



Mibroker SA

Only the best for you!

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MiBroker SA (Pty) Ltd, FSP no.51626
Registration no. 2019/001368 /07

Date:		Quote number:	
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Name & Surname:		Id number:	
Contact numbers:		(h)	
		Email:	
Occupation:		Marital Status:	
Co-Insured:		Id number:	
Postal address:			

	Yes	No
Credit based insurance score and share information with other Insurers and Institutions		
Sequestrated/Liquidated:		
Criminal offences:		
Special endorsements:		
Policy cancelled by an Insurer/ Broker:		
Any unpaid premiums in the last 5years/ Policy cancelled due to any unpaid premiums:		
Present/Previous Insurer:		
Broker Name:		
Policy number:		
Inception date:		
Break in cover. If yes, for how long were you uninsured?		
<i>I acknowledge that Mibroker provides the services outlined in the SLA & agree to a Broker Advice Fee to be charged and I confirm and agree with the remuneration structure as set out:</i>		
CLAIM DETAILS:	Yes	No
Have you or any person to be insured under this policy made any claim against any insurance policy or suffered any loss whether insured or not during the past 5 years? If yes, supply details:		
1. Date of Loss _____ Brief Description _____ Claimed amount _____		
2. Date of Loss _____ Brief Description _____ Claimed amount _____		
3. Date of Loss _____ Brief Description _____ Claimed amount _____		
4. Date of Loss _____ Brief Description _____ Claimed amount _____		
(If more claims please provide an additional page)		

Client Initial: _____

Representative Initial: _____

CONTENTS:			
	Main Residence	Holiday Home	Other Residence
Address:			
Tenant/ Owner:			
Sum insured:			
Construction			
Roof:			
Walls:			
How many bedrooms?			
If Thatch roof, what is the size of thatch roof?			
Precaution for the prevention of fire spreading? For example, Sprinklers, Fire extinguisher, Lightning conductor, etc.			
Is the property in a Residential area/Plot/Farm/Newly developed area?			
Is the property a Detached House, Double storey, Single storey, Duplex, Semi-detached, Flat?			
If it's a Flat: is it on the Ground floor or above ground floor?			
Is there any Non-standard Construction such as Lapa, Wendy House, etc.?	YES / NO	YES / NO	YES / NO
If yes, please indicate distance from Main building.			
If yes, should we insure the contents?	YES / NO	YES / NO	YES / NO
Sum insured of the wendy house/ lapa if available			
Is the residence Unoccupied for more than 60days?			
Any business/hobby from premises/residence? Example office ran from home? Tupperware, Avon agent, etc.	YES / NO	YES / NO	YES / NO
If yes, please supply details.			
If yes what is the sum insured of your business contents?			
Do you require Accidental Damage, if so for how much:			
Do you require Mechanical and Electrical Breakdown, if so for how much:			
Are you busy building or with renovations?			
Are there Burglar bars in front of all opening windows?			
Does your house have an interpleading door from the garage and if so is it fitted with burglar bars?			
Does your house have Security gates in front of all doors leading to the outside including any sliding doors?			
Is your residence fitted with a SAIDSA APPROVED ALARM LINKED TO A 24HR CONTROL ROOM with 24HR ARMED REACTION UNIT?			
Is this a Security complex? If it is please also indicate security around the complex e.g. electric fence, wall fencing >1.8m tall, access control + 24h security personnel			

BUILDINGS:			
	Main Residence	Holiday Home	Other Residence
Address:			
Sum insured:			
Construction			
Roof:			
Walls:			
How many bedrooms does the house have?			
If Thatch roof, what is the size of the thatch roof?			
Precaution for the prevention of fire spreading? For example, Sprinklers, Fire extinguisher, Lightning conductor, etc.			
How old is the building?			
How many geysers do you have installed at your residence?			
Is the property in a Residential area/Plot/Farm/Newly developed area?			
Is the property a Detached House, Double storey, Single storey, Duplex, Flat?			
If it's a Flat, is it on Ground floor or above ground floor?			
Non-standard Construction: Lapa, Wendy House, etc.	YES / NO	YES / NO	YES / NO
If yes, please indicate distance from Main building.			
If yes, should we insure the contents?	YES / NO	YES / NO	YES / NO
Sum insured			
Is the property Unoccupied for more than 60 consecutive days?			
Any business/hobby from premises/residence?	YES / NO	YES / NO	YES / NO
If yes, please supply details.			
Are you busy with any building activities/renovations?			
Will the building be lent, let or sublet to a tenant?			
Optional cover for subsidence and landslip?			
Do you require Accidental damage to fixed machinery? Refer to Electric motors of gates, garage doors, alarm			

system, build in stove, generators, air conditioners, swimming pool pump and borehole machinery.			
		YES	NO
Average explained: Contents & Buildings			
Excess structure explained:			

