**SECTION A: LONG-TERM INSURANCE**

**RECORD OF ADVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** |  | **ID number:** |  |
| **Address:** |  | | |
| **Email:** |  | **Phone:** |  |
| **Financial Advisor:** |  | **Date:** | Click or tap to enter a date. |

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 has been provided with a copy of the Letter of Introduction |  |  |
| Client has provided authority to access information |  |  |
| **2. Financial Intelligence Centre Act (FICA)** | | |
| Client has provided a clear copy of his/her identity document |  |  |
| **3. Replacements**   |  |  |  | | --- | --- | --- | | Does/Do the product(s) taken replace an existing product(s)? |  |  | | If “Yes” (above), the Financial Adviser confirms that all disclosures on the Replacement Product Comparison document have been explained to the client. |  |  | | 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. |  |  |   **SECTION B:**  **Background information** | | |
| Your personal circumstances that formed the basis for my recommendation:  Provide a detailed description of the client’s:  current personal circumstances,  needs that have been identified,  and relevant information  that formed the basis for the financial solution recommended | | |

**RISK**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Financial Needs Analysis Summary** | | | | | |
| **Financial Planning Need/Objective** | | **Total need identified** | **Existing provisions** | **Shortfall/ Surplus** | **Cover taken up now** |
| **Death Cover:** | | | | | |
| **Death Cover: Lump Sum** | |  |  |  |  |
| **Death Cover: Income (p.m.)** | |  |  |  |  |
| **Funeral Benefit** | |  |  |  |  |
| Other | |  |  |  |  |
| Comments | | | | |  |
| **Disability Cover:** | | | | | |
| **Lump Sum** | |  |  |  |  |
| **Permanent Income (p.m.)** | |  |  |  |  |
| **Temporary Income (p.m.)** | |  |  |  |  |
| **Sickness Benefit (p.m.)** | |  |  |  |  |
| Other | |  |  |  |  |
| Other | |  |  |  |  |
| Comments | | | | |  | |
| **Dread Disease Cover:** | | | | | |
| **Dread Disease: Lump Sum** | |  |  |  |  |
| **Dread Disease: Income (p.m.)** | |  |  |  |  |
| Other | |  |  |  |  |
| Comments | | | | |  | |
| **SECTION C:**  **Financial Solutions:**  Summary of recommendations to address your identified needs.  No cash values are payable/accessible unless a specified event has occurred, i.e., the life event for which cover is taken; in which case the proceeds are payable tax-free. The premiums are not tax-deductible according to current legislation and loans against the policy are not permitted.  Should the policy have an accelerator benefit attached, it means that upon a claim of that benefit the life cover amount will reduce by the claim amount. Standalone benefits are independent of the life cover, and you may claim without affecting the life cover amounts. | | | | | |
| [Life cover](#SecC_FINsol" \o " Explain the reasons why life cover benefits were recommended to satisfy this need. Record the client's instructions, deviations and implications thereof------------------------------------------):  Policies payable to the estate will attract executors’ fees at a maximum of 3.99% + VAT. Where there is a beneficiary the executors fees will not be levied. Executors’ fees are applicable to all assets in the estate of a client and the exemption only applies to policies with beneficiaries.  Death benefits will not be paid where the life insured commits suicide within 2 years of commencement or reinstatement of the cover. | | | | | |
| Explain the reasons why life cover benefits were recommended to satisfy this need.  Record the client's instructions, deviations and implications thereof. | | | | | |
| [Disability Cover:](#Disability" \o "Explain in the spaces given below the reasons whydisability benefits were recommended to satisfy this needRecord the Client's instructions, deviations and implications thereof------------------------------------------------------------) | | | | | |
| Explain the reasons why disability benefits were recommended to satisfy this need.  Record the client's instructions, deviations and implications thereof. | | | | | |
| Dread Disease Cover: | | | | | |
| Explain the reasons why dread disease cover was recommended to satisfy this need.  Record the client's instructions, deviations and implications thereof. | | | | | |
| **SECTION D:**  **Alternative Solutions Considered** | | | | | | | |
| The following solutions were presented to you for consideration but were not selected for the following reasons: | | | | | | | |
| 1. | Identify the type of product or product provider which was considered but not selected and motivate. | | | | | | |
| 2. | Identify the type of product or product provider which was considered but not selected and motivate. | | | | | | |
| 3. | Identify the type of product or product provider which was considered but not selected and motivate. | | | | | | |
| **SECTION E:**  **Product Taken**  Products accepted by you to meet your requirements.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Product: | | | | | | | | | Product provider | |  | | Policy no. |  | | | | Product name | |  | | Premium |  | |  | | Premium pattern | |  | | Escalation in cover/ premium |  | | | | Contracting party | |  | | Life/Lives covered |  | | | | Beneficial/ Cessionary | |  | | Premium payer(s) |  | | | | 1st year commission | |  | | 2nd year commission |  | | | | Ongoing fees |  | | Frequency | | |  | | |   Total fees and commission   |  |  | | --- | --- | | Benefit description: life cover, disability etc. | Cover amount | | Click or tap here to enter text. |  | | Click or tap here to enter text. |  | | Click or tap here to enter text. |  | | Click or tap here to enter text. |  | | Click or tap here to enter text. |  | | Click or tap here to enter text. |  | | Click or tap here to enter text. |  |  |  | | --- | | The following are reasons why the above-mentioned product best suits your needs and objectives: | | Motivate why the chosen product was recommended to best suit your client’s needs. | | The details of the material aspects of the selected product that were discussed with you are outlined below:  Explain any deviations from your recommendation and the implications thereof. |  |  | | --- | | The tax implications, e.g., estate duty, income tax in the event of an Income Protector etc.? |  |  | | --- | | Executor’s fees?  Does the policy offer any liquidity?  Provide a summary of the contents of the quote with regard to the following:  Benefit terms (cease ages, cover periods etc.)  Details of premium and cover pattern structure, frequency etc. | | Record discussion with regard to nomination of beneficiaries or cessionaries. | | Discuss the following information which has been explained to client.  General exclusions of liability (i.e. benefit exclusions e.g. suicide clause on death, psychological conditions on disability, etc.)  Client-specific exclusions of liability (e.g. medical exclusions, pre-existing conditions, loadings)  Waiting periods  Cooling off period | | | | | | | | |

**INVESTMENT & SAVINGS**

|  |  |
| --- | --- |
| **Source of Funds** | |
| Identify the source of funds being invested | Savings |
| Define Other Source of Funds. | |

**Analysis of Client’s Circumstances**

The analysis of your personal circumstances as described above.

|  |  |  |
| --- | --- | --- |
| **Investment requirements** | **Need** | |
| 2.1 Investment term | Term | |
| Indicate the duration for which the client intends to maintain investment to meet his/her goals. Explain. | | |
| 2.2 Liquidity/Access required during term |  |  |
| Does the client require access to the investment during the term? | | |
| 2.3 Voluntary or compulsory investment |  |  |
| Explain | | |
| 2.4 Lump sum or recurring premium |  |  |
| Notes. | | |
| 2.5 Income required |  |  |
| Details of income required. | | |
| 2.6 Investment strategy | Capital Preservation | |
| Notes on discussion with client concerning the investment strategy. | | |
| 2.7 Return required | Market linked return | |
| Notes on discussion with client concerning return expectations | | |
| 2.8 Risk profile | Moderate | |
| Notes on the client risk profile. | | |

**SECTION C:**

**Financial Solutions**

|  |
| --- |
| Summary of recommendations to address your identified needs |
| Discuss the outcome of the FNA:  Quantification of need explaining the reasons why this type of investment vehicle was recommended  How it will meet the client's need |

**SECTION D:**

**Alternative Solutions Considered**

|  |  |
| --- | --- |
| The following solutions were presented to you for consideration but were not selected for the following reasons: | |
| 1. | Identify the type of product or product provider which was considered but not selected and motivate. |
| 2. | Identify the type of product or product provider which was considered but not selected and motivate. |
| 3. | Identify the type of product or product provider which was considered but not selected and motivate. |

**SECTION E:**

**Product Taken**

Products accepted by you to meet your requirements.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Product | | | | | | | | | | | | | |
| Product provider |  | | Policy no. |  | | | | | | | | | |
| Product name |  | | Premium |  | | | | |  | | | | |
| Escalation |  | | Total estimated annual cost (EAC) |  | | | | | | | | | |
| Contracting party |  | | Life / Lives assured |  | | | | | | | | | |
| Premium payer |  | | Beneficiary / nominee |  | | | | | | | | | |
| IInitial commission |  | % | Ongoing commission |  | | | | % | | | Total \* | | | |
| Were the SFP Solution Funds (multi-managed wrap funds) considered? | | | | | | | Yes | | | | | No | |
| If “No” is selected, then state the motivation | | | | | | | | | | | | |
| Investment portfolio | | | | | | | | | | | | | |
| When a wrap fund or a selection of wrap funds is used, motivate, and explain.  Where you have constructed your own portfolio from a selection of funds contained in the SFP Approved Fund List, an analysis (ICE analysis or similar) must be provided:  illustrating the alignment of the risk profile of the constructed portfolio and that of the investor,  motivating the constructed portfolio with reference to the following aspects:  correlation;  drawdown;  portfolio return;  meeting the investment objectives of the clients | | | | | | | | | | | | | |
| Funds | | | | | % | Fund fact sheets to client: | | | | | | | |
|  | | | | |  | Provided | | | | Discussed | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00% | Yes | | | | No | | | |
|  | | | | | 0.00 % | Yes | | | | No | | | |
|  | | | | | \* 0.00 % |  | | | |  | | | |

|  |
| --- |
| The following are reasons why the abovementioned product best suits your needs and objectives: |
| Motivate why the chosen product was recommended to best suit your client's needs. |
| The details of the material aspects of the selected product that were discussed with you are outlined below: |
| Fill this field if Non-standard Product is chosen, Record the client's instructions, deviations, and implications thereof  Disclose and explain the following:  The tax implications, i.e., estate duty, income tax (e.g., RA premium deductions, interest received), CGT Executor’s fees?  Discuss the product details:  Liquidity  Termination penalties  Guarantees, if any  Implications of fees & costs  Legislative restrictions  Special terms & conditions  Other relevant information  Record discussion with regards to nomination of beneficiaries, beneficiary for ownership or cessionary.  Executor’s fees? |

