

Commercial Proposal



Protocol Risk Managers (Pty) Ltd is an authorised Financial Services Provider, FSP no. 49614

Protocol branch

Agency/broker Agency number

Cover is available for all the following classes of insurance. Please tick (✓) the classes you require insurance cover on and complete the relevant sections in the application form.

Commercial Insurance Policy

Section: Fire Business interruption Accounts receivable Money Glass

Section: Accidental damage Office contents Theft Public liability Employers liability

Section: Fidelity guarantee Goods in transit Business All Risks Body corporate Electronic equipment

Section: Stated benefit Group personal accident Buildings combined Motor Motor

Section: SASRIA

Period of insurance:

From DD MM YEAR To DD MM YEAR

Important notes

Protocol reserves the right to:

1. Survey any of the Insured's premises as and where it deems necessary;
2. Amend the terms of this policy based on the findings thereof;
3. Cancel the policy or retract terms should it be found that the risk is not of an acceptable nature.
4. The Insured is to provide written confirmation of completed risk requirements and regular updates on the progress of outstanding risk requirements

Subject to acceptable loss history

General information

Name of proposer

Postal address

Post code

Telephone Alt number/Fax

Name of trade or business (Full details required)

1. How long has your business been established?

2. Are you currently insured, if so who is your insurer?

3. Has any insurer ever (a) declined any proposal?

(b) refused to renew any policy?

(c) cancelled any policy?

4. Have you or any member of your firm ever made a compromise with creditors or been declared insolvent? Yes No

5. Do you keep a complete set of books showing a true and accurate record of business transacted? Yes No

6. Give details of ALL losses or claims suffered in the last 3 years (whether insured or not)

| Type of Loss (Fire, Motor, Accident, Burglary, etc.) | Year | Cost |
|--|------|------|
| | | |
| | | |
| | | |

Risk address

| | | |
|---------------------|------|------------|
| 1. Physical address | | Occupation |
| Post code | | Risk class |
| Construction: Walls | Roof | Town class |
| 2. Physical address | | Occupation |
| Post code | | Risk class |
| Construction: Walls | Roof | Town class |

Code

| |
|--|
| |
| |
| |
| |
| |
| |

Fire

| Risk | Buildings | Rent | No of Months | Plant & Machinery | Stock | Decl. M/Q/A | Tenants. Improv. | F&E Rate |
|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Notes: 1. MIQIA above refers to stock declaration conditions on either a monthly, quarterly or annual basis.
 2. If there are specified items to be covered, please note these below.

Additional Perils:

| | | | | | |
|------------------|--|---------------------------|-----------------------|--|---------------------------|
| Earthquake | Yes <input type="radio"/> No <input type="radio"/> | Rate <input type="text"/> | Special perils | Yes <input type="radio"/> No <input type="radio"/> | Rate <input type="text"/> |
| Leakage | Yes <input type="radio"/> No <input type="radio"/> | <input type="text"/> | Leakage sum insured R | <input type="text"/> | <input type="text"/> |
| Malicious Damage | Yes <input type="radio"/> No <input type="radio"/> | <input type="text"/> | | | |

Specified items:

| Item | Description of items | Sum Insured | Rate |
|------|----------------------|----------------------|----------------------|
| 1 | | <input type="text"/> | <input type="text"/> |
| 2 | | <input type="text"/> | <input type="text"/> |
| 3 | | <input type="text"/> | <input type="text"/> |
| 4 | | <input type="text"/> | <input type="text"/> |
| 5 | | <input type="text"/> | <input type="text"/> |
| 6 | | <input type="text"/> | <input type="text"/> |
| 7 | | <input type="text"/> | <input type="text"/> |
| 8 | | <input type="text"/> | <input type="text"/> |

Main location sum insured R EML Percentage %

Extensions and clauses:

| | | |
|---------------------|--|--|
| Disposal of salvage | Yes <input type="radio"/> No <input type="radio"/> | Rate <input type="text"/> |
| Escalator clause | Yes <input type="radio"/> No <input type="radio"/> | Sum insured <input type="text"/> R Escalation <input type="text"/> % |
| | | Conversion factor <input type="text"/> Rate <input type="text"/> |

Protections: Please tick (✓) whichever is applicable to your premises.

