insurer's appreciation of the risk. Examples could be particularly hazardous aspects of your business (such as processes undertaken, new products, signing of leases or contracts which may impose additional liabilities on you, situation of premises, threats from other parties, warehousing of customers' properties, hiring of plant and equipment).

You do not have to disclose things which diminish the risk of insurers or are common knowledge or knowledge of which is waived by the insurer. Where, however, you are in any doubt, it is better to inform insurers as many claims have been repudiated on grounds of non-disclosure.

When a policy is placed with an Insurer you need to disclose all material facts, which could affect your Insurer's appreciation of the risk of loss, damage or liability, for which they will be providing you with insurance cover.

Once cover has been placed, the need to continue disclosing material facts not previously disclosed to your current insurers continues. This applies to all your insurance covers not just those insuring your assets, and disclosure should be made via your broker as soon as the facts come to your attention.

In addition, you need to immediately advise your broker of any changes or planned changes in your assets or business activities.

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### **Standard construction:**

The building and outbuildings are constructed with brick walls, stone or concrete and are roofed with slate, tiles, concrete, asbestos, or metal. We must be advised if any structure on your premises is not constructed in accordance with these requirements.

---

### **Unoccupied buildings/premises:**

If any building and/or premise shall become unoccupied for 30 (thirty) consecutive days, the insurance cover is suspended as regards the property affected unless the Insured, before the occurrence of any damage, obtains the written agreement of the insurer to continue with the cover.

During the period of the initial unoccupancy of 30 (thirty) consecutive days, the Insured shall become a co-insurer with the insurer and shall bear a proportion of any damage equal to 20% (twenty per cent) of the claim before deduction of any first amount payable.

Theft (or any attempt thereat) of contents, electronic and all other equipment, plant, machinery, landlord's fixtures, and fittings, etc. not accompanied by forcible and violent entry into or exit from such building, is excluded unless specifically insured. An alarm warranty is also applicable for all sections which provide theft cover to the premises and requires that a linked alarm be activated and in working order whenever the premises is unoccupied. The alarm must be linked to a 24-hour manned control room and armed reaction and be activated whenever the premises is unoccupied. If either of these conditions are not met, there will be no cover. We further recommend that you test the alarm at the intervals recommended by the service provider to ensure that the alarm is operational and in working order.

---

### **Power surge:**

Power surge cover is generally limited in terms of the policy, and we encourage you to check each section of the policy to determine the adequacy of the limit of cover selected. Insurers further require that there is SABS-approved power surge arrestors installed at the premises for the cover to be valid, or else ensuring that the cover is not limited, or additional excesses being applied. We recommend that such surge arrestors be installed on the mains of the premises by a professional service provider, to ensure that all equipment is adequately protected.

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### **Retaining and boundary walls:**

Simplistically, a boundary wall serves as a dividing structure between two pieces of land and a retaining wall serves to split levels of ground to prevent the higher level from subsiding onto the lower level.

In consequence, a retaining wall carries a much higher risk than a boundary wall.

The policy excludes damage to retaining walls caused by storm, wind, water, hail, or snow, unless you can provide insurers with written proof confirming the retaining walls were designed and constructed in accordance with a professional structural engineer design specification.

An Insurer will require the submission of a stability report from a suitably qualified engineer prior to going on risk at inception or renewal of a policy, to substantiate the current stability of the structure. Once this report has been received and cover is approved, the Insurer will list the retaining wall separately on the policy schedule and likely charge an additional premium on the (new replacement) value of the retaining wall.

It is imperative that property owners be aware of all retaining and boundary walls on their property and monitor, on an ongoing basis, the changes to and around all retaining and boundary walls, especially where the other side of the wall is outside of their property.

Pleading ignorance when your boundary wall becomes a retaining wall by the action or inaction of a third party and then collapses is unfortunately of no help in an insurance claim. When in doubt, always ask your broker for assistance.

---

### **Claim Notification:**

On the happening of an event that may result in a claim under this policy, notify us as soon as possible and provide in writing details of the event including all substantiating documentation that your insurers may require. The police must be notified immediately after the event. Insurers require

that all claims be reported no later than 30 days after the insured event or there may be no cover.

---

## Prevention of loss:

You are required to take all reasonable steps and precautions to prevent accidents or losses, including, but not limited to, compliance and adherence to laws and regulations which are material to the risk. It is warranted that all laws, regulations, by-laws, and rules which apply to the business or any other matter for which cover is provided in terms of the policy shall be always adhered to.