**BUSINESS ASSURANCE**

|  |  |
| --- | --- |
| **Trade name of business:** | Trade name of business |
| **Registered name of business:** | Registered name of business (If different from the trade name of the business) |
| **Authorised person(s):** | Person(s) who may act on behalf of this business |
| Person(s) who may act on behalf of this business |
| **Financial Adviser:** | Primary intermediary’s name. |
| **Address:** | Business address |
| **Email:** | Email address |
| **Phone:** | Contact numbers |
| **Date:** | Click or tap to enter a date. |

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

Authorised person(s) was/were provided with a copy of the Letter of Introduction.  Yes No

If no, motivate.

Client has provided authority to access information.  Yes No

If no, motivate.

2. Financial Intelligence Centre Act (FICA)

Client has provided the required FICA documents.  Yes No

If no, motivate.

**3. Replacements**

|  |  |  |
| --- | --- | --- |
| Does/Do the product(s) taken replace an existing product(s)? |  |  |
| If “Yes” (above), the Financial Adviser confirms that all disclosures on the Replacement Product Comparison document have been explained to the client. |  |  |
| 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. |  |  |

4. Source of Funds

Identify the source of funds being invested.

Define Other Source of Funds.

SECTION B:

1. Background Information

Provide a brief description of the business

Brief description of the business

**Business Needs Identified**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Funding of Buy-and-Sell Agreement |  | Key Person Insurance |  | Contingent liability |  | Business Overheads Protection |
|  | Credit Loan Account Redemption |  | Debit Loan Redemption |  | Funding of Future Expenses |  | Funding of Deferred Gratuities |
|  | | | | | | | |
| Provide description and motivation of the description of the needs identified | | | | | | | |

PART I: RISK

2. Financial Needs Analysis Summary: Business Assurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Business assurance needs identified** | | | | |
| **Financial Planning Need/Objective** | **Total need identified** | **Existing provisions** | **Shortfall/ Surplus** | **Cover taken up now** |
| **Buy-and-Sell** | | | | |
| **Death** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Disability** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Other | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Comment | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key Person** | | | | |
| **Death** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Disability** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Temporary Income (p.m.)** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Permanent Income (p.m.)** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Other | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Comment | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Suretyship and Liability** | | | | |
| **Death** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Disability** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Other | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Comment | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Business Overheads Protection** | | | | |
| **Temporary Income (p.m.)** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Permanent Income (p.m.)** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Other | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Comment | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Credit Loan Account Redemption** | | | | |
| **Death** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Disability** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Other | R 0.00 | R 0.00 | R 0.00 | R 0.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Debit Loan Redemption** | | | | |
| **Death** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| **Disability** | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Other | R 0.00 | R 0.00 | R 0.00 | R 0.00 |

SECTION B:

Financial Solutions

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

|  |
| --- |
| Life Cover |
| Explain the reasons why Life cover benefits were recommended to satisfy this need.  Record the client’s instructions, deviations and implications thereof. |
| Disability Cover |
| Explain the reasons why Disability cover benefits were recommended to satisfy this need.  Record the client’s instructions, deviations and implications thereof. |

SECTION C:

Alternative Solutions Considered

|  |  |
| --- | --- |
| The following solutions were presented to you for consideration but were not selected for the following reasons: | |
| 1. | Identify the type of product or product provider which was considered but not selected and motivate. |
| 2. | Identify the type of product or product provider which was considered but not selected and motivate. |
| 3. | Identify the type of product or product provider which was considered but not selected and motivate. |

SECTION D:

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

Products accepted by you to meet the business’s requirements.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product provider** | | Click here to enter text. | | **Policy no.** | | Click here to enter text. | | | |
| **Product name** | | Click here to enter text. | | **Premium** | | R 0.00 | | Frequency | |
| **Premium pattern** | | Click here to enter text. | | **Escalation in  cover / premium** | | Click here to enter text. | | | |
| **Contracting party** | | Click here to enter text. | | **Life / Lives covered** | | Click here to enter text. | | | |
| **Premium payer** | | Click here to enter text. | | Click here to enter text. | | | | |
| **1st year commission** | | R 0.00 | | **2nd year commission** | | R 0.00 | | | |
|  |  | |  | |  | | | | |
| **Benefit description: life cover, disability etc.** | | | | | | | **Cover amount** | | |
| Click here to enter text. | | | | | | | R 0.00 | | |
| Click here to enter text. | | | | | | | R 0.00 | | |
| Click here to enter text. | | | | | | | R 0.00 | | |

|  |
| --- |
| The following are reasons why the abovementioned product best suits the business’s needs and objectives: |
| Motivate why the chosen product was recommended to best suit your client's needs |
| The details of the material aspects of the selected product that were discussed with you are outlined below: |
| Explain any deviations from your recommendation and the implications thereof. |
| Disclose and explain the following:  The tax implications for the company, e.g., income tax  The tax implications for the lives covered, e.g., estate duty, income tax, CGT  Executor’s fees? |
| Provide a brief summary of the contents of the quote with regard to the following:  Benefit terms (cease ages, cover periods etc.)  Details of premium and cover pattern structure, frequency etc. |
| Record discussion with regard to cessionaries, if applicable. |
| Discuss the following information which has been explained to client:  General exclusions of liability (i.e. benefit exclusions e.g., suicide clause on death, psychological conditions on disability, etc.)  Client-specific exclusions of liability (e.g. medical exclusions, pre-existing conditions, loadings)  Waiting periods  Cooling off period  Other relevant information |

PART II: INVESTMENT & SAVINGS

SECTION B:

Analysis of Business’s Circumstances

The analysis of your personal circumstances as described above.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Investment requirements** | | | **Need** | | | | |
| Investment term | | | years | | | | |
| Indicate the duration for which the client intends to maintain investment to meet his/her goals. Explain. | | | | | | | |
|  | | | | | | | |
| Lump sum or recurring premium | | | Lump sum | | Recurring | | |
| Notes. | | | | | | | |
|  | | | | | | | |
| Investment strategy | | |  | | | | |
| Notes on discussion with client concerning the investment strategy. | | | | | | | |
|  | | | | | | | |
| Return required | | |  | | | | |
| Notes on discussion with client concerning return expectations | | | | | | | |
|  | | | | | | | |
| Risk profile | | |  | | | | |
| Notes on the client risk profile. | | | | | | | |
| **Funding of future expenses and/or deferred gratuities** | | | | | | | |
| **Financial Planning Need/Objective** | **Total need identified** | **Existing provisions** | | **Shortfall/ Surplus** | | **Investment/**  **Savings amount** |
| **Payment of trade restraint agreements** | R 0.00 | R 0.00 | | R 0.00 | | R 0.00 |
| **Replacement of assets** | R 0.00 | R 0.00 | | R 0.00 | | R 0.00 |
| **Compulsory refurbishing of franchises** | R 0.00 | R 0.00 | | R 0.00 | | R 0.00 |
| Other | R 0.00 | R 0.00 | | R 0.00 | | R 0.00 |

SECTION C:

Financial Solutions

|  |
| --- |
| Summary of recommendations to address the business’s needs identified |
| Discuss the outcome of the FNA:  Quantification of need explaining the reasons why this type of investment vehicle was recommended  How it will meet the business need |

SECTION D:

Alternative Solutions Considered

|  |  |
| --- | --- |
| The following solutions were presented to you for consideration but were not selected for the following reasons: | |
| 1. | Identify the type of product or product provider which was considered but not selected and motivate. |
| 2. | Identify the type of product or product provider which was considered but not selected and motivate. |
| 3. | Identify the type of product or product provider which was considered but not selected and motivate. |

SECTION E:

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

Products accepted by you to meet the business’s requirements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Product provider | Click here to enter text. | | Policy no. | Click here to enter text. | | |
| Product name | Click here to enter text. | | Premium | R 0.00 | Frequency | |
| Escalation | Click here to enter text. | | Effective  annual cost (EAC) | Click here to enter text. | | |
| Contracting party | Click here to enter text. | | Life/Lives assured | Click here to enter text. | | |
| Premium payer | Click here to enter text. | | Beneficiary/cessionary | Click here to enter text. | | |
| Initial commission | R 0.00 | 00 % | Ongoing commission | R 0.00 | | 00 % |
| Wrap fund used |  |  | Review date | Click or tap to enter a date. | | |

|  |
| --- |
| Investment portfolio |
| When a wrap fund or a selection of wrap funds is used, motivate and explain.  Where you have constructed your own portfolio from a selection of funds contained in the SFP Approved Fund List, an analysis (ICE analysis or similar) must be provided:  illustrating the alignment of the risk profile of the constructed portfolio and that of the investor,  motivating the constructed portfolio with reference to the following aspects:   * correlation; * drawdown; * portfolio return; * meeting the investment objectives of the clients |

| Funds | % | Fund fact sheets to client: | |
| --- | --- | --- | --- |
| Provided | Discussed |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |
| Fund name. | 00 % | Yes | Yes |

|  |
| --- |
| The following are reasons why the abovementioned product best suits the business’s needs and objectives: |
| Motivate why the chosen product was recommended to best suit your client's needs |
| The details of the material aspects of the selected product that were discussed with you are outlined below: |
| Disclose and explain the following:  The tax implications, i.e. estate duty, income tax (e.g. interest received), CGT |
| Record the client's instructions, deviations and implications thereof |
| Discuss the product details:  Liquidity  Termination penalties  Guarantees, if any  Implications of fees & costs  Legislative restrictions  Special terms and conditions  Other relevant information |
| Record discussion with regard to nomination of beneficiaries or cessionaries. |

***EMPLOYEE BENEFITS***

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name:** | Client name | **ID number:** | ID # of client |
| **Address:** | Address | | |
| **Phone:** | Office Tel Cell Number | | |
| **Email:** | Email | **Date:** | Click tap to enter a date |
| **Financial Advisor:** | Primary Intermediary’s name | **Details of fee:** | Details of fee due to intermediary |

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: Employer Information

|  |  |  |
| --- | --- | --- |
| Name of business entity: | Name of business entity | |
| Physical Business Address: | Physical Business Address | |
| Employer contact person: | Employer contact person. | |
| Office Tel No: Office Tel No | | Cell phone: Cell phone |
| Email Address: | Email Address | |
| Nature of business &  Type of industry: | Nature of business & Type of industry | |
| Do the employees belong to  Trade Union/ Bargaining Council? | Yes  No | |
| Details: | Details | |
| Total number of employees: | Total number of employees | |
| Total number of eligible employees: | Total number of eligible employees | |
| Specify and explain categories of members excluded: | Specify and explain categories of members excluded | |

Section B: Take-over of existing fund

|  |  |
| --- | --- |
| Name of existing fund &  PF Reg no: | Name of existing fund and PF Reg no |
| Name of previous Insurer/ Administrator: | Name of previous Insurer/ Administrator |
| Current total fund value: | Current total fund value |
| Number of current active members: | Number of current active members |
| Number of fully paid-up members: | Name of fully paid-up members |
| Reason for change: | Reason for change |

Section C: Clients Needs and Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Select the type of benefit cover | Yes | No | Undecided |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Additional Comments | | | | | | | | | | | | |
| Section D: Investment Indicator | | | | | | | | | |
| Are some of the employees within five years of retirement? | | | Yes | | No | | | 00 % | |
| Indicate the percentage of employees that are financially illiterate? | | | Yes | | No | | | 00 % | |
| Indicate the percentage of employees that are financially sophisticated | | | Yes | | No | | | 00 % | |
| Is there a high staff turnover? | | | Yes | | No | | | 00 % | |
| Is individual member investment choice required? | | | Yes | | No | | |  | |
| Is a Default Investment Portfolio required? | | | Yes | | No | | |  | |
| Additional Comments | Additional Comments | | | | | | | | | | | |
| Section E: Risk Benefits   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Categories (description) | Click to enter text | Click to enter text | Click to enter text | Click to enter text |  | | | |  | | Member Contributions | R 00 % | R 00 % | R 00 % | R 00 % |  | | | |  | | Employer contributions | R 00 % | R 00 % | R 00 % | R 00 % |  | | | |  | | Normal Retirement age | Click to enter text | Click to enter text | Click to enter text | Click to enter text |  | | | |  | | Death Benefits | | | | |  | | | |  | | Fixed group life (Core cover) | Multiple of Salary | | | | |  |  | |  | | Approved: Yes No | Click to enter text | Click to enter text | Click to enter text | Click to enter text | | | |  |  | | Unapproved: Yes No | Click to enter text | Click to enter text | Click to enter text | Click to enter text | | | |  |  | | |  |  | | --- | --- | | Flexible group life | | | Approved | Click to enter text | | Unapproved: | Click to enter text | | | | | | | | |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Will the new fund be taking over the life cover of existing disability claims? (supply full details separately if Yes) | No Yes |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Spouse life cover | R 00 | R 00 | R 00 | R 00 |  |  | | Notes on Spouse cover | Notes on Spouse cover | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Trauma Benefit |  |  |  |  |  |  | | Multiple of Salary | R 00 | R 00 | R 00 | R 00 |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Funeral Benefit |  |  |  |  |  |  | | Cover required: | R 00 | R 00 | R 00 | R 00 |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Capital Disability Benefit |  |  |  |  |  |  | | Approved: Yes No | R 00 | R 00 | R 00 | R 00 |  |  | | Unapproved: Yes No | R 00 | R 00 | R 00 | R 00 |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Disability Income Benefit | | | | |  | | | | Waiting period: |  | |  |  | |  |  | |  | | Conversion option: | | Conversion option | | | | | | | Growth rates for income benefits: | | Growth rates for income benefits | | | | | | | Notes on Disability Benefits: | | Notes on Disability Benefits | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Accident Benefit | | | | |  |  | | Benefit | Click to enter text | Click to enter text | Click to enter text | Click to enter text |  |  | | | | | | | | |  | % | % | % |  |  | | --- | | Explain the reasons why life cover benefits were recommended to satisfy this need.  Record the client's instructions, deviations and implications thereof. | | Disability Cover: |  |  | | --- | | Explain the reasons why disability benefits were recommended to satisfy this need.  Record the client's instructions, deviations and implications thereof. | | Dread Disease Cover: | | Explain the reasons why dread disease cover was recommended to satisfy this need.  Record the client's instructions, deviations and implications thereof. |   Summary of recommendations to address your identified needs. | | | | | | | | | |
| 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 provider/ Administrator | | | | | | | | | | | |
| Product name | Click to enter text | | | | | | | | | | | |
| Type of fund | Click to enter text | | | | | | | | | | | |
| Motivation for recommendations of fund/scheme and type | Click to enter text | | | | | | | | | | | |
| Does this recommended solution include replacing in whole or part any existing benefits? | No | | | Yes, then complete section G | | | | |  | |
| The client has accepted the recommendations | No | | | Yes | | | | |  | |
| 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? | Click to enter text | | |  | | | | |  | |
| Section G: Fund Replacement | | | | | | | | | | |
| Name of fund replaced | Click to enter text | | | | | | | | | | | |
| Reg No: | Click to enter text | | | | | | | | | | | |
| Type of fund replaced Select the type of fund replacement | | | | | | | | | |
| Detail (as applicable) of the actual and potential financial implications, costs & consequences of the replacement as disclosed to the client. | Replacement Fund | | | | | Existing Fund | | |  |
| Fees and charges in respect of the replacement fund: | Click to enter text | | | | | Click to enter text | | |  |
| Fees and charges in respect of the replacement fund: | Click to enter text | | |  | | Click to enter text | | | | | |
| 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: | Click to enter text | | |  | | Click to enter text | | | | | |
| In the case of risk benefits, the impact of age and health changes on the premium payable: | Click to enter text | | |  | | Click to enter text | | | | | |
| Differences between the tax implications of the replacement fund and the terminated fund: | Click to enter text | | |  | | Click to enter text | | | | | |
| Material differences between the investment risk of the replacement fund and the terminated fund: | Click to enter text | | |  | | Click to enter text | | | | | |
| Penalties or un-recouped expenses deductible or payable due to termination of the terminated fund: | Click to enter text | | |  | | Click to enter text | | | | | |
| The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund: | Click to enter text | | |  | | Click to enter text | | | | | |
| Comparison of Benefits | | | Proposed | |  | | | Existing Fund | | | | |
| Eligible groups | | | Click to enter text | |  | | | Click to enter text | | | | |
| Member contribution % / rate | | | Click to enter text | |  | | | Click to enter text | | | | |
| Employer contribution % / rate | | | Click to enter text | |  | | | Click to enter text | | | | |
| Is the employer contribution % inclusive or exclusive of risk and administration fees? | | | Click to enter text | |  | | | Click to enter text | | | | |
| Benefit payable on death | | | Click to enter text | |  | | | Click to enter text | | | | |
| Benefit payable on disability (if admitted by underwriter) | | | Click to enter text | |  | | | Click to enter text | | | | |
| Benefit payable on withdrawal | | | Click to enter text | |  | | | Click to enter text | | | | |
| Benefit payable on retirement | | | Click to enter text | |  | | | Click to enter text | | | | |
| Normal retirement age | | | Click to enter text | |  | | | Click to enter text | | | | |
| Conversion option available and for which benefits? | | | Click to enter text | |  | | | Click to enter text | | | | |
| Are housing loans provided? | | | Click to enter text | |  | | | Click to enter text | | | | |
| What is the cost of administration and related costs (e.g. commission) as a % of employer’s contribution? | | | Click to enter text | |  | | | Click to enter text | | | | |
| What are the investments fees? | | | Click to enter text | |  | | | Click to enter text | | | | |
| What is the cost of risk cover as a % of the employer’s contribution? | | | Click to enter text | |  | | | Click to enter text | | | | |
| 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)? | | | Click to enter text | |  | | | Click to enter text | | | | |
| Is there investment choice and if so who qualifies? | | | Click to enter text | |  | | | Click to enter text | | | | |

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.

|  |  |
| --- | --- |
| I confirm that I have been provided with a copy of the advisor’s permit confirming that he/she is authorised to give advice on employee benefits. I also confirm that I have been given a product quotation containing comprehensive information on the relevant product providers, product features, premiums, claims procedures and other rights I have in terms of legislation. | Sign here  Type signatories name here on behalf of  Enter Co/fund name here  Click tap to enter a date or |
| I have fully discussed the information in Sections A to I with the client. | Advisor’s name  Advisors name  Click tap to enter a date or |

**Fiduciary**

Is there a valid Will in place?  Yes   No

Date last updated?