Fire alarm Risk 1 Risk 2 Sprinkler system Risk 1 Risk 2

Additional claims preparation costs

Sum insured Rate or Flat Premium

Business Interruption

| Risk | Gross Profit | Indemnity Period | Deposit Premium | Gross Profit Basis:* | Gross Rental | Revenue | Rate |
|------|----------------------|----------------------|--|---|----------------------|----------------------|----------------------|
| 1 R | <input type="text"/> | <input type="text"/> | Yes <input type="radio"/> No <input type="radio"/> | A <input type="radio"/> D <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 R | <input type="text"/> | <input type="text"/> | Yes <input type="radio"/> No <input type="radio"/> | A <input type="radio"/> D <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Note: "A" refers to Additions basis, "D" refers to Difference basis

Business interruption continued

| | | | | | |
|-------------------------------------|--|-----------------|--|------------------------|------------------------|
| Add incr cost of working | Yes <input type="radio"/> No <input type="radio"/> | Sum insured | R <input type="text"/> | Rate | <input type="text"/> |
| Wages (week basis) | R <input type="text"/> | Number of weeks | <input type="text"/> | | <input type="text"/> |
| Fines and penalties | Yes <input type="radio"/> No <input type="radio"/> | Sum insured | R <input type="text"/> | | <input type="text"/> |
| Additional claims preparation costs | | Sum insured | R <input type="text"/> | Rate/Premium | <input type="text"/> |
| Extensions and clauses | | | | | |
| Specified Suppliers* | Yes <input type="radio"/> No <input type="radio"/> | | Sum insured | R <input type="text"/> | <input type="text"/> |
| Unspecified Suppliers* | Yes <input type="radio"/> No <input type="radio"/> | Dependency | <input type="text"/> % | Sum insured | R <input type="text"/> |
| Prevention of Access | Yes <input type="radio"/> No <input type="radio"/> | | Sum insured | R <input type="text"/> | <input type="text"/> |
| Customers** | Yes <input type="radio"/> No <input type="radio"/> | | Sum insured | R <input type="text"/> | <input type="text"/> |
| Public utilities | | | | | |
| Insured perils | Yes <input type="radio"/> No <input type="radio"/> | Ext. cover | Yes <input type="radio"/> No <input type="radio"/> | Sum insured | R <input type="text"/> |

*Details of Suppliers/Sub Contractors

| Name | General Location | Dependency % |
|------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Details of Customers

| Name | General Location | Dependency % |
|------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Main location sum insured R EML Percentage %