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## Remote jamming/theft of items from a vehicle without forcible and violent entry or exit:

If the Insured can demonstrate through video surveillance footage (or any other conclusive proof) that an attempt was made to lock the vehicle using the vehicle remote but that the locking mechanism was blocked by thieves using an electronic device, such evidence shall be deemed to satisfy the forcible and violent entry or exit requirement for any loss out of the cab or boot of the vehicle

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## Burglar alarm warranty (where applicable):

It is a condition precedent to the liability of the Company that a burglar alarm system will be installed in all premises stated in the schedule and warranted that:

- The burglar alarm installed in the premises shall be fully activated whenever the premises is not open for normal business unless any principal, partner, director or employee is in the premises
- The insurance shall not cover loss of or damage to property following the use of keys, the keypad code or remote control of the burglar alarm or any duplicate thereof belonging to the Insured unless such keys, keypad code or remote control were obtained by theft

Unless specifically stated to the contrary, all premises shall be protected by such alarm, and it is further warranted that:

- The contract for any burglar alarm services shall include services of a 24-hour armed response unit
- The control panel shall have an event log and the arming and disarming of the alarm shall be logged and after the occurrence of a claim the Company will be entitled to request full information of the relevant log
- Such alarm will be maintained in proper working order, but the Insured shall be deemed to have discharged their liability if they have maintained their obligations under a maintenance contract with the installation/service company of the alarm system

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## Excess/first amount payable/deductible:

Your policy is subject to several different excesses/first amounts payable for each section of the policy where cover has been selected – these are detailed per section of the policy or are listed under the Excess section. Refer to the various sections for applicable excesses/first amounts payable in the event of a claim.

---

## Tracking device requirements:

Your policy may contain specific requirements regarding the compulsory fitment, maintenance and testing of tracking devices, as well as the type of tracking device specified for the type/category of vehicle (i.e. constant monitoring/early warning). We strongly encourage you to familiarise yourself with these requirements as theft/hijacking cover is often subject to such tracking devices being installed, maintained, and tested.

Where tracking devices are not a requirement, and you have elected to fit such a device of your own accord, inform us as you may be entitled to a reduction in premium and/or your theft excess may be waived (subject to policy terms and conditions).

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## SECTION 1: FIRE

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

### Important notes:

The onus is on the client to provide the correct sums insured.

### Building:

Sum insured is the replacement costs (not market value).

### Plant and machinery:

When calculating the sum insured, plant/machinery must be insured at new replacement costs/value.

### Stock in trade:

When calculating the sum insured, stock in trade must be insured at cost price.

**Insured property:**

Sum insured: Buildings (excluding surrounding walls and paving):	R
Sum insured: Rental:	R
Sum insured: Plant, machinery, fixtures, and fittings:	R
Sum insured: Stock and materials in trade:	R
Sum insured: Miscellaneous:	R
Sum insured: Miscellaneous:	R

Additional Perils	Included Yes / No	
Earthquake	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Malicious damage	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Special Perils	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Leakage-full value	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Leakage-first loss limit	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Subsidence and landslip(limited)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Subsidence and landslip(comprehensive)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Riot and strike(except RSA)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stock declaration conditions	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**SECTION 2: BUILDINGS COMBINED**

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

**Important notes:**

The onus is on the client to provide the correct sums insured.

- Building: The sum insured is the replacement costs (not market value).
- All fixtures and fittings added to the building, e.g., carpets, air conditioning units
- In the event of insuring contents; the sum insured should be the new replacement value of contents
- Loss of rental is included in the policy up to a maximum of 25% of the sum insured of the insured property.

Column reference:	
Sum insured (to include perimeter walls or fencing and paving, etc.):	R
Construction standard:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Description:	

Extensions	Included Yes / No	
Riot and strike (except RSA)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Sum ensured geysers	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Subsidence and landslip(comprehensive)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Prevention of access	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Inflation/Escalation clause	<input checked="" type="radio"/> Yes	<input type="radio"/> No

### SECTION 3: OFFICE CONTENTS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Sum Insured:	R		
Construction standard:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Description:			

#### Important notes:

- Sum insured of contents should be at new replacement costs
- Office contents exclude electronic equipment.

Extensions	Sum Insured	Premium
Documents	R	R
Legal Liability Documents	R	R
Riot and strike(RSA)	R	R
Theft(forcible)	R	R
Theft	R	R
Total annual premium for item:		R

### SECTION 4: BUSINESS INTERRUPTION

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Basis:			
Indemnity Period:	R		

#### Important Notes

- Calculation of gross profit sum insured: Difference basis
- Calculation of gross profit sum insured: Addition's basis (Net profit and standing charges)
- Indemnity period: Suggested minimum period is 12 months and more. It is not only the time involved in repairing the material damage, but it may consider actual time to return to normal production.

Type	Included Yes/No		Schedule Item Number
Gross Profit	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Gross rentals	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Revenue	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Additional increase in cost of working	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Wages	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Fines and penalties	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Standing charges	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Extensions	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sum insured	R 1		R
Wages			
Specified suppliers	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
List Specified suppliers			
- Supplier			
- Premises			
Unspecified suppliers	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Prevention of access	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Clients	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
- Client	R		
- Premises	R		
Public utilities			
Insured perils	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Extended cover	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Public telecommunications			
Insured perils	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Extended cover	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R

