



Commercial Underwriting Managers (Pty) Ltd

A C and E Commercial Underwriting Managers (Pty) Ltd

7th Floor Office Tower, Bedford Centre, Smith Street, Bedford view

P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2014 / 237716 / 07

Tel: 011 615 7529 Fax: 011 615 9360 Website: www.engineeringace.co.za

A Juristic Representative of FSP 45553

Commercial Application form

INSURANCE BROKER

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

CLIENT DETAILS

Business Name: _____
Registration Number/ID Number: _____

Risk Address: _____ Code: _____
Contact Person: _____ Capacity: _____
Contact Number: _____ Email: _____
Period of Insurance: From _____ to _____

RISK DETAILS

Business Description(Full Details): _____
Risk Address: _____
Occupation of Premises: _____
Building Construction: _____
Hazardous Process: _____
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: _____



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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
TOTAL ANNUAL PREMIUM				R
Monthly Premium				R
SASRIA				R
Broker Fee				R
Total Monthly Premium				R

CLIENT SIGNATURE



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SECTION 1. FIRE

ITEM	DISCRIPTION/ADDRES	SUM INSURED
		R
		R
		R
		R
		R
Buildings		R
Rent (Receivable/Payable)		R
Plant, Machinery, Landlords Fixtures and Fittings and all other Contents		R
Stock and materials in Trade		R
Goods in the open		R
Additional claims Preparation Costs		R

ADDITIONAL PERILS TO BE INCLUDED

Earthquake	YES	NO
Special Perils (Storm, wind, water, hail)	YES	NO
Malicious Damage	YES	NO
Leakage Limit Required R.....	YES	NO
Subsidence and Landslide (Requires Engineers Report)	YES	NO
Riot and Strike Outside of RSA	YES	NO

EXSTENTIONS TO BE INCLUDED

Disposal of Salvage	YES	NO
Escalation Specify Percentage..... %	YES	NO

Additional Information:

.....

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SECTION 2. BUILDING COMBINED

ITEM	SUM INSURED
.....	R
.....	R
.....	R
.....	R
TOTAL	R

EXSTENTIONS TO BE INCLUDED

Subsidence and Landslide (Requires Engineers Report)

Riot and Strike Outside of RSA

Escalation Specify Percentage..... %

YES	NO
YES	NO
YES	NO

Additional Information:

.....

.....

.....

.....

SECTION3. OFFICE CONTENTS

ITEM	SUM INSURED
Contents	R
Documents	R
Liability for documents	R
Additional Claims Preparation Costs	R

EXTENTIONS TO BE INCLUDED

Theft by Forcible and Violent entry

Theft Extension

YES	NO
YES	NO

Limit

Limit

R

R

NB COMPUTER EQUIPMENT IS EXCLUDED UNDER THIS SECTION

Additional Information:

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.....

.....



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SECTION 4. BUSINESS INTERUPTION

ITEM	SUM INSURED
1. Gross Profit(Difference Basis) _____	R _____
2. Gross Profit(Additions Basis) _____	R _____
3. Revenue _____	R _____
4. Additional Increase in Cost of Working _____	R _____
5. Wages (Number of Weeks Basis) Number of Weeks: _____	R _____
6. Fines and Penalties _____	R _____
7. Additional claims Preparation Costs _____	R _____
8. Other _____	R _____

INDEMNITY PERIOD (SPECIFY NUMBER OF MONTHS) _____ Months

EXTENTIONS TO BE INCLUDED

Suppliers/Subcontractors (specified)	YES	NO% of sum insured by items 1 to5
Suppliers/Subcontractors (unspecified)	YES	NO% of sum insured by items 1 to5
Prevention of access – Extended Cover	YES	NO	
Customers (Specified)	YES	NO% of sum insured by items 1 to5
Public Utilities- Insured Perils	YES	NO	
Public Telecommunications- Insured Perils	YES	NO	
Public Utilities – Extended Cover	YES	NO	
Public Telecommunications- Extended Cover	YES	NO	

Additional Information: _____

SECTION 5. ACCOUNTS RECIEVABLE

ITEM	SUM INSURED
Outstanding Debt Balance _____	R _____
Additional Claims Preparation Costs _____	R _____
	Total _____

EXTENTIONS TO BE INCLUDED

Transit Extension	YES	NO	Limit	R _____
Riot and Strike Outside RSA	YES	NO	Limit	R _____

Note: Declaration of outstanding debt balance to be made within 60 days

Of the end of the month to which they refer.

