

# PROPOSAL FORM

## COMMERCIAL

UNIT 11, FERNDAL MEWS NORTH, 355 OAK AVENUE, RANDBURG 2194  
 PO BOX 257, RANDBURG 2125 / PHONE 011 326 1001 / FACSIMILE 011 326 1076  
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# JOHN ROE | BROKERS

JOHN ROE BROKERS CC  
 CK2003/038839/23 VAT NO. 4710220130 / FSB LICENCE NO. 3803  
 DIRECTORS - JONATHAN ROSEN



COMPANY NAME			
COMPANY ADDRESS	POSTAL ADDRESS		
CODE	CODE		
OFFICE NUMBER	FACSIMILE		
CELL NUMBER	EMAIL		
DATE COVER TO COMMENCE			
NATURE OF BUSINESS / FULL DETAILS			
<b>CONSENT TO USE FOR UNDERWRITING, CLAIMS &amp; OTHER RELEVANT INFORMATION</b>			
BY ACCEPTING THIS POLICY, YOU GIVE US CONSENT TO SHARE YOUR INFORMATION (INCLUDING CREDIT INFORMATION) WITH CLAIMS, UNDERWRITING AND INSURERS. SUCH CONSENT SHALL:			
<ul style="list-style-type: none"> <li>&gt; WAIVE ANY RIGHT TO PRIVACY IN RESPECT OF ANY INSURANCE INFORMATION PROVIDED BY YOU OR ON YOUR BEHALF REGARDING ANY INSURANCE POLICY OR CLAIM MADE OR LODGED BY YOU OR ON YOUR BEHALF.</li> <li>&gt; ALLOW SUCH INFORMATION TO BE DISCLOSED TO ANY OTHER INSURANCE COMPANY OR ITS AGENTS.</li> <li>&gt; ALLOW US TO VERIFY THE INFORMATION PROVIDED BY YOU AGAINST OTHER LEGITIMATE SOURCES OR DATABASES.</li> </ul>			
<b>DECLARATION</b>			
IN SUBMITTING THIS APPLICATION, I HEREBY WARRANT THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND THAT THE DESCRIBED HEREIN HAVE BEEN FULLY DISCLOSED.			
SIGNATURE			DATE

**YOUR INSURANCE HISTORY**

PLEASE COMPLETE ALL QUESTIONS. WHERE YOU ARE UNABLE TO SUPPLY ANSWERS, KINDLY STATE THE REASONS:

	CURRENT INSURER	PREVIOUS INSURER
NAME		
BRANCH		
POLICY NUMBER		
EXPIRY DATE		

HAS ANY INSURER AT ANY TIME, FOR YOUR PREVIOUS OR CURRENT COMPANY? IF YES PROVIDE DETAILS.	YES	NO
DECLINED YOU INSURANCE ?	YES	NO
REFUSED TO RENEW YOUR POLICY ?	YES	NO
IMPOSED SPECIAL TERMS ?	YES	NO
CANCELLED YOUR POLICY ?	YES	NO

**PAST LOSSES**

DATE OF LOSS	DESCRIPTION OF LOSS	RANDS VALUE

**DEBIT ORDER AUTHORITY**

THE INFORMATION REQUIRED BELOW IS TO ENABLE US TO DEBIT THE MONTHLY PREMIUMS FROM YOUR BANK OR TRANSMISSION ACCOUNT. **IMPORTANT** : IF YOU CHANGE YOUR BANK DETAILS PLEASE ADVISE THE JOHN ROE BROKERS IMMEDIATELY.

ACCOUNT HOLDER	
NAME OF BANK	
BRANCH	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	

**DECLARATION**

I HEREBY AUTHORISE THE MONTHLY PREMIUM TO BE DEBITED FROM MY BANK ACCOUNT STATED ABOVE, AND TO ADJUST THE DEBIT AMOUNT WHEN DEEMED NECESSARY DUE TO TO ANY CHANGES IN COVER, RISK, SUMS INSURED OR PREMIUMS.

SIGNED AT	ON THE	DAY OF	20
SIGNATURE OF INSURED		DATE	