Accidental cover	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Total annual premium for item			R
Comments			
Premises Number:			
Basis:			
Indemnity Period:			
Important Notes			
<ul style="list-style-type: none"> <li>Calculation of gross profit sum insured: Difference basis</li> <li>Calculation of gross profit sum insured: Addition's basis (Net profit and standing charges)</li> <li>Indemnity period: Suggested minimum period is 12 months and more. It is not only the time involved in repairing the material damage, but it may consider actual time to return to normal production.</li> </ul>			
Type	Included Yes/No		Schedule Item Number
Gross Profit	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Gross rentals	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Revenue	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Additional increase in cost of working	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Wages	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Fines and penalties	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Standing charges	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Extensions	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sum insured	R		R
Wages			
Specified suppliers	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
List Specified suppliers			
- Supplier			
- Premises			
Unspecified suppliers	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Prevention of access	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Clients	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
- Client	R		

- Premises	R		
Public utilities			
Insured perils	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Extended cover	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Public telecommunications			
Insured perils	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Extended cover	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Accidental cover	<input checked="" type="radio"/> Yes	<input type="radio"/> No	R
Total annual premium for item			R
Comments			

## SECTION 5: ACCOUNTS RECEIVABLE

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Occupation Description:			
Construction type:		R	
Extensions		Included Yes / No	
Riot and strike (except RSA)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Duplicate records	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Protection	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Transit	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Declaration	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Total annual premium for item			R
Comments			

## SECTION 6: THEFT

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Important Notes



The onus is on the client to provide the correct sums insured on a first loss basis.

- Sum insured is on a first loss basis
- Security is important
- Forcible and violent entry
- Look at the type of contents that you have, e.g. heavy machinery or electronic goods and whether it will be easy to carry it away

Sum insured:

Specific description of content:

Total value of contents:

Construction type:

Protection:

Comments

SECTION 7: Money

Additional claims Preparation cost:

Limit:

R

Premium:

R

Item Number:

R

Premises Number:

R

Important Notes

- Money in an unattended vehicle is not covered

Receptacle limit:

R

Premium:

R

Personal Accident:

☒ Yes

☐ No

Riot and strike:

☒ No

Yes

☐

Occupation Description:

Major limit:

R

Premium:

R

Seasonal limit:

R

Premium:

R

Comments

SECTION 8: GLASS

Additional claims Preparation cost:

Limit:

R

Premium:

R

Item Number:

R

Premises Number:

R

Sum insured:	R
<b>Extensions</b>	<b>Included Yes/No</b>
Special replacement	<input checked="" type="radio"/> Yes <input type="radio"/> No
Riot and strike	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Total annual premium</b>	R
<b>Comments</b>	

## SECTION 9: FIDELITY GURANTEEE

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Number of employees:	R	Premium:	R
Voluntary excess:	R		
Cost of recovery:	R		
Sum insured:	R	Premium:	R
<b>Extensions</b>	<b>Included Yes/No</b>	<b>Limit</b>	<b>Premium</b>
Reinstatement of sum insured	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Computer losses	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Superseded insurance	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Retroactive cover	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Losses(24/36 months)	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Losses(24 months-audit)	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
<b>Total annual premium for item</b>			R
<b>Comments</b>			

## SECTION 10: GOODS IN TRANSIT

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Commodity:	R		

Means of conveyance(e.g by road,rail or air): R

Estimated annual turnover: R

Limit per load: R

Premium: R

Number of vehicles: R

Extensions	Included Yes/No	Limit	Premium
Riot and strike	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Debris removal	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Fire extinguishing charges	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Declaration conditions frequency	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Total annual premium for item			R

#### Comments

### SECTION 11: BUSINESS ALL RISKS

Additional claims Preparation cost:

Limit: R Premium: R  
Item Number: R Premises Number: R

Riot and strike ☒ Yes ☐ No

Place: R

Basis: R

Increase cost of working limit: R Article Description:

Model Number: Serial Number:

Sum insured: Premium:

First amount payable:

Total annual premium for item: R

#### Comments

### SECTION 12: ACCIDENTAL DAMAGE

Additional claims Preparation cost:

Limit: R Premium: R

Item Number:	R	Premises Number:	R
EML%:	%	Same risk:	%
Total value:			
Sum Insured:	R	Premium:	R
First amount payable:	R		
<b>Extensions</b>	<b>Included Yes/No</b>		
Leakage of oil:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Average:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Excluded Property:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Reinstatement:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
First loss average:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
<b>Total annual premium for item</b>	R		

#### Comments

### SECTION 13: PUBLIC LIABILITY

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Additional claims preparation cost: R1 000 or 10% of the sum insured, whichever is the lower. No additional cover is allowed.

#### Important Notes:

- Client must determine limit of indemnity
- Umbrella liability cover available: R20 million

Basis of cover:	R		
Retroactive date:			
Occupation:			
Additional premises:			
Limit of indemnity:	R	Premium:	R
Products liability/defective workmanship:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
- Code:	R		
- Limit:	R		
- Turnover:	R		
- Premium:	R		

EC Liability:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
- Limit:	R			
- Turnover:	R			
- Premium:	R			
USA/Canada Liability:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
- Limit:	R			
- Turnover:	R			
- Premium:	R			
Legal defense cost:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
A. R50 000:	R			
B. R100 000:	R			
C. R250 000:	R			
Wrongful arrest and defamation:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
A. Event: R50 000:	R			
B. Event: R100 000:	R			
C. Event: R250 000:	R			
Pharmacies:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
- Pharmacies:	R			
Errors/omissions/negligence:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
Hair salons:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
Medical Treatment:	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
<b>Total annual premium for item</b>	R			