Client Initial: _____

Representative Initial: _____

ALL RISKS:			
	Sum insured	Comments	
Unspecified All Risks		Please note the limitation per item depending on the Insurer.	
Portable Electronic Equipment including Laptops: <i>(Must always be specified to enjoy cover away from your Risk Address. Example: Cell phones, Laptops, Ipads, Ipods, portable games, GPS, etc.)</i>	Make and Model	Serial Number	Sum insured/ Replacement value
Item no 1.			
Item no 2.			
Item no 3.			
Item no 4.			
Item no 5.			
Other specified items e.g. Jewelry; Sailboats; Golf equipment; Auto cycles , Bicycles etc.	Make and Model	Serial Number	Sum insured/ Replacement value
Item no 1.			
Item no 2.			
Item no 3.			
Item no 4.			
Item no 5.			
Item no 6.			
Audiovisual equipment (recording and reproduction equipment e.g. cameras, portable DVD players)	Make and Model	Serial Number	Sum insured/ Replacement value
Item no 1.			
Item no 2.			
Item no 3.			

Items in a bank vault	Make and Model	Serial Number	Sum insured/ Replacement value
Item no 1.			
Item no 2.			
Item no 3.			

		YES	NO
Excess structure explained:			

The basis of indemnity for the loss of or damage to the insured property, or part of it, will be the current replacement value of similar new property, limited to the insured amount as shown in the schedule.

Comments:

Client Initial: _____

Representative Initial: _____

VEHICLES:	Vehicle 1	Vehicle 2	Vehicle 3
Address: Overnight parking			
Locked garage, behind locked gates, security complex, Carport			
Address: Daytime parking			
During the day is the vehicle in Locked garage, behind locked gates, security complex, under Carport?			
Make			
Model			
Year model			
Vin number			
Engine number			
Colour			
Registration number			
Registered in South Africa?			
Code 3/Build up			
Mileage			

Trade/Market/Retail value?			
Non Factory fitted extras?	YES / NO	YES / NO	YES / NO
If yes, please supply details and value of the extras.			
Financed - If yes, who is the Finance company?			
Credit shortfall	YES / NO	YES / NO	YES / NO
Car hire – NB – Automatic vehicles – Exclusive car hire	YES / NO	YES / NO	YES / NO
Excess waiver – Only buy back the basic excess payable	YES / NO	YES / NO	YES / NO
Registered Owner			
Regular Driver			
Occupation of Regular driver if not the Insured.			
Id number of Regular driver if not the Insured.			
TYPE OF COVER: Comprehensive/Limited/ Third Party only			
USE: Private/Business/Farming			
Will vehicle be used for hire, carriage of passengers for reward, carriage of goods, driving instruction, contest, or in connection with the motor trade?			
License: First issue date			
License Code			
License endorsed/License limitations	YES / NO	YES / NO	YES / NO
If yes, please provide details of the endorsement or limitations.			
If not factory, would like to insure it?	YES / NO	YES / NO	YES / NO
If yes, please supply details of the radio and value.			

Security:			
VSS system (Factory fitted immobilizer and alarm)	YES / NO	YES / NO	YES / NO
Fitted with a VESA approved immobilizer	YES / NO	YES / NO	YES / NO
Tracking device fitted:	YES / NO	YES / NO	YES / NO
Make?			
Copy of the certificate in place?	YES / NO	YES / NO	YES / NO
Radio: Factory fitted or not?	YES / NO	YES / NO	YES / NO
If not factory, would like to insure it?	YES / NO	YES / NO	YES / NO
If yes, please supply details of the radio and value.			
Caravans/Trailers: Contents sum insured			

It remains your responsibility to ensure that your security precautions and alarms are always activated and in a working condition.