Accidental Damage Extension

Cover required Yes No Conversion factor 100% Sum insured R

*Note: (Sum Insured must follow Accidental Damage Section sum insured) Rate

Accounts receivable

Outstanding debit balances Sum insured R Rate

Extensions and clauses

Riot and Strike Cover Yes No Rate Do you retain duplicate records? Yes No

Do you have a fire proof safe? Yes No Do you require transit cover? Yes No

Main location sum insured R EML Percentage %

Additional claims preparation costs Sum insured R Rate/Premium %

Buildings combined

Buildings sum insured Liability Sub-section D

Specified item Yes No NB: See block provided below for description of items

Extensions and clauses

Prevention of Access Yes No Flat premium charge

| No | Miscellaneous Items Description | Sum Insured R | Rate/Flat Premium | Excess |
|----|---------------------------------|---------------|----------------------|----------------------|
| 1 | | | <input type="text"/> | <input type="text"/> |
| 2 | | | <input type="text"/> | <input type="text"/> |
| 3 | | | <input type="text"/> | <input type="text"/> |
| 4 | | | <input type="text"/> | <input type="text"/> |
| 5 | | | <input type="text"/> | <input type="text"/> |
| 6 | | | <input type="text"/> | <input type="text"/> |
| 7 | | | <input type="text"/> | <input type="text"/> |
| 8 | | | <input type="text"/> | <input type="text"/> |
| 9 | | | <input type="text"/> | <input type="text"/> |
| 10 | | | <input type="text"/> | <input type="text"/> |
| 11 | | | <input type="text"/> | <input type="text"/> |
| 12 | | | <input type="text"/> | <input type="text"/> |
| 13 | | | <input type="text"/> | <input type="text"/> |
| 14 | | | <input type="text"/> | <input type="text"/> |
| 15 | | | <input type="text"/> | <input type="text"/> |
| 16 | | | <input type="text"/> | <input type="text"/> |
| 17 | | | <input type="text"/> | <input type="text"/> |
| 18 | | | <input type="text"/> | <input type="text"/> |
| 19 | | | <input type="text"/> | <input type="text"/> |
| 20 | | | <input type="text"/> | <input type="text"/> |
| 21 | | | <input type="text"/> | <input type="text"/> |
| 22 | | | <input type="text"/> | <input type="text"/> |
| 23 | | | <input type="text"/> | <input type="text"/> |
| 24 | | | <input type="text"/> | <input type="text"/> |
| 25 | | | <input type="text"/> | <input type="text"/> |
| 26 | | | <input type="text"/> | <input type="text"/> |
| 27 | | | <input type="text"/> | <input type="text"/> |
| 28 | | | <input type="text"/> | <input type="text"/> |
| 29 | | | <input type="text"/> | <input type="text"/> |
| 30 | | | <input type="text"/> | <input type="text"/> |
| 31 | | | <input type="text"/> | <input type="text"/> |

Additional claims preparation costs Sum Insured

Escalation

Sum Insured Escalation % % Rate x Conversion

Main location sum insured EML Percentage %

Office contents continued

Specified items continued

| Description | Sum insured | Rate/Flat Premium | Excess % Min |
|-------------|-------------|-------------------|--------------|
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |

Additional claims preparation costs Sum insured R

Theft

| Risk | Sum insured | Basis of cover Full Value or First Loss | Excess | Rate |
|------|-------------|---|----------------------|----------------------|
| 1 | | Loss | <input type="text"/> | <input type="text"/> |
| 2 | | | <input type="text"/> | <input type="text"/> |

Please answer the following questions and provide full details where requested to do so:

1. What physical protections have been implemented to protect the premises and their contents from theft?

Premises 1:

Premises 2:

2. Are the premises alarmed? (1) Yes No (2) Yes No

3. If Yes, do you subscribe to an armed response or security company? (1) Yes No (2) Yes No

Name of company

4. Do you have a maintenance contract with this company? (1) Yes No (2) Yes No

5. When was the alarm installed? (1) (2)

6. Are opening and closing signals monitored? (1) Yes No (2) Yes No

Extensions and clauses

Buildings - Increased limit Premises 1 Yes No Sum insured R

Premises 2 Yes No Sum insured R

Specified items Yes No If Yes, please list details in section provided below.

Additional claims preparation costs Sum insured R Rate/Premium

Specified items

| Description | Sum insured | Rate/Flat Premium | Excess % Min |
|-------------|-------------|-------------------|--------------|
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |
| | R | | |

Monday

| Risk | Major limit Sum insured | 1. Seasonal increase | | | 2. Seasonal increase | | |
|------|-------------------------|----------------------|----|-------------|----------------------|----|-------------|
| | | From | To | Sum insured | From | To | Sum insured |
| 1 | R | | | R | | | R |
| 2 | R | | | R | | | R |

Extensions and clauses

Receptacles (R2 000 std. If more state sum ins) Sum insured Flat Premium

Special limit

| | Description | Limit of Indemnity | Premium |
|----------|--|---------------------------------------|----------------------|
| 1(a) | Outside business hours | <input type="text" value="R 1 500"/> | <input type="text"/> |
| 1(b) | Residence of Directors/Employees | <input type="text" value="R 1 500"/> | <input type="text"/> |
| 1(c) | Petrol attendant(s) | <input type="text"/> | <input type="text"/> |
| 1(d)(i) | Transit - Collectors/Roundsmen | <input type="text"/> | <input type="text"/> |
| 1(d)(ii) | Transit - Business Trip | <input type="text" value="R 1 500"/> | <input type="text"/> |
| 2(a) | Safe/Strongroom description ((a) and/or (b) as reflected below:) | | <input type="text"/> |
| 2(a)(i) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2(a)(ii) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | Crossed cheques | <input type="text" value="R100 000"/> | <input type="text"/> |