Where is the Will kept?

Details of Executor?

Client instruction in terms of drafting a Will?

Has the consequences of not having a will being explained and discussed?

**SECTION B: SHORT- TERM INSURANCE**

**SHORT-TERM INSURANCE: COMMERCIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Quotation Number: | Click or tap here to enter text. | Underwritten by: | Click or tap here to enter text. |
| Branch Name: | Click or tap here to enter text. | Branch Number: | Click or tap here to enter text. |
| Inception Date: | Click or tap to enter a date. | Renewal Date: (If any) | Click or tap to enter a date. |

(\* *select if applicable)*

Payment method: Annual  Yes Payment method: Monthly  Yes

\*Sasria: Annual  Yes \*Sasria: Monthly  Yes

|  |  |  |  |
| --- | --- | --- | --- |
| 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 of the information and material on which the advisory process you recently undertook with your advisor was based. contact your advisor if you have any questions concerning the content. You are entitled to a copy of this document for your records. You have given consent to Succession Financial Planning (SFP) to process your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP to retain your personal information to recommend the best financial solutions for your financial needs and maintenance. You have given consent to be contacted from time to time for maintenance, news, correspondence and storage of your personal information relating to your financial matters. Terms and Conditions on <https://www.sfpadvice.co.za>  **A. Details of Client**  Full name of business/Applicant/Owner: Click or tap here to enter text. | | | |
| Client identity number: Click or tap here to enter text. | | | |
| Company registration number: Click or tap here to enter text. | | | |
| VAT number: Click or tap here to enter text. | | | |
| Postal address: Click or tap here to enter text. | | | |
| Risk address: Click or tap here to enter text. | | | |
| Name and surname of contact person: Click or tap here to enter text. | | | |
| Telephone number: | Click or tap here to enter text. | Fax number: | Click or tap here to enter text. |
| Cell phone number: | Click or tap here to enter text. | e-mail address: | Click or tap here to enter text. |
| 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)

Most comprehensive cover (Possible higher premium)

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?   If 'Yes', provide details: | Yes | No |
|  |  |  |

1. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of loss | Year | Amount (R) | Insurer |
| Type of loss | Year | R 0.00 | Insurer |

**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?

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

Suppliers of the product(s) to be replaced:

|  |
| --- |
| Click or tap here to enter text. |

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 |
| Difference in fees and charges | Click or tap here to enter text. | Click or tap here to enter text. | |
| Special terms and conditions, e.g., tracker, endorsements,  alarm | Click or tap here to enter text. | Click or tap here to enter text. | |
| Impact on premium | Click or tap here to enter text. | Click or tap here to enter text. | |
| Excesses | Click or tap here to enter text. | Click or tap here to enter text. | |
| Value added benefits, e.g. towing, SOS services, no claims bonus | Click or tap here to enter text. | Click or tap here to enter text. | |
| Difference in advisor commission | Click or tap here to enter text. | Click or tap here to enter text. | |
|  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Product Comparison and Replacement | | | | | | | |
|  | | | | Existing product  Company | | Replacement Product  Company | |
| Provider | | Provider | |
| Product | | Product | |
| **Cover** | **Recommended** | **Accepted** | **Cover amount** | **Premium** | **Excess** | **Premium** | **Excess** |
| Fire |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Buildings combined |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Office contents |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Business interruption |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Machinery breakdown |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Machinery breakdown: loss of profits |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Deterioration of stock |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Accounts receivable |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Theft |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Money |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Glass |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Fidelity guarantee |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Goods in transit |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Business all risks |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Accidental damage |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Public liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Top-up personal liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Commercial umbrella liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Products guarantee |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Cyber risks |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Directors' and officers' liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Employment practices liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Product inefficacy |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Product guarantee |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Warehousemen's liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Employer liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Stated benefits |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Personal and group accident |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Group personal accident |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Motor |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Motor car hire extension |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Motor traders: internal risks |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Motor traders: external risks |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Electronic equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| House owners |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Householders |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Professional indemnity |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Marine/hull |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Contractors all risks: construction and engineering |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Body corporate |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Aviation |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Travel insurance |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Sasria |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Legal fees |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Fees and charges | R 0.00 | | | | | | |
| Commissions | R 0.00 | | | | | | |
| Total premium | R 0.00 | | | | | | |

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 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.

Adjustment of 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.

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.

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 adequate protected.

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.

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

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

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).

**Section 1:** **Fire**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00 Premium: Item number: Click here to enter text.

Premises number: Click here to enter text.

**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 0.00 |
| Sum insured: Rental | R 0.00 |
| Sum insured: Plant, machinery, fixtures, and fittings | R 0.00 |
| Sum insured: Stock and materials in trade | R 0.00 |
| Sum insured: Miscellaneous | R 0.00 |
| Construction standard  Yes  No |  |

**Additional Perils Included**

**Yes/No**

Earthquake

Malicious damage R 0.00

Special perils

Leakage – full value

Leakage – first loss limit R 0.00

Subsidence and landslip (limited)

Subsidence and landslip (comprehensive)

Riot and strike (except RSA)

Stock declaration conditions  Monthly  Quarterly

**Included**

**Yes/No**

Disposal of salvage

Escalation clause 0.00%

**Total annual premium for item :** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 2:** **Buildings combined**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00 Premium: Item number: Click here to enter text.

Premises number: Click here to enter text.

Importance 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: Click here to enter text. (A. Building, B. Contents, and stock, C. Miscellaneous)

Sum insured (to include perimeter walls or fencing and paving, etc.): R 0.00 Premium: R 0.00

Construction standard:  Yes  No Description: Click here to enter text.

Extensions Included

Yes/No

Riot and strike (except RSA)

Sum insured geysers R 0.00

Subsidence and landslip (limited)

Subsidence and landslip (comprehensive)

Prevention of access

Inflation/Escalation clause 0.00% Click here to enter text.

Total annual premium for item: R 0.00

|  |
| --- |
| Click here to enter text. |

Comments:

**Section 3: Office contents**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00 Premium: R 0.00 Item number: Click here to enter text.

Premises number: Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured: | R 0.00 | premium: | R 0.00 |

Construction standard:  Yes  No

Description: Click here to enter text.

**Important notes:**

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

Extensions: Sum insured Premium

Documents R 0.00 R 0.00

Legal liability documents R 0.00 R 0.00

Riot and strike (RSA) R 0.00 R 0.00

Theft (forcible) R 0.00 R 0.00

Theft R 0.00 R 0.00

Total annual premium for item: R 0.00

|  |
| --- |
| **Comments**: |

Click here to enter text.

**Section 4:** **Business Interruption**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00. premium: R 0.00. Item number: Click or tap here to enter text.

Premises number: Click or tap here to enter text.

Basis: Click or tap here to enter text. (Difference/Additions basis)

Indemnity period: Click or tap here to enter text. (Number of months)

**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 Schedule item number

Yes/No

Gross profit

Gross rentals

Revenue

Additional increase in cost of working

Wages

Fines and penalties

Standing charges

Extensions

Sum insured R 0.00 Premium: R 0.00

Wages Click or tap here to enter text. (Number of weeks)

Specified suppliers   Premium: R 0.00

List specified suppliers

Supplier: Click or tap here to enter text.

Premises: Click or tap here to enter text.

Unspecified suppliers   Premium: R 0.00

Prevention of access (Extended cover)   Premium: R 0.00

Clients   Premium: R 0.00

Client: Click or tap here to enter text.

Premises: Click or tap here to enter text.

Public utilities

Insured perils   Premium: R 0.00

Extended cover   Premium: R 0.00

Public telecommunications

Insured perils   Premium: R 0.00

Extended cover   Premium: R 0.00

Accidental cover   Premium: R 0.00

**Total annual premium for item:** Premium: R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00. premium: R 0.00. Item number: Click or tap here to enter text.

Premises number: Click or tap here to enter text.

Basis: Click or tap here to enter text. (Difference/Additions basis)

Indemnity period: Click or tap here to enter text. (Number of months)

**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 Schedule item number

Yes/No

Gross profit

Gross rentals

Revenue

Additional increase in cost of working

Wages

Fines and penalties

Standing charges

Extensions

Sum insured R 0.00 Premium: R 0.00

Wages Click or tap here to enter text. (Number of weeks)

Specified suppliers   Premium: R 0.00

List specified suppliers

Supplier: Click or tap here to enter text.

Premises: Click or tap here to enter text.

Unspecified suppliers   Premium: R 0.00

Prevention of access (Extended cover)   Premium: R 0.00

Clients   Premium: R 0.00

Client: Click or tap here to enter text.

Premises: Click or tap here to enter text.