Comments:

Client Initial: _____

Representative Initial: _____

WATERCRAFT:		
	Description	Sum insured
Rubber duck		
Kiting		
Other		
Trailer		
Motor Boat		
Ski Boat		
Sail Boat		
Jet ski		
Wet bike		
Accessories, e.g. life jackets, water skis, etc.		
Outboard motors	(1)	
	(2)	
Valid Skipper's license	YES / NO	YES / NO
Hull size (may not exceed 8meters)		
Age of vessel (older than 15years must be referred)		

		YES	NO
Average explained: dependent on age of the vessel			

Client Initial: _____

Representative Initial: _____

OPTIONAL COVER:		
	Interested?	Comments
Personal Legal Liability	YES / NO	Compensation to you for your legal liability for: 1. accidental death, bodily injury or illness of any person. 2. Accidental physical loss of or damage to tangible property of any person.
Personal Accident	YES / NO	No cover for persons 16yrs and younger and 75yrs and older.
Road cover	YES / NO	Legal representation, Administration & claims management, Accident reconstruction assistance
Legal costs and expenses	YES / NO	An event that leads to CIVIL action brought by or against you in your private capacity; your defense against a criminal charge; event that leads to a legal action by or against you in a labour court.
Cyber Crime / Liability	YES / NO	

Confirmation:	YES	NO
AVERAGE DISCUSSED		
EXCESS STRUCTURE DISCUSSED		
NO CLAIMS BONUS DISCUSSED		
SASRIA COVER DISCUSSED		

Sasria cover has been added to your insurance portfolio under the Mibroker Group Coupon from Sasria. Due to the increased economic and political climate in South Africa, Mibroker deems Sasria cover as imperative to your insurance portfolio.

Client Initial: _____

Representative Initial: _____

ADVICE RECORD

RECOMMENDATIONS			
(If applicable) As a result of any limitations imposed on the advisor under FAIS or any contractual arrangement, provide the reasons why the advisor was unable to identify a suitable product, and / or was unable to make any recommendations, and had to advise client to seek advice from another advisor:			
Products, Premium and Insurers Considered (e.g. Personal lines: Motor Comprehensive, House contents: Santam R 1200)			Recommended
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
ADDITIONAL INFORMATION REGARDING THE RECOMMENDED PRODUCT			
EXCESSES	Motor Basic: R	Additional: R	Glass: R
TRACKING DEVICE REQUIRED? YES / NO		ARMED RESPONSE ALARM REQUIRED ON HOUSE? YES / NO	
MOTOR INSPECTION REQUIRED? YES / NO		NAMED DRIVER POLICY? YES / NO	
NB: If you do not comply with any of the conditions of your policy as noted above and as per the policy schedule & wording, cover may be limited or denied by your insurer.			
Reasons why the Products and Insurers recommended are likely to satisfy your identified needs and objectives			
You made the following decisions based on the above recommendations			

CLIENT DECLARATION

I hereby accept the advice and recommendations provided to me as set out under Recommendations above.

Furthermore, I confirm that:

- I am aware that the advice and recommendations provided in terms of my request and instruction are limited to my short-term insurance (personal lines) portfolio only, and that a comprehensive analysis of all my financial needs was not undertaken.
- Due to the fact that a comprehensive analysis was not undertaken, there may be limitations concerning the appropriateness of the advice. I must therefore, carefully consider whether the product selected is appropriate considering my circumstances and needs.
- Where I have elected to conclude a transaction that differs from that recommended by the advisor, or where I have elected to not follow the advice furnished, or where I have elected to receive more limited information or advice than the advisor is able to provide, I confirm that the advisor has alerted me to the clear existence of any risk as a result of such election, and that I have been advised to take particular care to consider whether the products selected (if any) is appropriate to my needs, objectives and circumstances.
- The products selected are not replacements. I have been duly and properly advised of the full implications of my actions, and having considered same, I fully understand the course of action that I am about to undertake.
- I did not sign the application form while any part of it was not completed yet, and I take full responsibility for all information provided in the application form, whether provided by myself or on my behalf.
- The advisor provided quotes from the insurer which were discussed and attached to this document and signed by myself.
- The advisor explained to me the material terms and conditions of the policy, which includes any excess payment terms and conditions and exclusions, or circumstances where claims will not be paid.
- I have read the policy documents and the attached policy schedule. These documents contain the correct information and I note in particular what the special conditions and applicable excess are.
- The advisor explained to me the dangers of being underinsured and that excesses under specific policies may be aggregated in certain circumstances. Should my circumstances change in any way that may require a review of my existing cover, I will inform the advisor.

Client Signature

Date

REPLACEMENT ADVICE RECORD

RECOMMENDATIONS & PRODUCT COMPARISONS	
Current Product	Recommended Replacement Product
Insurance Company	
Product Name	
Policy Number	
Total Policy Premium	
Commission payable to Intermediary	
Differences in Policy Fees / Charges	
Differences in Policyholder Excess Payments	
Differences in Exclusions	
Comparison of Specific Restrictions and Circumstances in which Benefits will not be provided	
Other Differences	
Reasons why the recommended product is considered to be more suitable to your financial needs and circumstances	

CLIENT SIGNATURE: _____

DATE: _____