Comments

## SECTION 14: SPECIALIST PRODUCTS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
<b>Cover</b>	<b>Recommended</b>	<b>Accepted</b>	<b>Cover amount</b>

Top up personal liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Commercial umbrella liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R
Products guarantee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Cyber risks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Directors and officers liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Employment practices liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Product inefficacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Product guarantee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
<b>Cover</b>	<b>Recommended</b>	<b>Accepted</b>	<b>Cover amount</b>
Warehousemen's liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Professional indemnity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Contractor's All Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R

## SECTION 15: EMPLOYER'S LIABILITY

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Limit of indemnity:	R		
	R		
Premium:	R		
	N.A.		
Loading:	%		
<b>Total annual premium for item</b>	R		

**Comments**

## SECTION 16: STATED BENEFITS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

**Important Notes:**

- Attach complete list of full names and identity number for each employee.

ID Number	Number of persons		
Number of persons			
Job Description			
Insured Person			
Annual earnings			
<b>Cover</b>			
Death			
Permanant Disability			
Temporary Disability			
Business Limitation	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
<b>Extensions</b>		<b>Yes/No</b>	
Medical Cost	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Burns Disfigurement	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Passive war	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Motorcycling	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Mountaineering necessitating the use of ropes	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Polo on horse back	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Funeral Cost	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Repatriation cost	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
Trauma cost	<input checked="" type="radio"/>	Yes	<input type="radio"/> No
<b>Total annual premium for item</b>	R		

#### Comments

## SECTION 17: GROUP PERSONAL ACCIDENT

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Profession:	R		

Basis:	R		
Number of People:	R		
Compensation(death)Sum insured:	R	Premium:	R
Permanant Disability:	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Temporary Disabilty:			
Minimum period:			
Maximum period:	1		
Business Limitation:	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Extensions:</b>	<b>Yes/No:</b>	<b>Limit:</b>	<b>Premium:</b>
Medical Cost:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Burns Disfigurement:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Passive war:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Motorcycling:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Mountaineering necessitating the use of ropes:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Polo on horseback:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Funeral Cost:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Repatriation Cost:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
Trauma Cost:	<input checked="" type="radio"/> Yes <input type="radio"/> No	R	R
<b>Total annual premium for item</b>			R

Comments

## SECTION 18: MOTOR

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Contingency Liability:			
Limit:	R	Contingency Liability:	R
Parking facilities and moving of third party vehicles:			
Limit:	R	Contingency Liability:	R



Item Number:

**Important Notes:**

- Vehicle value is based on retail value including all extras
- Settlement of claim is based on the market value of the vehicle at the time

Category:

Class of use:

Type of cover:

Registration number:

Year manufactured:

Auto dealer's code:

Make:

Model:

NCB:

Sum insured:

VSS security:

GVM/CC:

Engine Number:

Chassis Number:

Hire Purchase:



Yes



No

Financial institute:

Contact Number:

Period:

Limit:

Premium:

Parking facilities and moving of third party vehicles:

Limit:

R 0

Premium:

R 0

**First amount payable**



Basic:

N.A. % of claim/sum insured with minimum amount of R



Theft and/or hijacking:

N.A. % of claim/sum insured with minimum amount of R



Motor vehicle glass:

N.A. % of claim/sum insured with minimum amount of R



Additional voluntary excess:



Third party liability:

N.A. % of claim/sum insured with minimum amount of R



Loss of keys:

Limit:



Credit shortfall:(only applicable if 'Hire Purchase' Yes):

Limit:

Limit:

<input checked="" type="checkbox"/>	Road assistance:	Limit:
<input checked="" type="checkbox"/>	Rental:	Limit:
<input checked="" type="checkbox"/>	Locks and keys:	Limit:
<input checked="" type="checkbox"/>	Trauma:	Limit:
<input checked="" type="checkbox"/>	Towing:	Limit:

Comments

## SECTION 19: ELECTRONIC EQUIPMENT

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

### Part 1

Additional claims Preparation cost:

Burglary cover:	R		
Make model:			
Item description:			
Serial Number:			
Sum insured:	R	Premium:	R
EML%	%		
First amount payable:	%	General minimum:	R

### Part 2

Working expense increases

Item:			
Time excess:	Indemnity period:		
Sum insured:	R	Premium:	R

Extensions	Yes/No	Premium
Telkom access lines	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Failure of electricity	<input checked="" type="radio"/> Yes <input type="radio"/> No	

### Reinstatement of data

Item:	
-------	--

Sum insured:	R	Premium:	R
First amount payable:	R	Insured with minimum:	R

Comments

## SECTION 20: HOUSE OWNERS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Type of dwelling:	R		
Construction:			
Construction description:			
EML%	%		

Sum insured:	R	Premium:	R
--------------	---	----------	---

Extensions	Yes/No		Premium
Subsidence and landslip	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Inflation escalation	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

Total annual premium for item:

Comments

## SECTION 21: HOUSE HOLDERS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Type of dwelling:	R		
Construction:			
Construction description:			
EML%	%		

Sum insured:	R	Premium:	R
--------------	---	----------	---

Extensions	Yes/No		Premium
Subsidence and landslip	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

Inflation escalation ☒ Yes ☐ No

Total annual premium for item:

Comments

## D. DEBIT ORDER DETAILS

I, the undersigned hereby request and authorise to arrange with my bank to collect the payment due on the policy (as amended from time to time) by debit order from the bank account identified below.