Additional Information: _____



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SECTION 6. THEFT

ITEM(Premises to be specified)

FIRST LOSS

R

R

R

R

R

R

R

R

R

R

R

R

Additional Claims Preparation Costs

R

Total R

SECURITY OF PREMISES

Burglar Bars
 Security gates
 Controlled Access
 24 Hour Guards
 Linked Alarm with Armed Response
 If YES, to Alarm

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

Service Provider

EXTENTIONS TO BE INCLUDED

Damage to Building, as result of attempted theft-increase limit

YES	NO
-----	----

Limit

R

Additional Information:

SECTION 7. MONEY

ITEM(Premises to be specified)

MAJOR LIMIT

R

R

R

R

R

R

R

Total R



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Limit required during any other specified period:

Details

Receptacles

YES	NO
-----	----

Limit

R

Additional Claims Preparation Costs

YES	NO
-----	----

limit

R

Riot and Strike Outside of RSA

YES	NO
-----	----

Personal Accident Assault

YES	NO
-----	----

No of Persons

Capital Sum

Weekly Sum

Medicals

Additional Information:

SECTION 8. GLASS

ITEM(Premises to be specified)

MAJOR LIMIT

R

R

R

R

R

R

Additional Claims Preparation Costs

EXTENTIONS TO BE INCLUDED

Special Reinstatement

YES	NO
-----	----

Riot and Strike Outside RSA

YES	NO
-----	----

Sum Insured

R

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SECTION 9. FEDILITY GUARENTEE

Name or Position Basis

SUM INSURED

Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Click here to enter text.	R
Total	R

Blanket Basis

Number of Employees	R
Additional Claims preparation Costs	R

EXTENTIONS TO BE INCLUDED

Retroactive cover

Superseded Policy (.....years)

Voluntary First Amount Payable R.....

Reinstatement of Sum insured

Cost of Recovery limit R.....

Computer losses

Losses discover 24 months after they have been committed but not more than 36 months thereafter

Extension granted on receipt of satisfactory system audit in respect of losses discovered more than 24 months after being committed

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If YES, attach copy of System Audit Report and state name of accounting firm _____

Additional Information:

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.....

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.....



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SECTION 11. BUSINESS ALL RISK

ITEM	DISCRIPTION/ADDRES	SUM INSURED
		R
		R
		R
		R
		R
		R
		R
		R
		R
		R

EXTENTIONS TO BE INCLUDED

Replacement value Conditions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Increased Cost of Working	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sum insured R
Riot and Strike Outside RSA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional Claims preparation Costs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sum insured R

Additional Information: _____

SECTION 12. ACCIDENTAL DAMAGE

ITEM	DETAILS	SUM INSURED
1. All property as defined in the section	Total Value	R
OR		
2. First Loss		R
Premises		

EXTENTIONS TO BE INCLUDED

Leakage of Oils/Chemicals/Fumes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sum insured R
Additional Claims preparation Costs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sum insured R

Additional Information: _____



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SECTION 13. PUBLIC LIABILITY

Basis of Cover

Claims Made
Occurrence

YES	NO
YES	NO

If YES, state Retroactive Date _____

SPECIFIED PREMISES

LIMIT OF INDEMNITY

_____	R
_____	R
_____	R
_____	R
_____	R

EXTENTIONS TO BE INCLUDED

Product Liability
Defective Workmanship
Legal defence Costs/Wrongful Arrest/Defamation
EEC Liability

YES	NO
YES	NO
YES	NO
YES	NO

Limit _____ R
Limit _____ R

RISK QUESTIONARE NEEDS TO BE COMPLETED FOR PRODUCT LIABILITY AND DEFECTIVE WORKMANSHIP

Additional Information:

SECTION 14. EMPLOYERS LIABILITY (Claims made basis only)

Retroactive Date _____

LIMIT OF INDEMNITY

R

Additional Information:

SECTION 15. STATED BENEFITS

ITEM

DESCRIPTION/OCCUPATION

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____



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CIRCUMSTANCES

ITEM NO/COMPENSATION

	1	2	3	4	5	
Death						Times annual salary
Permanent Disability						Times annual salary
Temporary total disability		%	%	%	%	Average weekly salary
For a period longer than						weeks
But no longer than						weeks
Medical Expenses	R	R	R	R	R	

EXTENTIONS TO BE INCLUDED

Burns Disfigurement Extension

YES	NO
YES	NO

Business Hours Limitation

SECTION 16. GROUP PERSONAL ACCIDENT

ITEM

NAME/DESCRIPTION/OCCUPATION

1.	
2.	
3.	
4.	
5.	