Public utilities

Insured perils   Premium: R 0.00

Extended cover   Premium: R 0.00

Public telecommunications

Insured perils   Premium: R 0.00

Extended cover   Premium: R 0.00

Accidental cover   Premium: R 0.00

**Total annual premium for item:** Premium: R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 5:** **Accounts Receivable**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00 premium: R 0.00 Item number: Click or tap here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Premises number: | Click or tap here to enter text. |  |  |  |  |  |
| Occupation description: | Click or tap here to enter text. |  | Outstanding debtor's balance: | R 0.00 | Premium: | R 0.00 |
| Construction type: | Click or tap here to enter text. |  | Standard/non-standard/thatch | Inflation percentage: | | 0.00 % |

**Extensions Included**

**Yes/No**

Riot and strike (except RSA and Namibia)

Duplicate records

Protection

Transit   Basis:  Monthly  Quarterly

Declaration

**Total annual premium for item:**  R0.00

|  |
| --- |
| Click or tap here to enter text. |

Comments:

**Section 6: Theft**

Additional claims preparation cost: (R1 0000 free) > R1 0000 R 0.00 premium: R Item number: Click or tap here to enter text.

Premises number: Click or tap here to enter text.

**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: | R 0.00 | premium: | R 0.00 |

Specific description of content: Click or tap here to enter text.

Total value of contents: R 0.00

Construction type: Click or tap here to enter text. (Standard/non-standard/thatch)

Protection: Click or tap here to enter text.

**Extensions Included Limit Premium**

**Yes/No**

Alarm condition   **R** 0.00 (damage to buildings)

(R5 000 free) >R5 000   **R** 0.00 **R** 0.00

Keys and locks: (R2 000 free) > R2 000   **R** 0.00 **R** 0.00

**Total annual premium for item:**  **R** 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 7: Money**

Additional claims preparation cost: (R1 0000 free) > R1 0000 R 0.00 Premium R 0.00 Item number: Click or tap here to enter text.

Premises number: Click or tap here to enter text.

**Important notes:**

* Money in an unattended vehicle is not covered

Receptacle limit: R 0.00 Premium: R 0.00

Personal Accident:  Yes  No

Riot and strike (RSA and Namibia excluded):  Yes  No Occupation description: Click or tap here to enter text.

Major limit: R 0.00 Premium: R 0.00

Seasonal limit: R 0.00 Premium: R 0.00

Seasonal description: Click or tap here to enter text. Specified safe category description: Click or tap here to enter text.

**Extensions Included Limit Premium**

**Yes /No**

Petrol attendants   R 0.00 R 0.00

Collectors   R 0.00 R 0.00

Crossed cheques: (R100 000 free) > R100 000   R 0.00 R 0.00

**Total annual premium for item:**  R0.00

|  |
| --- |
| Click or tap here to enter text. |

Comments:

**Section 8: Glass**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00 Premium: R 0.00 Item number: Click or tap here to enter text.

Premises number: Click or tap here to enter text.

Sum insured (full value, including sign writing): R 0.00 Premium: R 0.00

**Extensions Included**

**Yes /No**

Special replacement

Riot and strike (RSA)

**Total annual premium for item:** R 0.00

|  |
| --- |
| Click or tap here to enter text. |

**Comments:**

**Section 9: Fidelity Guarantee**

Additional claims preparation cost: (R10 000 free) > R10 000Premium:R 0.00 Limit: R 0.00

Number of employees: 0.00Premium:R 0.00

Voluntary excess: R 0.00

Cost of recovery: R 0.00

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured: | R 0.00 | premium: | R 0.00 |

**Extensions Included Limit Premium**

**Yes /No**

Reinstatement of sum Insured   R 0.00 R 0.00

Computer Losses: (If 'Yes', complete Fidelity)

Insurance for computer losses questionnaire)   R 0.00 R 0.00

Superseded insurances   Year (1 or 2) R 0.00

Retroactive cover (12 months)   R 0.00 R 0.00

Losses (24/36 months)   R 0.00 R 0.00

Losses (24+ months – audit)   R 0.00 R 0.00

**Total annual premium for item:**  R 0.00

|  |
| --- |
| Click or tap here to enter text. |

Comments:

**Section 10: Goods in Transit**

Additional claims preparation cost: (R1 000 free) > R1 000 R 0.00 Premium: R 0.00 Item number Click here to enter text.

Premises number: Click here to enter text.

Type of cover: Select the type of cover

Commodity: Click or tap here to enter text.

Means of conveyance (e.g. by road, rail, and air): Click or tap here to enter text.

Estimated annual turnover: R 0.00

Limit per load: R 0.00

Premium: R 0.00

Number of vehicles: 0.00

First amount payable:

(Basic): 0.00 % of claim with a minimum value of R 0.00 or 0.00 % of sum insured

First amount payable: (Hijack) 0.00 % of claim (minimum 25%).

**Extensions Included Limit Premium**

**Yes /No**

Riot and strike (RSA)   **R** 0.00 **R** 0.00

Debris removal   **R** 0.00 **R** 0.00

Fire extinguishing charges   **R** 0.00 **R** 0.00

Declaration conditions frequency   **R** 0.00 R 0.00

|  |
| --- |
| **Comments:** Click or tap here to enter text. |

**Total annual premium for item:**  **R** 0.00

**Section 11: Business all Risks**

Additional claims preparation cost: (R10 000 free) > R10 000 R 0.00 Premium: R 0.00

Riot and Strike (RSA):  Yes  No Premium: R 0.00

|  |  |  |  |
| --- | --- | --- | --- |
| Item number: | Click or tap here to enter text. |  | |
| Place: | Click or tap here to enter text. | (1 = inside specific building, 2 = inside any building, 3 = anywhere) | |
| Basis: | Click or tap here to enter text. | (S = Specified, O = Unspecified) |  |
| Increase cost of working (Section) Limit: | Premium: R 0.00 | Article description: | Click or tap here to enter text. |
| Model number: | Click or tap here to enter text. | Serial number: | Click or tap here to enter text. |
| Sum insured: | R 0.00 | Premium: | R 0.00 |
| First amount payable: | 0.00 % of claim with min of | R 0.00 |  |

**OR**

Basic amount: R 0.00

**Total annual premium for item:**  R0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 12: Accidental Damage**

Additional claims preparation cost: (R10 000 free) > R10 000 R 0.00 Premium: R 0.00

Item number: Click or tap here to enter text.

Premises number: Click or tap here to enter text.

EML %: 0.00 % Same risk: Click or tap here to enter text.

Total value: 0.00

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured: | R 0.00 | premium: | R 0.00 |

First amount payable: R 0.00 (R2 500 minimum excess)

**Extensions Included**

**Yes /No**

Leakage of oil

Average

Excluded property

Reinstatement

First loss average

**Total annual premium for item:** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 13: Public Liability**

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

Item number: 0.00

**Important notes:**

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

Basis of cover: Click or tap here to enter text. (Claims made or occurrence basis)

Retroactive date: Click or tap to enter a date (dd/mm/yyyy)

Premises number: Click or tap here to enter text.

Occupation: Click or tap here to enter text. (Indicate highest occupation)

Additional premises: Number: Click or tap here to enter text.

Number: Click or tap here to enter text.

Number: Click or tap here to enter text.

Number: Click or tap here to enter text.

Number: Click or tap here to enter text.

Limit of indemnity: R 0.00 Premium: R 0.00

**First amount payable:** Basic: 0.00 % of claim with minimum of R 0.00 or Basic Amount R 0.00

Work away from insured premises 0.00 % of claim with minimum of R 0.00. or Basic Amount R 0.00.

**Extensions:** Products liability/defective workmanship:  Yes  No

Code Click or tap here to enter text.

Limit R 0.00

Turnover R 0.00

Premium R 0.00

First amount payable 0.00 % of claim with minimum of R 0.00 and maximum of R25 000

* EC liability  Yes  No
* Limit R 0.00
* Turnover R 0.00
* Premium R 0.00
* First amount payable 0.00 % of claim with minimum of R 0.00 and maximum of R25 000

USA/Canada liability:  Yes  No

* Limit R 0.00
* Turnover R 0.00
* Premium R 0.00
* First amount payable 0.00 % of claim with minimum of R 0.00 and maximum of R 25 000.00

Legal defence cost:  Yes  No

* A. R50 000 Premium: R 0.00
* B. R100 000 Premium: R 0.00
* C. R250 000 Premium: R 0.00

Wrongful arrest and defamation:  Yes  No

* A. Event: R50 000 Premium: R 0.00
* B. Event: R100 000 Premium: R 0.00
* C. Event: R250 000 Premium: R 0.00

Pharmacies:  Yes  No

* Number of pharmacists/Assist Click or tap here to enter text.

