

Professional Indemnity Excess Waiver Cover

"PROFSAVE INDIVIDUAL"



RENASA
INSURANCE COMPANY LIMITED

AGRI CHEM APPLICATION

Application: Inception **Date:** _____

Insured: _____

ID/Registration number: _____

Marital Status: _____

Street Address: _____

Code: _____

Postal Address: _____

Code: _____

Contact Details:

Phone Office:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Cell Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Fax Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address: _____

Financial Service Provider: _____

F.S.P. Number: _____

Representatives:

Name: _____ ID:

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Name: _____ ID:

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Name: _____ ID:

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Name: _____ ID:

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(Affix an excel spread sheet for further representatives with same detail as above.)

Debit Order Details:

Name of Bank: _____ Account Holder: _____

Account Type: _____ Debit Order Date: _____

Account Number: _____ Branch: _____

Bank Code: _____

Signature of Account Holder: _____

Primary Professional Indemnity Policy

Insurer: _____
Policy Number: _____ Fax Office: _____
Inception Date: _____ / _____ / _____ Expiry Date: _____ / _____ / _____
dd mm ccyy dd mm ccyy

Excess Amount/Required Cover: R _____ -

Please nominate:

Discipline of practice:

(Specify. eg Insurance, Assurance, legal)

Claims Incurred (Number of Claims):

In the last year: _____	Amount Claimed: R _____	-
In the last 3 years: _____	Amount Claimed: R _____	-
In the last 5 years: _____	Amount Claimed: R _____	-

Terms & Conditions:

I warrant that the information herein is true and correct to the best of my knowledge. I confirm that I am prepared to furnish IBG with any other relevant information that may be required. I further authorise IBG to obtain any relevant information they deem fit and authorise any third party to provide the relevant information to independently verify that the information contained in this application form is correct and for the purposes of assessing the risk in relation to the policy and underwriting the policy. The Applicant accepts the terms and conditions of the wording supplied in the policy contract.

The applicant understands the cover on attached quote and explanation.

The applicant understands the cover is on a month-to-month basis, however the term of the contract is monthly, that failure to meet contributions after a claim has commenced could jeopardise payment of the claim unless paid for until the deemed annual renewal date of policy.

I, the undersigned, hereby accept the above term and conditions.

Signed at _____ on this _____ day of _____, 20____

Signature of client

**IBG Underwriting Managers is an authorised Financial Services Provider with FSP number 365151
Underwriting on behalf of Renasa Insurance Company Limited, a licensed non-life insurer and FSP.**

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