CIRCUMSTANCES

ITEM NO/COMPENSATION

	1	2	3	4	5	
Death	R	R	R	R	R	
Permanent Disability	R	R	R	R	R	
Temporary total disability	R	R	R	R	R	Per week
For a period longer than						weeks
But no longer than						weeks
Medical Expenses	R	R	R	R	R	

EXTENTIONS TO BE INCLUDED

Burns Disfigurement Extension

YES	NO
YES	NO

Business Hours Limitation



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SECTION 17. MOTOR

YEAR/MAKE/MODEL

REGISTRATION NUMBER

VINN NUMBER

ENGIN NUMBER

COVER	COMPREHENSIVE	T.P.F.T	T.P	
SECURITY	IS THE VEHICLE VSS COMPLIANT		Y	N
	FACTORY FITTED ALARM		Y	N
	FITTED WITH A IMMOBILISOR		Y	N
	FITTED WITH A GEARLOCK		Y	N
	TRACKING DEVICE		Y	N
	NO CLAIM BONUS			

IF FITTED WITH TRACKING DEVICE

SURVICE PROVIDER DETAILS

VALUE

R

EXTRAS(to be added to value)

R

EXTENTIONS TO BE INCLUDED

Contingent Liability

YES	NO
-----	----

Passenger Liability

YES	NO
-----	----

Parking facilities

YES	NO
-----	----

Windscreen

YES	NO
-----	----

Loss of keys

YES	NO
-----	----

YEAR/MAKE/MODEL

REGISTRATION NUMBER

VINN NUMBER

ENJIN NUMBER

COVER	COMPREHENSIVE	T.P.F.T	T.P	
SECURITY	IS THE VEHICLE VSS COMPLIANT		Y	N
	FACTORY FITTED ALARM		Y	N
	FITTED WITH A IMMOBILISOR		Y	N
	FITTED WITH A GEARLOCK		Y	N
	TRACKING DEVICE		Y	N
	NO CLAIM BONUS			

IF FITTED WITH TRACKING DEVICE

SURVICE PROVIDER DETAILS

VALUE

R

EXTRAS(to be added to value)

R

EXTENTIONS TO BE INCLUDED

Contingent Liability

YES	NO
-----	----

Passenger Liability

YES	NO
-----	----

Parking facilities

YES	NO
-----	----

Windscreen

YES	NO
-----	----

Loss of keys

YES	NO
-----	----



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YEAR/MAKE/MODEL

REGISTRATION NUMBER

VINN NUMBER

ENJIN NUMBER

COVER	COMPREHENSIVE	T.P.F.T	T.P	
SECURITY	IS THE VEHICLE VSS COMPLIANT		Y	N
	FACTORY FITTED ALARM		Y	N
	FITTED WITH A IMMOBILISOR		Y	N
	FITTED WITH A GEARLOCK		Y	N
	TRACKING DEVICE		Y	N
	NO CLAIM BONUS			

IF FITTED WITH TRACKING DEVICE

SURVIVE PROVIDER DETAILS

VALUE

R

EXTRAS(to be added to value)

R

EXTENTIONS TO BE INCLUDED

Contingent Liability

YES	NO
-----	----

Passenger Liability

YES	NO
-----	----

Parking facilities

YES	NO
-----	----

Windscreen

YES	NO
-----	----

Loss of keys

YES	NO
-----	----

YEAR/MAKE/MODEL

REGISTRATION NUMBER

VINN NUMBER

ENJIN NUMBER

COVER	COMPREHENSIVE	T.P.F.T	T.P	
SECURITY	IS THE VEHICLE VSS COMPLIANT		Y	N
	FACTORY FITTED ALARM		Y	N
	FITTED WITH A IMMOBILISOR		Y	N
	FITTED WITH A GEARLOCK		Y	N
	TRACKING DEVICE		Y	N
	NO CLAIM BONUS			