Specified items

| | Description | Limit of Indemnity | Flat Premium |
|----|-------------|--------------------|----------------------|
| 1 | | R | <input type="text"/> |
| 2 | | R | <input type="text"/> |
| 3 | | R | <input type="text"/> |
| 4 | | R | <input type="text"/> |
| 5 | | R | <input type="text"/> |
| 6 | | R | <input type="text"/> |
| 7 | | R | <input type="text"/> |
| 8 | | R | <input type="text"/> |
| 9 | | R | <input type="text"/> |
| 10 | | R | <input type="text"/> |
| 11 | | R | <input type="text"/> |
| 12 | | R | <input type="text"/> |
| 13 | | R | <input type="text"/> |

Additional claims preparation costs Sum insured

Personal accident assault Yes No If required, please provide the following:

Capital sum Weekly sum Medical expenses

No of employees Premium

Glass

| Premises | Sum insured | Excess | Premises | Sum insured | Excess |
|----------|--------------------------------|----------------------|----------|----------------------|----------------------|
| 1 | <input type="text" value="R"/> | <input type="text"/> | 2 | <input type="text"/> | <input type="text"/> |

Extensions and clauses

Special Reinstatement Yes No

Additional claims preparation costs Sum insured Rate Premium

Fidelity Guarantee

Blanket Yes No

OR Named/Position Yes No

Basis of cover
Details to be shown in space provided below

Extensions and clauses

Retroactive cover Yes No

Reduction/Reinstatement Yes No

Cost of recovery Yes No

If required - cost of recovery amount R

24 month discovery Yes No

36 month discovery Yes No

Superseded policy Yes No No of years

Policy number

Insurer

Sum insured R

Basis of cover - If Blanket Basis, state "All employees". If Named or Position basis, list positions of persons to be insured or name persons individually.
If more space required, attach separate page.

| Item | Description | No of Employees | Sum Insured | Premium | Excess |
|------|-------------|-----------------|-------------|----------------------|----------------------|
| 1 | | | | <input type="text"/> | <input type="text"/> |
| 2 | | | | <input type="text"/> | <input type="text"/> |
| 3 | | | | <input type="text"/> | <input type="text"/> |
| 4 | | | | <input type="text"/> | <input type="text"/> |
| 5 | | | | <input type="text"/> | <input type="text"/> |
| 6 | | | | <input type="text"/> | <input type="text"/> |
| 7 | | | | <input type="text"/> | <input type="text"/> |
| 8 | | | | <input type="text"/> | <input type="text"/> |
| 9 | | | | <input type="text"/> | <input type="text"/> |
| 10 | | | | <input type="text"/> | <input type="text"/> |
| 11 | | | | <input type="text"/> | <input type="text"/> |
| 12 | | | | <input type="text"/> | <input type="text"/> |

Additional claims preparation costs Sum insured R

Goods in Transit

Limit of Indemnity R

Excess: % of claim Minimum R

Means of conveyance R

Goods carried

Insurer

Commodity class Risk class

Estimated annual carry R

or No of vehicles

Extensions and clauses

Restricted cover Yes No

Debris removal Yes No Debris limit R

Flat Premium R

Fire extinguishing costs Yes No Fire costs limit R

Flat Premium R

Additional claims preparation costs Sum insured R

Rate/Premium

Specified items Yes No Please list details in space provided below.

| Description | Sum insured | Rate/Flat Premium | Excess % Min |
|-------------|-------------|----------------------|----------------------|
| | R | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> |

Business All Risks continued

Schedule of items to be insured

| Item | Description | Sum insured | Rate/Premium | Excess |
|------|----------------------|-------------|--------------|-------------|
| 8 | | | | |
| | Commodity/class code | R | | % Minimum R |
| 9 | | | | |
| | Commodity/class code | R | | % Minimum R |
| 10 | | | | |
| | Commodity/class code | R | | % Minimum R |

Extensions and clauses

Replacement value Yes No

Increased cost of working Yes No Sum insured Premium

Public Liability

Basis Claims made OR Claims occurring

Retroactive date Limit of liability

Premium per location Number of locations

Turnover limit Other limit

Excess: % of claim subject to a Minimum R

Products liability Yes No Limit of liability Rate

Excess: % of claim Minimum R

Territories Yes No State amended territories if other than standard are required:

Territorial limits description (Excluding the USA and Canada)
Republic of South Africa, Namibia, Botswana, Lesotho, Swaziland, Zimbabwe, Malawi

Other:

Defective Workmanship Yes No Wages limit of liability Rate

Excess: % of claim Minimum R

Legal defence Yes No Limit of liability

No of persons Prem/person OR Flat premium R

Wrongful arrest Yes No

No of persons Prem/person OR Flat premium R

E.C. liability Yes No Rate Excess:

Employers liability

Limit of liability Retroactive date

Estimate annual earnings Rate or Flat premium R

Category of employees

If "Specified" list names:

Stated Benefits

Person (individual) Category

Occupation Occ code

OR

No. of persons (Group) Category

Occupation Occ code

NB: If more space required, attach separate sheet.

Compensation payable

Death No of years PTD No of years TTD percentage

TTD Franchise (cover to start after) week(s) TTD payable for a max of week(s)

Medical expenses

Extensions and clauses

Business hours limitation Yes No

Group personal accident

| | | |
|-------------------------------|-------------|-------------|
| Person (or number of persons) | | |
| Occupation | | |
| Category/Occ code | | |
| Compensation | | |
| Death benefit | R | R |
| Permanent total disablement | R | R |
| TTD amount per week | R | R |
| TTD Franchise (to start from) | _____ weeks | _____ weeks |
| TTD payable for a max of | _____ weeks | _____ weeks |
| Medical expenses | R | R |

Extensions and clauses

Business hours limitation Yes No

NB: If more space required, attach separate sheet.

Motor

1. Registration number/Year of manufacture

2. Make and model of vehicle

3. Number of cylinders/cubic capacity/no of seats

4. Value (maximum indemnity)

5. Type of cover required (tick (✓) the appropriate box):

Comprehensive

Third party, fire and theft

Third party only

Vehicle definition (a) (b) (c)

6. No claim discount (proof required)

7. Chassis number/Engine number

8. Vehicle ID number (VIN Code)

Own damage excess % Minimum R

9. Is the vehicle used for private use? Give details. Yes No

10. What security devices are fitted?

Third party (liability) excess % Minimum R

11. Passenger liability required? Limit of liability? Yes No R

OR

12. Unauthorised passenger liability? Limit of liability? Yes No R

13. Windscreen cover required - for commercial vehicles Yes No Excess:

and/or LDV's Yes No

14. Loss of keys (Std. R250) Is higher limit required? Yes No R

15. Wreckage removal Yes No R1 000

16. Credit shortfall required (Value must be adequate) Yes No

17. Accessories (e.g. car radio, etc) Yes No List items to be covered in space provided.

18. Is the vehicle modified in any way? Yes No Details:

19. Is it imported? Yes No

20. Do you require car hire following theft cover? Yes No (Applicable to private type cars only.)

and/or car hire total loss? Yes No (Applicable to private type cars only.)

21. Is the vehicle fitted with a tracking device? Yes No Type:

Specified items (accessories e.g. car radio)

| Description | Sum insured | Rate/Flat Premium | | Excess | |
|-------------|-------------|----------------------|----------------------|----------------------|----------------------|
| | | | | % | Min |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

NB: If cover for more than one vehicle required, attach separate page(s).

Motor personal accident section continued)

Basis of cover - If (i) named persons or (ii) any driver and passengers are elected, list persons to be insured in space provided below. If more space is required, attach separate page.