Errors/omissions/negligence:  Yes  No

Hair salons:  Yes  No

Medical treatment:  Yes  No

Number of medical officials:

**Total annual premium for item:** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 14: SPECIALIST PRODUCTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cover** | **Recommended** | **Accepted** | **Cover amount** |
| Top-up personal liability |  |  | R 0.00 |
| Commercial umbrella liability |  |  | R 0.00 |
| Products guarantee |  |  | R 0.00 |
| Cyber risks |  |  | R 0.00 |
| Directors' and officers' liability |  |  | R 0.00 |
| Employment practices liability |  |  | R 0.00 |
| Product inefficacy |  |  | R 0.00 |
| Product guarantee |  |  | R 0.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cover** | **Recommended** | **Accepted** | **Cover amount** |
| Warehousemen's liability |  |  | R 0.00 |
| Professional indemnity |  |  | R 0.00 |
| Contractor's All Risk |  |  | R 0.00 |
| Other |  |  | R 0.00 |

**Section 15: Employers Liability**

Additional claims preparation cost: Limit R 0.00 Premium: R 0.00 Item number:

Limit of indemnity: R 0.00 Annual earnings

R 0.00 (Turnover of business)

Premium: R 0.00 Retroactive date

Click or tap to enter a date (dd/mm/yyyy)

Loading: 0.00 % (only applicable to retroactive cover)

**Total annual premium for item:** R 0.00

|  |
| --- |
| Click or tap here to enter text. |

**Comments:**

**Section 16: Stated Benefits**

**Important notes:**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Additional claims preparation cost: (R10 000 free) > R10 000 | | Limit: R 0.00 | Premium: R 0.00 |  |
| ID number: | Click or tap here to enter text. | Number of persons | Click or tap here to enter text. |  |

Occupation: Click or tap here to enter text.

Job description: Click or tap here to enter text.

Insured person: Click or tap here to enter text.

Annual earnings: R 0.00

**Cover:**

Death Click or tap here to enter text. (Times annual earnings)

Permanent disability Click or tap here to enter text. (Times annual earnings)

Temporary disability Click or tap here to enter text. % (Average weekly earnings)

Business limitation  Yes  No (arising from and in the course of his employment in the business)

**Extensions Yes /No**

Medical cost

Burns disfigurement

Passive war

Motorcycling (except on business of insured)

Mountaineering necessitating the use of ropes

Polo on horseback

Funeral cost

Repatriation cost

Trauma cost

**Total annual premium for item:** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 17: Group Personal Accident**

Additional claims preparation cost: (R10 000 free) > R10 000 Limit: R 0.00 Premium: R 0.00

Item Number: Click or tap here to enter text.

Profession: Click or tap here to enter text.

Basis: Click or tap here to enter text. (1 = Blanket, 2 = Name, 3= Job description)

Number of people: Click or tap here to enter text.

Compensation (death) Sum insured: R 0.00 Premium: R 0.00

Permanent disability:  Yes  No

Temporary disability: Click or tap here to enter text. (Per week)

Minimum period: Click or tap here to enter text. (Week/Weeks)

Maximum period: Click or tap here to enter text. (Weeks)

Business limitation:  Yes  No (arising from and in the course of his employment in the business)

**Extensions Yes /No Limit Premium**

Medical cost   R 0.00 R 0.00

Burns disfigurement   R 0.00 R 0.00

Passive war   R 0.00 R 0.00

Motorcycling (except on business of insured)   R 0.00 R 0.00

Mountaineering necessitating the use of ropes   R 0.00 R 0.00

Polo on horseback   R 0.00 R 0.00

Funeral cost   R 0.00 R 0.00

Repatriation cost   R 0.00 R 0.00

Trauma cost   R 0.00 R 0.00

**Total annual premium for item:** R 0.00

|  |
| --- |
| Click or tap here to enter text. |

**Comments:**

**Section 18: Motor**

Contingency liability: Limit: R 0.00 Premium: R 0.00

Parking facilities and moving of 3rd party vehicles: Limit: R 0.00 Premium: R 0.00

Item number: R 0.00

**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: Select the type of vehicle

Class of use: Select the class of use

Type of cover: Select a type of cover

|  |  |  |  |
| --- | --- | --- | --- |
| Registration number: | Click or tap here to enter text. | Year manufactured: | Click or tap here to enter text. |
| Auto dealers code: | Click or tap here to enter text. |  |  |
| Make: | Click or tap here to enter text. | Model: | Click or tap here to enter text. |
| NCB: | Click or tap here to enter text. | Sum insured: R 0.00 | Premium: R 0.00 |
| VSS security: | Click or tap here to enter text. | GVM/CC: | Click or tap here to enter text. |
| Engine number: | Click or tap here to enter text. |  |  |
| Chassis number: | Click or tap here to enter text. |  |  |
| Hire purchase: | Yes  No | Financial institute: | Click or tap here to enter text. |
|  |  | Contact number: | Click or tap here to enter text. |
|  |  | Period: | Click or tap here to enter text. |

**First Amount Payable**

Basic: 0.00 % of claim/sum insured with minimum amount of R 0.00

Theft and/or hijacking 0.00 % of claims amount/sum insured with minimum amount of R 0.00

Motor vehicle glass 0.00 % of claims amount/sum insured with minimum amount of R 0.00

Additional voluntary excess R 0.00

Third party liability 0.00 % of claims amount/sum insured with minimum amount of R 0.00

Loss of keys: Limit: R 0.00 Premium: R 0.00

**Extensions**

Credit shortfall:(only applicable if 'Hire Purchase' Yes): Limit: R 0.00 Premium: R 0.00

**Value added products**

Road assistance Premium: R 0.00

Rental Premium: R 0.00

Locks and keys Premium: R 0.00

Trauma Premium: R 0.00

Towing Premium: R 0.00

|  |
| --- |
| **Total annual premium for item:** R 0.00  **Comments:** Click or tap here to enter text. |
|  |

**Section 19: Electronic Equipment**

**Part 1**

Additional claims preparation cost: (R1 000 Free)> R1 0000: Limit: R 0.00 Premium: R 0.00

Item number: 0.00 Premises number: 0.00

Burglary cover: R 0.00 (v = Full cover and B = No Burglary cover)

Make/Model: Click or tap here to enter text.

Item description: Click or tap here to enter text.

Serial number: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured: | R 0.00 | premium: | R 0.00 |

EML %: 0.00 %

First amount payable: 0.00 % of claim General minimum: R 0.00 Burglary minimum R 0.00

**Part 2**

**Working expense increases**

Item: Click or tap here to enter text.

Time excess: Click or tap here to enter text. (Min 24h) Indemnity period: Click or tap here to enter text. (3, 6, 9, 12 months)

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured: | R 0.00 | premium: | R 0.00 |

**Extensions Yes /No Premium**

Telkom access lines   R 0.00 (Min R50)

Failure of electricity   R 0.00 (Min R50)

**Reinstatement of data**

Item Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured | R 0.00 | premium: | R 0.00 |

First amount payable: 0.00 % of claim/sum insured with minimum R 0.00

**Total annual premium for item:** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 20: House owners**

Additional claims preparation cost: (R1 000 Free)> R1 0000: Limit: R 0.00 Premium: R 0.00 Item number: 0.00

Premises number: 0.00

**Important notes:**

* Column reference 1. Building: the sum insured is the replacement costs (not market value)
* Remember to include the fixtures and fittings in the sum insured, e.g., carpets, air conditioning units

Type of dwelling: Click or tap here to enter text. (Holiday house, flat, rental flat)

Construction: Click or tap here to enter text. (Standard/non-standard/thatch)

Construction description: Click or tap here to enter text.

EML % 0.00

|  |  |  |  |
| --- | --- | --- | --- |
| Sum insured: | R 0.00 | Premium: | R 0.00 |

**Extensions Yes /No Premium**

Subsidence and landslip   R 0.00

Inflation escalation   0.00 %

**Total annual premium for item:** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Section 21: House holders**

Additional claims preparation cost: (R1 000 Free)> R1 0000: Limit: R 0.00 Premium: R 0.00 Item number: 0.00

Premises number: 0.00

**Important notes:**

* Attach complete list of full names and identity numbers.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of dwelling: | Click or tap here to enter text. | (Holiday house, flat, rental flat) | |
| Construction: | Click or tap here to enter text. | (Standard/non-standard/thatch) | |
| Construction description: | Click or tap here to enter text. |  |  |
| EML % | 0.00 % |  |  |
| Sum insured: | R 0.00 | Premium: | R 0.00 |

**Extensions Yes /No Premium**

Subsidence and landslip   R 0.00

Inflation escalation   0.00 %

**Total annual premium for item:** R 0.00

**Comments:**

|  |
| --- |
| Click or tap here to enter text. |

**D. Debit Order Details**

I, the undersigned hereby request and authorise Click here to enter text. 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: | Click here to enter text. |  |  |
| Full names and surname: | Click here to enter text. | Identity number: | Click here to enter text. |
| Language preference: | English  Afrikaans |  |  |
| Postal address: | Click here to enter text. | Postal code: | Click here to enter text. |
| **Details of account:** | Click here to enter text. |  |  |
| Name of bank: | Click here to enter text. |  |  |
| Name of branch: | Click here to enter text. | 6-Digit branch code: | Click here to enter text. |
| Type of account: | Cheque or Current | Transmission | Savings |
| Date of first withdrawal: | Click or tap to enter a date |  |  |

|  |  |  |
| --- | --- | --- |
| Sign here |  | Date: (dd/mm/yyyy) Click or tap to enter a date |
| Signature: |  |  |

**E. Intermediary Information**

Products considered appropriate to address the needs of the client

|  |
| --- |
| Click or tap here to enter text. |

Recommended product

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

**G. Declaration by intermediary**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of intermediary: | Click here to enter text. | Code: | Click here to enter text. |

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.

|  |  |  |
| --- | --- | --- |
| Sign here |  | Date: (dd/mm/yyyy) Click or tap to enter a date |
| Signature of intermediary: |  |  |

