

## COMMERCIAL NEW BUSINESS PROPOSAL

Name of Company

Main Risk Address

Postal Address

Postal Code:

Postal Code:

Company Registration No / ID No

Company VAT No

Business Description or Occupation

Policy Frequency

Sasria  Sasria Cover is automatically included on the policy

### OFFICE USE

Broker

Sub-Agent

Inception Date

Insurer

Underwriter

DOCUMENTATION OR INFORMATION	ATTACHED	NOTES
Claims History	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
Previous Policy Schedule	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>

# COMMERCIAL UNINSURED RISKS

Section	Description	Required		Recommended By Broker	
Fire & Allied Perils	Buildings (including fixtures, fitting, Walls, Gates & Fences)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	The Number of Months Rental (... Months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Plant Machinery, Landlords Fixtures & Fitting, Tenants Improvements & all other contents (not more specifically insured)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stock & Materials in Trade	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Miscellaneous as described	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buildings Combined	Buildings (Rental included at 25%, R1mil Liability included)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Contents	Contents (excluding computer equipment), rental included at 30%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Legal Liability Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Interruption	Gross Profit (Difference / Additions Basis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gross Rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Revenue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Additional Increase in Cost of Working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fines & Penalties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accounts Receivable	Outstanding Debt Balances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Theft	Theft by forcible/ violent entry to a building (unless otherwise specified)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glass	Internal & External Glass and Sign writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money	Major Limit - During Business Hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seasonal Increase (as specified)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	In the Custody of a Collector, Roundsman or Petrol Attendant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fidelity Guarantee	Theft / Fraud by an Employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Good in Transit	All Risks Cover for goods (regular to the business) whilst in transit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business All Risks	Worldwide cover for Items taken regularly from the premises: Cell Phones, Tools, Laptops, Cameras etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accidental Damage	Defined Events (i) - Accidental damage not excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Defined Events (ii) - Accidental Damage by leakage not excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Liability	General & Tenants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Products Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Defective Workmanship Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Work Away Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Top-Up Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Directors & Officers Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Broadform Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cyber Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Professional Indemnity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pollution Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Products Recall	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Products Inefficacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Employment Practices Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employers Liability	Legal Liability to Employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Group Personal Accident	Compensation for bodily injury / death	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stated Benefits	Compensation for bodily injury / death	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electronic Equipment	All Risks cover (including power surge) for Desktop Computers, Copiers, Laptops etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## COMMERCIAL UNINSURED RISKS (continued.../)

Section	Description	Required	Recommended By Broker
Motor	Private Vehicles, LDV's, Special Types, HCV's, Trailers, Caravans, Motorcycles - Comprehensive Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Private Vehicles, LDV's, Special Types, HCV's, Trailers, Caravans, Motorcycles - Restricted Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Car Hire - 14 Days / 30 Days following a claim	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Compendium Assist - Roadside Assistance (Pvt & LDV only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Traders - Internal	Loss/Damage to vehicles on premises (excludes Theft Cover)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Traders - External	Loss/Damage to vehicles whilst being driven away from the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Assets All Risks	Subject to Insurer Approval and Terms & Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marine	Local Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Import	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Export	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Once-off Goods in Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Carriers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Warehouse Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stock Through-Put	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Watercraft used for charter or commercial purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engineering	Contractors All Risks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Plant All Risks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Machinery Breakdown & Loss of Profits following Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dismantling, Transit & Erection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hired-in Plant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Performance, Construction Guarantees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Advanced Payment Guarantees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal & Domestic	Household Contents, Buildings, All Risks, Electronic Equipment, Motor, Caravans & Trailers etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aviation	Aircraft (fixed wing aeroplanes, helicopters etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Small Craft	Watercraft used for private and pleasure purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life	Life Cover, Dreaded Disease, Disability, Income Protection, Estate Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Benefits	Employee Provident, Pension, Corporate Investments, Group Funeral Cover & Risk Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investments	Unit Trusts, Retirement Annuity, Recurring, Lump Sum Investments, Endowments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Assurance	Keyman, Buy & Sell, Contingent Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical	Individual Medical Aid, Company Medical Aid Schemes, Gap Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# RECORD OF ADVICE

## DECLARATION BY THE ADVISOR

I declare that the advice record is an accurate and complete record of the recommendations and advice that I provided to the client based upon the information provided by the client.

Signed at  on this  day of  20

Signature of Advisor \_\_\_\_\_

## DECLARATION BY THE CLIENT

I confirm that the advisor has discussed the cover and limitations with me and will be providing a quotation from an Insurance Company based on the information that I have provided. I take full responsibility for the correctness of the information provided in the needs analysis whether provided by myself or on my behalf.

Signed at  on this  day of  20

Signature of Client \_\_\_\_\_