Title

Full names and surname Identity Number

Language preference ☒ Yes ☐ No

Postal address:

### Details of account

Name of bank:

Name of branch: 6-Digit branch code:

Date of first withdrawal: N.A.

Sign: Date(dd/mm/yyyy): N.A.

## E: Record of Advice

Products considered appropriate to address the needs of the client

Recommended product

Reasons why the recommended product is considered the most suitable for the needs of the client:

## G: DECLARATION BY INTERMEDIARY

Name of intermediary: N.A. Code: N.A.

I hereby declare that, if applicable, I have explained the meaning and possible detrimental consequences of replacement of a financial product to the applicant.

I hereby declare that I have disclosed the intermediary's permit and product quotation to the applicant.

I understand and accept that if this plan is cancelled, the fee or commission paid to me can be reversed on my remuneration account, in accordance with the terms of my contract.

I hereby declare that I am authorised to market this product and that, in terms of the Financial Advisory and Intermediary Services Act and its sub-legislation, I have not been debarred nor has any authorisation given to me been withdrawn, suspended, or lapsed.

Signature of intermediary Date(dd/mm/yyyy): N.A.

**Very Important:**

You are strongly advised to study your policy to acquaint yourself with the detail of all special terms and conditions for liability. If you have any questions or queries regarding the terms of your policy contract, you are advised to immediately contact the intermediary whose detail appears in Section F so that these issues can be addressed.

## SHORT-TERM INSURANCE: PERSONAL LINES

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on <https://www.sfpadvice.co.za>

**Very Important:**

You are strongly advised to study your policy to acquaint yourself with the detail of all special terms and conditions for liability. If you have any questions or queries regarding the terms of your policy contract, you are advised to immediately contact the intermediary whose details appear in the sections below so that these issues can be addressed.

This document serves to record advice and the basis on which it was given. Kindly safeguard this record for future reference.

**Underwritten by:** N.A. **Branch Name:** N.A.

**Branch Number:** N.A. **Quotation Number:** N.A.

**Renewal Date: (If any):** N.A. **Inception Date:** N.A.

**INFORMATION ON ITEMS AND RISKS TO BE INSURED****Note:**

If any section needs to be completed more than what is provided for (e.g., for more than one motorcycle), you may duplicate the section by clicking on the '+' on the bottom right-hand corner of the section.

**DETAILS OF APPLICANT**

**Surname:** N.A. **Gender:** ☒ Male ☐ Female

**Initials:** N.A. **Title:** N.A.

**Date of birth:** N.A. **Identity Number:** N.A.

**Email Address:** N.A. **Contact Number:** N.A.

**GENERAL**

3. Has an insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof), or imposed any special conditions? ☒ Yes ☐ No

4. Are you currently insured against the risks you are applying for? ☒ Yes ☐ No

5. If you were previously insured but currently NOT, provide the following:

Last date of insurance: Name of insurer:

**COVER AND REPLACEMENT OF INSURANCE****PRODUCT COMPARISON AND REPLACEMENT**

Cover	Recommended	Accepted	Cover amount	Premium	Excess	Premium	Excess
House content	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Buildings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Subsidence and landslip	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Accidental damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
All Risk(General)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Clothing and personal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Keys and locks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Wheelchairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Bicycles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Cellular telephones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
TV,VCR,Decoders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
All Risk Specified	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Computer equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Items in bank vault	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Jewellery(All jewellery)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Photographic equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Sound Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Other specify	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Personal legal liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R

(PLIP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Vehicles(Refer to quote/policy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Car hire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Excess waiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Credit shortfall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Watercraft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Sasria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Legal access	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Fees and charges			R				
Commissions			R				
Total premium			R				

#### COVER AND RENEWAL OF INSURANCE

##### PRODUCT COMPARISON AND REPLACEMENT

			Existing Product			Replacement Product	
Cover	Recommended	Accepted	Cover amount	Premium	Excess	Premium	Excess
House content	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Buildings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Subsidence and landslip	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Accidental damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
All Risk(General)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Clothing and personal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Keys and locks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R

Wheelchairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Bicycles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Cellular telephones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
TV,VCR,Decoders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
All Risk Specified	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Computer equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Items in bank vault	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Jewellery(All jewellery)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Photographic equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Sound Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Other specify	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Personal legal liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
(PLIP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Vehicles(Refer to quote/policy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Car hire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Excess waiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Credit shortfall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Watercraft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Sasria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Legal access	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R
Fees and charges			R				
Commissions			R				
Total premium			R				



Does the advice given to the client include replacement of an existing financial product? ☒ Yes ☐ No

If yes, answer the following:

What is the purpose of this replacement?

