



## COMMERCIAL PROPOSAL FORM

### POLICY HOLDER DETAILS

NAME OF COMPANY:			
COMPANY ADDRESS:		POSTAL ADDRESS:	
CODE:		CODE:	
CONTACT NUMBERS	OFFICE:		
	FAX:		
	CELL:		
	EMAIL:		
DATE COVER TO COMMENCE:			
NATURE OF BUSINESS: (FULL DETAILS)			

### **CONSENT TO USE FOR UNDERWRITING, CLAIMS AND OTHER RELEVANT INFORMATION**

By accepting this policy, you give us consent to share your information (including credit information) with claims, underwriting and insurers. Such consent shall:

- 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.
- Allow such information to be disclosed to any other Insurance Company or its agents.
- Allow us to verify the information provided by you against other legitimate sources or databases.

#### **DECLARATION:**

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

***Please complete all questions. Where you are unable to supply answers, kindly state the reasons:***

### **YOUR INSURANCE HISTORY**

	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)		
DECLINED YOU INSURANCE	YES	NO
REFUSED TO RENEW YOUR POLICY	YES	NO
IMPOSED SPECIAL TERMS	YES	NO
CANCELLED YOUR POLICY	YES	NO

**SUPPLY DETAILS OF ALL LOSSES OR ACCIDENTS DURING THE PAST THREE YEARS WHETHER INSURED OR NOT UNDER THE FOLLOWING HEADINGS:**

DATE OF LOSS	DESCRIPTION OF LOSS	RANDS VAUE

**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 : \_\_\_\_\_

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 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Account Holder \_\_\_\_\_