Contact Details Tel: 082 601 8288 Fax: 086 498 1683 FSP 47088 www.certainsure.co.za



Physical Address 2 Carlisle Close West Beach Cape Town 7441

Certainsure Commercial Closing Instruction

This document forms part of the quotation already provided to you

Underwritten by:	Certainsure Underwriting Managers (PTY) Ltd			
Insurance Company - quoted				
Quote Date:				
The Insured: (Legal Entity)				
Policy type:				
Policy number / Quote number				
VAT number:				
Contact person:				
Broker:				
Postal Address:				
Risk Address 1:				
Risk Address 2:				
NISK Address 2.				
Risk Address 3:				
Contact number:	Work:		Cell:	
Email:				
Warranties:	Warranties	noted as pe	r quote/policy	schedule
Inception date / Renewal date		<u> </u>		
	1		Ι .	
Previous Claims	Value	Date	Insurer	Result
Business Name:				
Type of business:				
Construction type:				
Current Insurer:				

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Has any insurance ever been cancelled?	
Any previous endorsements made?	
Any other special circumstances to the risk?	
HISK:	

<u>Declaration of Insurance cover acceptance</u>

I declare that:

- None of the property insured are specifically liable to loss or damage, and all property, buildings, plant and machinery, equipment and motor vehicles are maintained and kept in good conditions with minimal defect.
- The sums insured represent the full and correct values of the property
- The vehicles insured will not be driven by any person whom to my knowledge has been refused any motor insurance or continuance thereof or has had their driving license endorsed or suspended or is suffering from any physical defect.
- The person proposed for personal accident insurance is in good health, has no physical defect or infirmity and there are no circumstances of his/her occupation or habits which may render them susceptible to accident or injury
- To the best of my knowledge there is no litigation pending against me nor am I to initiate litigation against any other person regarding this policy of insurance
- All answers and details given in this proposal as set out in the quotation are true and correct in every aspect and all material facts which could influence the acceptance of this policy by the insurer have been declared by me
- I have examined the quotation and find it acceptable by signing this document and I accept the terms and conditions set out within the quote and documents and all the covers, sections, warranties, requirements have been explained to me
- I understand the cover is not effective until acceptance of this proposal has been confirmed by the company or authorized intermediary
- I have declared all previous insurance policies and all claims that have been submitted which will influence the decision of the insurer or underwriter in accepting this proposal
- I have received and acknowledge the attached warranties and clauses and excesses shown against the policy
- I have received and acknowledge the attached statutory notices and have noted the declarations made by the underwriter

Consent Clause: Compulsory signing required

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. This is done in public interest and in the interest of all current and potential policyholders. The sharing of information includes but is not limited to 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 said information being disclosed to any other insurance company or its agent. You similarly give consent to sharing of information in regards to past insurance policies and claims you have made. You also acknowledge information you supplied may be verified against any legally recognized sources. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regards 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 information to the claim, will be included on the system and made available to other insurers participating in the IDS system.

Insured Signature	Capacity	Date

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Debit Order Authority

INCEPTION DATE	:
BANK	:
ACCOUNT TYPE	: <u> </u>
ACCOUNT NUMBER	:
BRANCH CODE	:
ACCOUNT HOLDER	:
DEBIT ORDER DATE	:
amount due in respect of the un	nay transfer my/our account) the amount necessary for payment of the monthly ndermentioned insurance. hall form the basis of the Insurance Contract
Signature	
Name in block letters	