Reasons why replacement is considered more suitable than retaining or modifying the terminated product:

Suppliers of the product(s) to be replaced:

## HOUSE CONTENT

### Residential area

Residential area

Street name, number and suburb

Postal code

Type of residence: (e.g., small holding, farm, residential, flat, other)

(Mark the applicable option with an 'X')

**Note that the cover amount must be at replacement value and NOT at municipal valuation.**

If flat, is it above ground level? ☒ Yes ☐ No

Wall construction ☒ Standard ☐ Non Standard

Roof construction ☒ Standard ☐ Non Standard

### Safety measures:

- Burglar bars on all windows that open ☒ Yes ☐ No
- Security gates at all doors that open (including sliding doors) ☒ Yes ☐ No
- 24 hours monitored linked alarm system ☒ Yes ☐ No

Security area (fencing/wall with electric wiring + 24-hour guards and access control) ☒ Yes ☐ No

**No claims bonus (number of years claimed):**

**House content sum insured:** R  
(if client cannot provide a value, client must complete and indicate a value in accordance therewith)

### Extensions:

Home business: Type of business  
Insured amount: (include stock-in-trade)

### Accidental damage items:

- General: (including mechanical/electrical and electronical) ☒ Yes ☐ No
- General: (excluding mechanical/electrical or electronical) ☒ Yes ☐ No
- Mechanical/electrical breakdown: ☒ Yes ☐ No
- Electronical breakdown: ☒ Yes ☐ No
- Power surge cover: ☒ Yes ☐ No

- Power surge cover(excluding air conditioner(s)): ☒ Yes ☐ No
- Power surge cover(including geyser): ☒ Yes ☐ No

**Fees** R

**Commission** R

**Total Premium** R

It is in your own interest to check the adequacy of the sum insured (replacement value – new for old) by using the House Content Inventory and informing us about your requirements. Similar attention should be given to your All Risk policy.

## BUILDINGS

### Primary Property

Residential area

Street name,number and suburb

Postal code

Type of residence: (e.g., small holding, farm, residential, flat, other)

### Type of building:

**Voluntary excess** ☒ Yes ☐ No

### Optional Cover

• Subsidence and landslide: ☒ Standard ☐ Non Standard

• Accidental damage items: ☒ Standard ☐ Non Standard

**Wall construction** ☒ Standard ☐ Non Standard

**Roof construction** ☒ Standard ☐ Non Standard

**Fees** R

**Commission** R

**Total Premium** R

Additional notes on buildings that may affect cover/advice to the client:

Additional Property

Street name,number and suburb

Postal code

Type of residence: (e.g., small holding, farm, residential, flat, other)

### Type of building:

**Voluntary excess** ☒ Yes ☐ No

### Optional Cover

• Subsidence and landslide: ☒ Standard ☐ Non Standard

• Accidental damage items: ☒ Standard ☐ Non Standard

**Wall construction** ☒ Standard ☐ Non Standard

**Roof construction** ☒ Standard ☐ Non Standard

**Fees** R

**Commission** R

**Total Premium** R

Additional notes on buildings that may affect cover/advice to the client:

## VEHICLE

Please see attached certificate of registration and motor vehicle license for the make, model, vehicle year, VIN number and engine number etc.

**Vehicle in the name of:** **Registered owner:**

**Usage:**

**Overnight parking:** **R:**

**Type of cover required:**

**Safety Measures:** ☒ Immobilizer ☒ Gear lock  
☒ Tracking device ☒ Data dot

**Driver's license issue date:** N.A. **License code:**

**Sum insured:** R

**No claims bonus:**

**Voluntary Excess:** ☒ Yes ☐ No

**Extras:**

<input checked="" type="checkbox"/> Air Conditioning	N.A.	<input checked="" type="checkbox"/> Mag wheels	N.A.
<input checked="" type="checkbox"/> Canopy	N.A.	<input checked="" type="checkbox"/> Electric windows	N.A.
<input checked="" type="checkbox"/> Leather seats	N.A.	<input checked="" type="checkbox"/> Tow bar	N.A.
<input checked="" type="checkbox"/> Roof carrier	N.A.	<input checked="" type="checkbox"/> Sunroof	N.A.

<input checked="" type="checkbox"/> Power steering	N.A.	<input checked="" type="checkbox"/> Sound	N.A.
<input checked="" type="checkbox"/> Car Keys	N.A.	<input checked="" type="checkbox"/> Tools, spare parts	N.A.
<input checked="" type="checkbox"/> Restricted travelling cover	N.A.	Other	N.A.

---

**Additional cover required by client:**

Market value/hire purchase difference	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Waiver of excess (NOT if client choose voluntary excess)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Car hire	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Damage to rims and tyres	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Contents of 4 x 4	<input checked="" type="radio"/> Yes	<input type="radio"/> No

---

<b>Fees</b>	R
-------------	---

---

<b>Commission</b>	R
-------------------	---

---

<b>Total Premium</b>	R
----------------------	---

---

Additional notes on buildings that may affect cover/advice to the client:

---

## MOTORCYCLES

Please see attached certificate of registration and motor vehicle license for the make, model, vehicle year, VIN number and engine number etc.

