

FSP NUMBER : 17607

BROKER DETAIL / INFO

Broker Name:	<input type="text"/>	Contact Person:	<input type="text"/>
Broker Postal Address:	<input type="text"/>	Broker Street Address:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker Tel Number :	<input type="text"/>	Fax Number:	<input type="text"/>
Broker Email:	<input type="text"/>		

INSURED'S INFORMATION

Surname	<input type="text"/>	Title	<input type="text"/>	
First Names	<input type="text"/>			
ID Number:	<input type="text"/>	Physical Address	<input type="text"/>	
Postal Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Number	<input type="text"/>	Cell	<input type="text"/>	
E-mail Address	<input type="text"/>		Work Fax	<input type="text"/>
Occupation	<input type="text"/>			
Have you ever been blacklisted?	<input type="text"/>			
Date cover is to commence	<input type="text"/>			

DECLARATION

I hereby request Tradesure Underwriting Specialists (Pty) Ltd to arrange and administer insurance noted herein with one of our approved Insurance Companies. No material fact is withheld that may prejudice or influence the underwriting of this proposal. I Acknowledge that Tradesure Underwriting Specialists (Pty) Ltd or its nominee is responsible to collect my monthly premium only by presenting a debit order against my banking account.

If funds are not available it is my sole responsibility to ensure that debits are met and Tradesure Underwriting Specialists (Pty) Ltd are not obligated to inform me that my premium is in arrears.

I declare that I have normal sight, I do not suffer from any form of physical or mental infirmity and that I am in a good state of Health

Innovid Clients:

In so far as the Innovid product offering is available and taken up, I will disclose all data and information for commercial purposes including (without limitation) to finance houses, insurance companies, motor vehicle manufacturers and dealers. Innovid will share information with subcontractors (without limitation), emergency and / or security personnel associated with Innovid

I declare that the answers to all the questions are true, correct and complete and contain all information known to me affecting the risk to be insured and this and any other written statements made by me for the purpose of the insurance shall be the basis between me, my insurer and Innovid (where applicable) and shall be promissory.

I declare that my BROKER will at all times be regarded as my agent and appoint him/her to assist me in all aspects of future actions regarding the arranged insurance herein

I hereby authorise and instruct all insurance companies to provide Tradesure Underwriting Specialists (Pty) Ltd with any information they might request on my my existing or previous insurance policies

Date

Signature of Proposer