Details to be shown in space provided below.

| Name of person | Date of birth | Benefits No of units (Refer below) | Name of person | Date of birth | Benefits No of units (Refer below) |
|----------------|---------------|------------------------------------|----------------|---------------|------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Selected benefits (Select the amount of cover you require for each individual benefit available)

Applicable to persons over 15 and under 75 years of age

| Units | Death & Permanent Total Disability (PTD) | Med Expenses |
|-------|--|--------------|
| 1 | R250,000 | R10,000 |
| 2 | R500,000 | R20,000 |
| 3 | R750,000 | R30,000 |
| 4 | R1,000,000 | R40,000 |
| 5 | R1,250,000 | R50,000 |
| 6 | R1,500,000 | R60,000 |
| 7 | R1,750,000 | R70,000 |
| 8 | R2,000,000 | R80,000 |

SASRIA

Please indicate if you require SASRIA (South African Special Risks Insurance Association) cover by completing the relevant section(s) below:

Material damage

| Section | Sum insured | Rate |
|-----------------------------------|----------------------|----------------------|
| Fire | R | <input type="text"/> |
| Buildings combined/Body corporate | R | <input type="text"/> |
| Office contents | R | <input type="text"/> |
| Business All Risks | R | <input type="text"/> |
| Electronic equipment | R | <input type="text"/> |
| Glass | R | <input type="text"/> |
| Money | Underlying premium R | <input type="text"/> |
| Goods in transit | | <input type="text"/> |
| | | <input type="text"/> |

Standing charges/Working Expenses

Tick (✓) whichever is applicable. Note: Full list of standing charges or working expenses are required.

Standing charges OR Working Expenses Liability Period

Standing charges OR Working Expenses Liability Period

Sum Ins.

List of Standing charges OR Uninsured working expenses _____

SASRIA continued

Motor

If the number of vehicles to be covered is 4 or less, please provide the following information:

| Make and model | Registration No. | Value | Premium |
|----------------|------------------|-------|----------------------|
| | | R | <input type="text"/> |
| | | R | <input type="text"/> |
| | | R | <input type="text"/> |
| | | R | <input type="text"/> |

If the number of vehicles to be insured is 5 or more, please provide the number of vehicles to be covered within each category:

| Category | Description | No. of vehicles | Total Premium |
|----------|---------------------------------|-----------------|---------------|
| 1 | Cars and Taxis seating up to 12 | x R15,00 | = R |
| 2 | Goods Vehicles | x R30,00 | = R |
| 3 | Taxis - seating 13 to 19 | x R30,00 | = R |

| Category | Description | Total value of all vehicles | Premium | Total Premium |
|----------|---|-----------------------------|----------|---------------|
| 4 | Car/vehicle ferrying companies and/or Auto carrying companies and Motor Traders | R | x 0,006% | = R |
| 5 | Buses | R | x 0,250% | = R |

Consent to information sharing

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims regarding the assessment of information.

By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent.

You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

Declaration

I/We declare that all particulars and answers in this proposal and application are true and complete in every respect, and that no material fact has been suppressed or withheld. I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves, such person shall be deemed to have been my/our Agent for the purpose. I/We agree that this declaration and the details given shall be the basis of the contract between myself/ourselves and GuardRisk Insurance Company Limited (referred to as the Company) / Protocol Risk Managers FSP 49614. I/We further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay premium thereunder. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property for which insurance is proposed.

Signature of Insured

Date

DEBIT ORDER AUTHORISATION

CONTACT DETAILS

| | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|------|--|--|--|
| Residential Address | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Code | | | |
| Postal Address | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Code | | | |
| Telephone No. | | | | | | | | | | | | | Cell | | | | | | |
| Fax No. | | | | | | | | | | | | | Email | | | | | | |

ACCOUNT DETAILS

| | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--------|--|---------|--|--------------|--|--|--|--|--|--|-------------|--|--|--|--|--|--|
| Account Holder | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Name of Bank | | | | | | | | | | | | | Branch Code | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Name of Branch | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Account No. | | | | | | | | | | | | | | | | | | | |
| Type of Account | | Cheque | | Savings | | Transmission | | | | | | | | | | | | | |

NB: I, the undersigned, hereby authorise Guardrisk Insurance Company Ltd or it's nominee, to withdraw amounts against my bank account (as indicated above) on the date elected, amounts in accordance with and as specified by the insurance. I have been advised of the premium payable and that the premium will be deducted by monthly debit order by Guardrisk Insurance Company (Pty) Ltd if this payment option is selected.

I understand that failure to pay the monthly premium will result in cover being lapsed from the last date of the month which was paid

Full name and surname of person completing the form:

| | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Full Name | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | |

Signature

SIGNATURE

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|