---

**Registered owner:**

---

**Usage:**

---

**Overnight parking:** Overnight Parking

---

**Overnight parking:**

---

Comprehensive (cover for comprehensive risks)

---

**Regular driver:** 1

---

**Driver's license issue date:** N.A.

---

**License code:**

---

No claims bonus:

Sum insured: R

Fees R

Commission R

Total Premium R

Additional notes on buildings that may affect cover/advice to the client:

#### TRAILER/CARAVAN

Please see attached certificate of registration and motor vehicle license for the make, model, vehicle year, VIN number and engine number etc.

Registered owner: Type:

Overnight parking: Overnight Parking

Overnight parking:

No claims bonus: 1

Sum insured: R

Fees R

Commission R

Total Premium R

Additional notes on buildings that may affect cover/advice to the client:

#### WATER CRAFT

Please see attached certificate of registration and motor vehicle license for the make, model, vehicle year, VIN number and engine number etc.

Registered owner: Type:

Length of hull: Craft sum insured:

VIN Number:

Engine number:

Optical cover required by client:

Glitter finish:

Specified accessories:

Outboard motor type:

Output:

Fees	R
Commission	R
Total Premium	R

Additional notes on buildings that may affect cover/advice to the client:

#### PERSONAL LEGAL LIABILITY

R5 000 000: (this cover is COMPULSORY if household content or building cover is taken)

**Optional: Extended personal legal liability:**

Indemnity limit: R10 million or R 20 million:

☒ Yes ☐ No

If 'Yes', state required indemnity limit:

Fees	R
Commission	R
Total Premium	R

Additional notes on buildings that may affect cover/advice to the client:

#### LEGAL ACCESS

Indemnity limit: R10 million or R 20 million:

☒ Yes ☐ No

If 'Yes', state required indemnity limit:

Fees	R
Commission	R
Total Premium	R

---

Additional notes on buildings that may affect cover/advice to the client:

---

**IMPORTANT:**

- Premium payment: (The premium is paid monthly, quarterly, bi-annually, or annually) The premium is due and payable on or before the inception date or renewal date but must be paid immediately upon receipt of the invoice, but no later than within 30 (thirty) days of inception/renewal of the policy. The Company shall not be obliged to accept premium tendered to it more than 30 (thirty) days after the inception or renewal date but may do so upon application at such terms as it, at its sole discretion, may determine.
- Where the premium is paid monthly

The premium is due and payable on or before the inception date or the first day of each month thereafter as the case may be. If the premium has not been paid for any reason other than the Insured having stopped payment, the Company will re-debit in the following month for two months' premium.

The policy will cancel immediately:

- If the Insured has placed a stop payment on the premium
- If the full double premium has not been paid (effective from the date of the first unpaid premium)
- There may be instances where the policy may be cancelled if one month's premium has not been successfully received. Take note of specific correspondence received in instances where this is the case.

If all premiums have not been paid, any claims made will not be settled under this policy.

**RECORD OF ADVICE**

Products considered appropriate to address the needs of the client:

---

Recommended product:

---

Reasons why the recommended product is considered the most suitable for the needs of the client::

---

**Note: The intermediary whose name appears in section below, will be regarded as the person responsible for advice to the client.**

**DECLARATION BY INTERMEDIARY**

Products considered appropriate to address the needs of the client:

---

Recommended product:

---

Reasons why the recommended product is considered the most suitable for the needs of the client::

---

**Note: The intermediary whose name appears in section below, will be regarded as the person responsible for advice to the client.**

---

Name of intermediary:	N.A.	Code:	N.A.
-----------------------	------	-------	------

I hereby declare that, if applicable, I have explained the meaning and possible detrimental consequences of the replacement of a financial product to the applicant.

I hereby declare that I have disclosed the intermediary's permit and product quotation to the applicant.

I understand and accept that if this plan is cancelled, the fee or commission paid to me can be reversed on my remuneration account, in accordance with the terms of my contract.

I hereby declare that I am authorized to market this product and that, in terms of the Financial Advisory and Intermediary Services Act and its sub-legislation, I have not been debarred nor has any authorization given to me been withdrawn, suspended, or lapsed.

---

Signature of intermediary:	Date(dd/mm/yyyy):	N.A.
----------------------------	-------------------	------

---

**Fiduciary**

Is there a valid Will in place? ☒ Yes ☐ No

---

Date last updated? N.A.

---

**Medical**

**MEDICAL SCHEMES ANALYSIS**

**Client name:**

---

**ID Number:**

---

Address:

Address:

Phone:

Financial advisor:

Date:

N.A.

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on <https://www.sfpadvice.co.za>

## SECTION A:

### MEDICAL SCHEMES ANALYSIS

Name and surname:

Marital status:

Gender:

Occupation:

Income per month(if income plan is selected): R

Subsidy: R

Number of Dependants:

Spouse:

Other Adult Dependents (Parents, Guardians, Legal dependents):

Chronic conditions(Member):

Chronic conditions(Spouse):

Chronic conditions(Adult Dependents):

Chronic conditions(Children):

Other medical pre existing conditions:

Period that you have been part of your previous Medical Aid:

From: N.A.