**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.

New application  Amendments only  Renewal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Underwritten by: | Click here to enter text | Branch Name: | Click here to enter text | Branch Number: | Click here to enter text |
|  |  |  |  |  |  |
| Quotation Number: | Click here to enter text | Policy Number: | Click here to enter text | Inception Date: | Click or tap to enter a date. |
|  |  |  |  |  |  |

**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: Click here to enter text | Gender: Male  Female |
| Initials: Click here to enter text | Title: Click here to enter text |
| Date of birth: Click or tap to enter a date. | Identity number: Click here to enter text |
| e-mail address: Click here to enter text | Contact telephone number: Click here to enter text |

**General**

*(Mark the applicable option with an 'x')*

|  |  |  |
| --- | --- | --- |
| 1. 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?   If ‘Yes’ provide details | Yes | No |
| 1. Are you currently insured against the risks you are applying for? Yes  No   If ‘Yes’ provide the name of the insurer | | |
| 1. If you were previously insured but currently NOT, provide the following:   Last date of insurance: Click or tap to enter a date. Name of insurer: Click here to enter text | | |

1. Provide full details of any losses you have experienced during the last 3 years, including claims that have been paid or not been paid.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of loss** | **Year** | **Amount (R)** | **Insurer** |

Type of loss Year R 0.00 Insurer

**New business:** Yes  No

**Cover and Replacement of insurance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Product Comparison and Replacement | | | | | | | |
|  | | | | Existing product  Company | | Replacement product  Company | |
| Provider | | Provider | |
| Product | | Product | |
| **Cover** | **Recommended** | **Accepted** | **Cover amount** | **Premium** | **Excess** | **Premium** | **Excess** |
| House content |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Buildings |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Subsidence and landslip |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Accidental damage |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| All Risk (General) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Clothing and personal |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Keys and locks |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Wheelchairs |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Bicycles |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Cellular telephones |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * TV, VCR, decoders |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| All Risk (Specified) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Computer equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Items in bank vault |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Jewellery (All jewellery) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Photographic equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Sound equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | * Other Specify |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 | | | | | | | | |
| Personal legal liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| (PLIP) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Vehicles (Refer to quote/policy) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Car hire |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Excess waiver |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Credit shortfall |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Watercraft |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Sasria |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Legal access |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Fees and charges | R 0.00 | | | | | | |
| Commissions | R 0.00 | | | | | | |
| Total premium | R 0.00 | | | | | | |

# Renewal business: Yes No

**Cover and Renewal of insurance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cover Comparison at Renewal | | | | | | | |
|  | | | | Existing product  Company | | Renewal cover  Company | |
| Provider | | Provider | |
| Product | | Product | |
| **Cover** | **Recommended** | **Accepted** | **Cover amount** | **Premium** | **Excess** | **Premium** | **Excess** |
| House content |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Buildings |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Subsidence and landslip |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Accidental damage |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| All Risk (General) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Clothing and personal |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Keys and locks |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Wheelchairs |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Bicycles |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Cellular telephones |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * TV, VCR, decoders |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| All Risk (Specified) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Computer equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Items in bank vault |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Jewellery (All jewellery) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Photographic equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Sound equipment |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | * Other Specify |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 | | | | | | | | |
| Personal legal liability |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| (PLIP) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Vehicles (Refer to quote/policy) |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Car hire |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Excess waiver |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| * Credit shortfall |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Watercraft |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Sasria |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Legal access |  |  | R 0.00 | R 0.00 | R 0.00 | R 0.00 | R 0.00 |
| Fees and charges | R 0.00 | | | | | | |
| Commissions | R 0.00 | | | | | | |
| Total premium | R 0.00 | | | | | | |

# Does the advice given to the client involve replacement of an existing financial product? Yes No

If 'Yes', provide further details:

Purpose of replacement:

|  |
| --- |
| Click here to enter text |

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

|  |
| --- |
| Click here to enter text |

Suppliers of the product(s) to be placed:

|  |
| --- |
| Click here to enter text |

**House content**

**Primary Property**

Residential area: Click here to enter text

|  |  |
| --- | --- |
| Street name, number, and suburb: | house number and street name  Suburb  Town |
| Postal code | Click here to enter text |

|  |  |
| --- | --- |
| Type of residence: (e.g., small holding, farm, residential, flat, other) | Click here to enter text |

*(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 (brick/concrete)  Non-standard (other)

**Roof construction:** Non-standard (thatch/fireproof thatch)Standard (tile)

**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):** Click here to enter text (Years)

**House content sum insured: R** 0.00(if client cannot provide a value, client must complete and indicate a value in accordance therewith)

**Extensions:** Home business: Type of business Click here to enter text

Insured amount: (include stock-in-trade)R 0.00

**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 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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.

|  |
| --- |
| Additional notes on house content that may affect cover/advice to the client: Click here to enter text. |

**Buildings**

**Primary property**

Residential area: Click here to enter text

|  |  |
| --- | --- |
| Street name, number, and suburb: | house number and street name  Suburb  Town |
| Postal code | Click here to enter text |
| \*Type of residence: (e.g. small holding, farm, residential, flat, other) | Click here to enter text |

**Type of building:**  Click here to enter text

**Voluntary excess:**  Yes  No

**Optional cover:** subsidence and landslide Yes  No

Accidental damage items  Yes  No R 0.00

**Wall construction:**  Standard (brick/concrete)  Non-standard(other)

**Roof construction:** Non-standard (thatch/fireproof thatch) Standard (tile)

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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

|  |
| --- |
| Click here to enter text |

**Additional property**

Residential area: Click here to enter text

|  |  |
| --- | --- |
| Street name, number, and suburb: | house number and street name  Suburb  Town |
| Postal code | Click here to enter text |
| \*Type of residence: (e.g. small holding, farm, residential, flat, other) | Click here to enter text |

**Type of building:**  Click here to enter text

**Voluntary excess:**  Yes  No

**Optional cover:** subsidence and landslide Yes  No

Accidental damage items  Yes  No R 0.00

**Wall construction:**  Standard (brick/concrete)  Non-standard(other)

**Roof construction:** Non-standard (thatch/fireproof thatch) Standard (tile)

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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

|  |
| --- |
| Click here to enter text |

**All risk**

Additional notes on all risks that may affect cover/advice to the client (articles must be covered at replacement value):

|  |
| --- |
| Click here to enter text |

**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:** | Click here to enter text | **Registered owner:** | Click here to enter text |
| **Usage:** | Click here to enter text |  |  |
| **Overnight parking:** | Select the type of overnight parking | **R:** | Click here to enter text |
|  | Other type of overnight parking |  |  |
| **Type of cover required:** | Select the type of cover |  |  |
|  |  |  |  |
| **Safety measures:** | Immobilizer (VSS approved) | Gear lock: |  |
|  | Tracking device: | Data dot: |  |
|  |  |  |  |
| **Regular driver:** | Select the relevant regular driver description |  |  |
|  | Other regular driver |  |  |
|  |  |  |  |
| **Driver’s license issue date:** | Click or tap to enter a date. | **License code:** | Click here to enter text |
|  |  |  |  |
| **Sum insured:** | Click here to enter text |  |  |
|  |  |  |  |
| **No claims bonus:**  (no. of years not claimed) | Click here to enter text |  |  |
|  |  |  |  |
| **Voluntary excess:** | Yes  No |  |  |

**Extras:** Air Conditioning  R 0.00 Mag wheels  R 0.00

Canopy  R 0.00 Electric Windows  R 0.00

Leather seats  R 0.00 Tow bar  R 0.00

Roof carrier  R 0.00 Sunroof  R 0.00

Power steering  R 0.00 Sound  R 0.00

Car keys  R 0.00

Tools, spare parts, travel accessories  R 0.00

Restricted travelling cover  R 0.00

Other: (Give description) Click here to enter text R 0.00

**Additional cover required by client:** Market value/hire purchase difference  Yes  No

Waiver of excess (not if client choose voluntary excess)  Yes  No

Car hire  Yes  No

Damage to rims and tyres  Yes  No

Contents of 4 x 4  Yes  No

**Fees:** R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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

|  |
| --- |
| Click here to enter text |

**Motorcycles**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Registered owner** | Click here to enter text |  |  |
| **Usage:** | Select the class of use |  |  |
| **Overnight parking:** | Select the type of overnight parking |  |  |
|  | Other type of overnight parking |  |  |
|  |  |  |  |
| **Type of cover required:** | Select the type of cover |  |  |
|  |  |  |  |
| **Regular driver:** | Select the relevant regular driver description |  |  |
|  | Other regular driver |  |  |
|  |  |  |  |
| **Driver's license issue date:** | Click or tap to enter a date | **License code:** | Click here to enter text |
|  |  |  |  |
| **No claims bonus:** (no. of years not claimed) | Click here to enter text | **Sum insured:** | R 0.00 |
|  |  |  |  |

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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

|  |
| --- |
| Click here to enter text |

**Trailer/Caravan**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Registered owner:** | Click here to enter text | **Type:** (vehicle description) | Click here to enter text |
| **Overnight parking:** | Select the type of overnight parking |  |  |
|  | Other type of overnight parking |  |  |
|  |  |  |  |
| **No claims bonus:** (no. of years not claimed) | Click here to enter text. | **Sum insured:** | R 0.00 |

