



Commercial Underwriting Managers (Pty) Ltd

A C and E Commercial Underwriting Managers (Pty) Ltd

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa
Company Registration Number: 2014 / 237716 / 07 | VAT Registration Number: 4260269057
Tel: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za
An Authorised Financial Service Provider: FSP No.: 45915

Closing Instruction form

INSURANCE BROKER

Broker Name: _____ Agency Code: _____
Contact number: _____ Email: _____

CLIENT DETAILS:

Business Name: _____
Registration Number/ID Number: _____
Company VAT Number: _____
Risk Address: _____
Contact Person: _____ Capacity: _____ Code: _____
Contact Number: _____ Email: _____
Period of Insurance: From _____ to _____

RISK DETAILS:

Business Description (Full Details): _____
Risk Address: _____
Occupation of Premises: _____
Building Construction: _____
Hazardous Process(s): _____
Estimated Annual Turnover: _____
Estimated Annual Carry: _____

PREVIOUS INSURANCE:

1. Has any insurer ever declined a proposal of yours, cancelled any policy (or any section thereof) of yours, imposed any special conditions, refused to renew any policy (or any section thereof) of yours, or refused to continue with any insurance of yours?

YES NO If "Yes", Please give full details _____

Previous Insurer: _____ Policy Number: _____
Period of Insurance: From: _____ To: _____

History and Losses/claims for last three years: _____

2. Should any of the above information be incorrect or should there be any other material fact (that would have influence our decision to offer a quote or terms of the quote) that has not been disclosed, then urgent contact should be made by the insured to rectify the non-disclosure or incorrect information. The consequence of incorrect or inadequate declarations of material information can result in serious implications on coverage and claims payments.



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COVER REQUIRED

(Please tick appropriate block)

Section	Class	Cover Required		Annual Premium
1	Fire	YES	NO	R
2	Building Combined	YES	NO	R
3	Office Contents	YES	NO	R
4	Business Interruption	YES	NO	R
5	Accounts Receivable	YES	NO	R
6	Theft	YES	NO	R
7	Money	YES	NO	R
8	Glass	YES	NO	R
9	Fidelity	YES	NO	R
10	Goods in Transit	YES	NO	R
11	Business All Risk	YES	NO	R
12	Accidental Damage	YES	NO	R
13	Employers Liability	YES	NO	R
14	Public Liability	YES	NO	R
15	Stated Benefits	YES	NO	R
16	Group Personal Accident	YES	NO	R
17	Motor	YES	NO	R
18	Motor Traders Internal	YES	NO	R
19	Motor traders External	YES	NO	R
20	Electronic Equipment	YES	NO	R
21	Machinery Breakdown	YES	NO	R
22	Machinery Breakdown BIS	YES	NO	R
				R

TOTAL ANNUAL PREMIUM R _____

Monthly Premium R _____

SASRIA R _____

Broker Fee R _____

Total Monthly Premium R _____

CLIENT SIGNATURE



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DEBIT ORDER REQUEST AUTHORISATION FORM EPIC a division of Insurance Outsourcing Managers (Pty) Ltd

Name (Insured): _____ Date: _____

Address: _____

Dear Sirs/Madams,

The details of my bank account are as follows:

BANK: _____ BRANCH/TOWN: _____

ACC NAME: _____ BRANCH NO: _____

ACC. NO.: _____ TYPE OF A/C: _____

(Savings, current, transmission)

I/we hereby request and authorise you to draw against my/our account with the abovementioned bank the sum of R_____ (my/our monthly insurance premium/s or any variable amount pertaining to this agreement), on the 1st / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th / 13th / 14th / 15th (please circle the applicable date) day of each and every month. This being the amount necessary for the payment of the monthly premium/payment due to you in respect of our insurance contract/agreement. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I/we the undersigned, "instruct" and authorize your agent "EPIC", to draw against my/our account with the abovementioned bank, I/we understand that the withdrawals authorized here will be processed by First National Bank and I/we also understand that details of each withdrawal will be printed on my/our bank statement. I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by means of giving you thirty days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Signed _____ on this _____ day of _____ 20 _____

SIGNATURE AS USED FOR SIGNING CHEQUES