To: N.A.

## SECTION B:

### BACKGROUND INFORMATION

Your personal circumstances that formed the basis for my recommendation

### SUMMARY NEEDS ANALYSIS

Need

Need Identified

Comments



Hospital cover	<input type="radio"/> Yes	<input type="radio"/> No
Day to Day Benefits	<input type="radio"/> Yes	<input type="radio"/> No
Threshold Benefits	<input type="radio"/> Yes	<input type="radio"/> No
Chronic Benefits	<input type="radio"/> Yes	<input type="radio"/> No
Savings Account	<input type="radio"/> Yes	<input type="radio"/> No
Affordable Premium	<input type="radio"/> Yes	<input type="radio"/> No
Hospital Preference	<input type="radio"/> Yes	<input type="radio"/> No
PMB	<input type="radio"/> Yes	<input type="radio"/> No
Doctor/Specialist/Hospital network	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No		

## SECTION C:

### SUMMARY: COMPARISON OF MEDICAL AID BENEFITS

(Indicate whether a new medical scheme(s) is recommended or an existing scheme is to be replaced)

Details	Current Medical Scheme / Proposed Medical Scheme What are we expecting to be answered here	Replaced Medical Scheme / Proposed Medical Scheme
Name:		
Contribution/Premium:		
Benefits:		
Savings Account:		
Chronic Benefits:		
Hospital Cover:		
Limits on cover:		
General Waiting Period:		
Condition Specific Waiting Period:		
Legislated Prescribed Minimum Benefits:		
Later Joiner Penalty:		
Reward/Loyalty Programme:		

## SECTION D:

### INITIAL RECOMMENDATION/ADVICE & MOTIVATION

Scheme and Fund recommended and/or selected by you:

SECTION E:  
IMPORTANT INFORMATION HIGHLIGHTED TO YOU

SECTION F:  
FINANCIAL ADVISER'S DECLARATION

You have elected not to accept the following product recommendations:

For the following reasons:

The consequences thereof have been clearly explained to you: ☒ Yes ☐ No

Fees and/or commission:

Sign Here Date: N.A.

GAP COVER

Client Name:	N.A.	ID number:	N.A.
Address	N.A.		
Email:	N.A.	Phone:	N.A.
Medical Aid:	N.A.	Inception Date:	N.A.
Financial Advisor:	N.A.	Date:	N.A.

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on <https://www.sfpadvice.co.za>

SECTION A:  
NEED

Gap cover benefits are only available as an add-on to the members belonging to a registered medical aid.  
Details:

SECTION B:  
DEPENDENTS COVERED

Gap cover benefits are only available as an add-on to the members belonging to a registered medical aid.

Details: ☒ Yes ☐ No

Member Name	Relationship to main Member	Medical Aid Plan
-------------	-----------------------------	------------------

SECTION C:  
SOLUTION

Provider:

Option:

Motivation:	
Total Premium:	
Broker Fee:	R
Commission:	R

## SECTION D: BENEFITS

In the event of a replacement complete both current and new product

	Current Product	New Product
Gap Cover rate	N.A.	N.A.
Overall annual limit	N.A.	N.A.
Co-payment benefit	N.A.	N.A.
Sub-limit benefit	N.A.	N.A.
Cancer benefit	N.A.	N.A.
Cancer diagnose benefit	N.A.	N.A.
Other benefit	N.A.	N.A.
Casualty benefit(In case of accident)	N.A.	N.A.
Trauma counselling benefit	N.A.	N.A.
Gap Cover premium waiver benefit	N.A.	N.A.
Medical scheme waiver benefit	N.A.	N.A.
Accidental death cover benefit	N.A.	N.A.

## SECTION E: WAITING PERIODS

General Waiting period
Waiting period for pre-existing condition
Specific waiting periods

## SECTION F: EXCLUSIONS

Are claims whereby the medical aid requires a co-payment for not using a specific medical service provider excluded?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other Exclusions		
General Exclusions		

### Notes

You will always be responsible towards the provider of medical services. Gap cover often requires a subsequent claim process to be followed, once

the medical aid company has made their payment. You are then required to submit a claim to the Gap cover provider for settlement of the remainder, up to the limit of the option selected.

Most Medical Aid companies have introduced co-payments and sub-limits for certain in hospital treatment and procedures. If you elect not to take this cover you will be responsible for these.

Please be aware that No benefits are payable which should be provided by the Medical Aid scheme (such as Prescribed Minimum Benefits), this exception includes ward fees, theatre fees, medicines and other hospital expenses.

Please make sure you have read through your policy schedule/s Terms and Conditions thoroughly once your policy/s has been accepted.

Gap Cover applies to In-Hospital accounts and must not be confused with the Threshold Gap that applies for Out-Of-Hospital claims.

**SECTION G:**  
**FINANCIAL ADVISER'S DECLARATION**

You have elected not to accept the following product recommendations:

For the following reasons

The consequences thereof have been clearly explained to you. ☒ Yes ☐ No

Fee and/or commission

Sign Here Date: N.A.