**Optional cover:** Caravan content Yes  No  If 'Yes', state sum insured: R 0.00

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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

|  |
| --- |
| Click here to enter text. |

**Water craft**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registered owner:** | Click here to enter text. | **Type:** (e.g., yacht) | Click here to enter text. |
| **Length of hull:** | Click here to enter text. | **Craft** **Sum insured:** | R 0.00 |
| **VIN number:** | Click here to enter text. | **Engine number:** | Click here to enter text. |
| **Optional cover required by client:** |  |  |  |
| **Glitter finish:** | Click here to enter text. | **Specified accessories:** (e.g., wetsuit) | Click here to enter text. |
| **Outboard motor-type:** | Click here to enter text. | **Output:** | Click here to enter text. |

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

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

|  |
| --- |
| Click here to enter text. |

**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: R 0.00

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

Additional notes on personal legal liability that may affect cover/advice to the client:

|  |
| --- |
| Click here to enter text. |

**Legal Access**

Indemnity limit: (R30 000, R60 000 or R100 000) Yes  No

If 'Yes', state required indemnity limit: R 0.00

**Fees:**  R 0.00

**Commission:** R 0.00

**Total premium:** R 0.00

Additional notes on personal legal liability that may affect cover/advice to the client:

|  |
| --- |
| Click here to enter text. |

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:

|  |
| --- |
| Click here to enter text. |
|  |

Recommended product:

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

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

**Declaration by intermediary**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of intermediary: | Click here to enter text. | Code: | Click here to enter text. |

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.

|  |  |  |
| --- | --- | --- |
| Sign here |  | Date: (dd/mm/yyyy) Click or tap to enter a date |
| Signature of intermediary: |  |  |

*MEDICAL SCHEMES ANALYSIS*

|  |  |
| --- | --- |
| **Client name:** | Client name |
| **ID number:** | ID # of client. |
| **Address:** | Address |
| **Email:** | Email Address |
| **Phone:** | Contact Numbers |
| **Financial Advisor:** | Primary intermediary’s name. |
| **Date:** | Click or tap to enter a date. |

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:

GENERAL CLIENT DETAILS

|  |  |
| --- | --- |
| **Name & Surname:** | Click here to enter text. |
| **Marital Status:** | Click here to enter text. |
| **Gender:** | Click here to enter text. |
| **Occupation:** | Click here to enter text. |
| **Income per month (If income plan is selected):** | R 00 |
| **Subsidy:** | R 00 |
| **Number of Dependants:** | # of Dependents. |
| **Spouse:** | Enter name of Spouse. |
| **Other Adult Dependents (Parents, Guardians, Legal dependents):** | List names of other Adult dependents |
| **Children:** | Enter name of children,  E.g. Child 1, Age 15, Student  E.g. Child 2, Age 18, Unemployed. |
| **Chronic conditions: (Member):** | List of chronic conditions |
| **Chronic conditions: (Spouse):** | List of chronic conditions for spouse |
| **Chronic conditions: (Adult dependents):** | List of chronic conditions for adult dependents |
| **Chronic conditions: (Children):** | List of chronic conditions for children |
| **Other Medical pre-existing conditions** | Click here to enter text. |
| **Previous Medical Aid name** | Click here to enter text. |
| **Period that you have been part of your previous Medical Aid** | From Click or tap to enter a date. To Click or tap to enter a date. |
| **Period that you have not been part of a Medical Aid recently)** | From Click or tap to enter a date. To Click or tap to enter a date. |

SECTION B:

BACKGROUND INFORMATION

Your personal circumstances that formed the basis for my recommendation:

|  |
| --- |
| Provide a detailed description of the client's:  current personal circumstances,  needs that have been identified,  and relevant information  that formed the basis for the financial solutions recommended. |

SUMMARY NEEDS ANALYSIS

|  |  |  |
| --- | --- | --- |
| **Need** | **Need identified** | **Comments** |
| **Hospital Cover** | Yes No | Click here to enter text. |
| **Day to Day Benefits** | Yes No | Click here to enter text. |
| **Threshold Benefit** | Yes No | Click here to enter text. |
| **Chronic Benefits** | Yes No | Click here to enter text. |
| **Savings Account** | Yes No | Click here to enter text. |
| **Affordable Premium** | Yes No | Click here to enter text. |
| **Hospital Preference** | Yes No | Click here to enter text. |
| **PMB** | Yes No | Click here to enter text. |
| **Doctor/ Specialist / Hospital Networks** | Yes No | Click here to enter text. |
| Click here to enter text. | Yes No | Click here to enter text. |

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** | Click here to enter text. | Click here to enter text. |
| **Contribution / Premium** | Click here to enter text. | Click here to enter text. |
| **Benefits** | Click here to enter text. | Click here to enter text. |
| **Savings Account** | Click here to enter text. | Click here to enter text. |
| **Chronic Benefits** | Click here to enter text. | Click here to enter text. |
| **Hospital Cover** | Click here to enter text. | Click here to enter text. |
| **Limits on Cover** | Click here to enter text. | Click here to enter text. |
| **General Waiting Period** | Click here to enter text. | Click here to enter text. |
| **Condition Specific Waiting Period** | Click here to enter text. | Click here to enter text. |
| **Legislated Prescribed Minimum Benefits** | Click here to enter text. | Click here to enter text. |
| **Later Joiner Penalty** | Click here to enter text. | Click here to enter text. |
| **Reward/Loyalty Programme:** | Click here to enter details of the Reward/Loyalty Programme | |

SECTION D:

INITIAL RECOMMENDATION/ADVICE & MOTIVATION

|  |  |
| --- | --- |
| **Scheme and Fund recommended and/or selected by you:** | Motivation for recommendations – State why the product purchased will suit the client or why you selected the product. When noting reasons, make reference to relevant information in Sections A and B above to make your case why the product is suitable. Motivate a replacement |

SECTION E:

IMPORTANT INFORMATION HIGHLIGHTED TO YOU

|  |
| --- |
| PMB, waiting periods, exclusions, late joiner penalties, tax deductibility, consequences of replacement, etc. |

SECTION F:

FINANCIAL ADVISER’S DECLARATION

|  |  |
| --- | --- |
| You have elected not to accept the following product recommendations: | Click here to enter text. |
| For the following reasons: | Click here to enter text. |
| The consequences thereof have been clearly explained to you: | Yes No |
| Fees and/or commission | Click here to enter text. |
| Click here to enter comments. |  |
| Sign here | Date: Click or tap to enter a date |
| Client name: |  |

GAP COVER

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name:** | Client name | **ID Number:** | ID # of client. |
| **Address:** | Address | | |
| **Email:** | Email Address | **Phone:** | Mobile number |
| **Medical Aid:** | Medical Aid name | **Inception Date:** | Click or tap to enter a date. |
| **Option:** | Option | | |
| **Financial Advisor:** | Primary intermediary’s name. | **Date:** | Click or tap to enter a date. |

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:** | Details |

SECTION B:

DEPENDENTS COVERED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are all dependents on the same medical aid and same medical aid plan?** |  | Yes No | |  |
| **Member Name** | **Relationship to main Member** | | **Medical Aid Plan** | |
| Member name | Relationship to main member | | Medical Aid Plan | |
| Member name | Relationship to main member | | Medical Aid Plan | |
| Member name | Relationship to main member | | Medical Aid Plan | |
| Member name | Relationship to main member | | Medical Aid Plan | |

SECTION C:

SOLUTION

|  |  |
| --- | --- |
| **Provider:** | Provider |
| **Option:** | Option |
| **Motivation:** | Motivation |
| **Total Premium:** | R 00 |
| **Broker Fee:** | R 00 |
| **Commission:** | R 00 |

SECTION D:

BENEFITS

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

|  |  |  |
| --- | --- | --- |
|  | **Current Product** | **New Product** |
| **Gap cover rate** | Current Product | New Product |
| **Overall annual limit** | Current Product | New Product |
| **Co-payment benefit** | Current Product | New Product |
| **Sub-limit benefit** | Current Product | New Product |
| **Cancer benefit** | Current Product | New Product |
| **Cancer diagnose benefit** | Current Product | New Product |
| **Other benefits** | Current Product | New Product |
| **Casualty benefit (In case of an accident)** | Current Product | New Product |
| **Trauma counselling benefit** | Current Product | New Product |
| **GAP cover premium waiver benefit** | Current Product | New Product |
| **Medical Scheme premium contribution waiver benefit** | Current Product | New Product |
| **Accidental death cover benefit** | Current Product | New Product |

SECTION E:

WAITING PERIODS

|  |  |  |
| --- | --- | --- |
| **General waiting period** | Current Product | New Product |
| **Waiting period for pre-existing condition** | Current Product | New Product |
| **Specific waiting periods** | Current Product | New Product |

SECTION F:

EXCLUSIONS

|  |  |  |
| --- | --- | --- |
| Are claims whereby the medical aid requires a co-payment for not using a specific medical service provider excluded? |  | Yes  No |
| **Other Exclusions:** Discuss other exclusions | | |
| **General Comments:** Comments | | |

|  |
| --- |
| **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. |
| All material facts must be accurately and properly disclosed. The accuracy and completeness of all answers, statements and/or other information provided by or on behalf of the client, are the client’s own responsibility. |
| 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: | Click here to enter text. |
| For the following reasons: | Click here to enter text. |
| The consequences thereof have been clearly explained to you: | Yes  No |
| Fees and/or commission | Click here to enter text. |
| Click here to enter comments. |  |
| Sign here | Date: Click or tap to enter a date |