IF FITTED WITH TRACKING DEVICE

SURVIVE PROVIDER DETAILS

VALUE

R

EXTRAS(to be added to value)

R

EXTENTIONS TO BE INCLUDED

Contingent Liability

YES	NO
-----	----

Passenger Liability

YES	NO
-----	----

Parking facilities

YES	NO
-----	----

Windscreen

YES	NO
-----	----

Loss of keys

YES	NO
-----	----



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YEAR/MAKE/MODEL

REGISTRATION NUMBER

VINN NUMBER

ENJIN NUMBER

COVER	COMPREHENSIVE	T.P.F.T	T.P	
SECURITY	IS THE VEHICLE VSS COMPLIANT		Y	N
	FACTORY FITTED ALARM		Y	N
	FITTED WITH A IMMOBILISOR		Y	N
	FITTED WITH A GEARLOCK		Y	N
	TRACKING DEVICE		Y	N
	NO CLAIM BONUS			

IF FITTED WITH TRACKING DEVICE

SURVIVE PROVIDER DETAILS

VALUE

R

EXTRAS(to be added to value)

R

EXTENTIONS TO BE INCLUDED

Contingent Liability

YES	NO
-----	----

Passenger Liability

YES	NO
-----	----

Parking facilities

YES	NO
-----	----

Windscreen

YES	NO
-----	----

Loss of keys

YES	NO
-----	----

YEAR/MAKE/MODEL

REGISTRATION NUMBER

VINN NUMBER

ENJIN NUMBER

COVER	COMPREHENSIVE	T.P.F.T	T.P	
SECURITY	IS THE VEHICLE VSS COMPLIANT		Y	N
	FACTORY FITTED ALARM		Y	N
	FITTED WITH A IMMOBILISOR		Y	N
	FITTED WITH A GEARLOCK		Y	N
	TRACKING DEVICE		Y	N
	NO CLAIM BONUS			

IF FITTED WITH TRACKING DEVICE

SURVIVE PROVIDER DETAILS

VALUE

R

EXTRAS(to be added to value)

R

EXTENTIONS TO BE INCLUDED

Contingent Liability

YES	NO
-----	----

Passenger Liability

YES	NO
-----	----

Parking facilities

YES	NO
-----	----

Windscreen

YES	NO
-----	----

Loss of keys

YES	NO
-----	----



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SECTION 18. MOTORTRADERS INTERNAL

TO BE REFERED FOR QUOTATION

SECTION 19 MOTORTRADERS EXTERNAL

TO BE REFERED FOR QUOTATION

SECTION 20. ELECTRONIC EQUIPMENT

ITEM	DISCRIPTION	SUM INSURED
		R
		R
		R
		R
		R
		R

NB LAPTOPS HAS TO BE SPECIFIED

PREMISES

Consequential loss

YES	NO
-----	----

If YES, please provide the following details:

Increased Cost of working- Sum Insured R Indemnity period max ofmonths
 Reinstatement of data- Sum Insured R

EXTENTIONS TO BE INCLUDED

Telkom Access lines	YES	NO	Sum Insured	R
Additional Claims Preparations Costs	YES	NO		
Incompatibility	YES	NO		

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SECTION 21. MACHINARY BREAKDOWN

TO BE REFFERD FOR QUOTATION

SECTION 22 MACHINARY BREAKDOWN Business Interruption Section

TO BE REFFERED FOR QUOTATION

DECLARATION:

I warrant that the answers given are true and correct and I do not know of any material facts even though specific questions about them have not been asked that should be communicated to ACE underwriters.

I have never been refused insurance for the risk I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. The person completing this request to quote and proposal on my behalf does so as my agent.

I AGREE THAT the request to quote and proposal shall be the basis of the contract between the underwriter and myself.

I UNDERSTAND THAT will not start until the proposal has been accepted by the underwriters.

If you are unable to sign this declaration without qualification, please state your reason below:

.....
.....
.....
.....

Authorised Signature _____ Date _____



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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 / 2nd / 7th / 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