

**COMMERCIAL PROPOSAL FORM**

**GENERAL**

Full name of Insured \_\_\_\_\_

Company registration number \_\_\_\_\_ Company VAT number \_\_\_\_\_

Contact person \_\_\_\_\_

Postal address \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ Cell number \_\_\_\_\_

E-mail address \_\_\_\_\_ Website address \_\_\_\_\_

Nature of business (if property owner, note nature of the business of all occupants) \_\_\_\_\_

How long has your business been established? \_\_\_\_\_

Has this company or any other company which the directors may have sat on the board, ever been placed in business rescue, provisional or final liquidation YES NO

If YES, please state name of company and date of liquidation:

Name of Company _____	Date _____
Name of Company _____	Date _____

If this company was rehabilitated, state date of rehabilitation:

Name of Company _____	Date _____
Name of Company _____	Date _____

**PREVIOUS/CURRENT INSURER**

Company _____	Period _____	Branch _____	Policy no _____
Company _____	Period _____	Branch _____	Policy no _____
Company _____	Period _____	Branch _____	Policy no _____

Has any Insurance Company: YES NO

declined any proposal	YES	NO
refused to renew any policy	YES	NO
cancelled any policy	YES	NO
imposed special terms or conditions on any policy	YES	NO

If yes, please state when and by whom and what terms or conditions were imposed, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOSS HISTORY**

Declare all losses during the last 5 years for this company (claimed for or not), minimum 3 years:

Description	Section	Date	Amount Paid
i)			R
ii)			R
iii)			R
iv)			R
v)			R

**THE PREMISES – Risk Location 1**

1. Physical address \_\_\_\_\_ Code \_\_\_\_\_

2. Construction

a) Walls \_\_\_\_\_ b) Roof \_\_\_\_\_

c) Floor \_\_\_\_\_ d) No. of storeys \_\_\_\_\_

e) Outbuildings/structures \_\_\_\_\_

f) Perfect partition walls between buildings YES NO

3. a) Age of building \_\_\_\_\_ b) Condition of building \_\_\_\_\_

4. Flood damage hazard (low-lying, basement, etc.) \_\_\_\_\_

5. Topography \_\_\_\_\_

6. Is there exposure from other perils \_\_\_\_\_

**ADJOINING PREMISES – Risk Location 1**

1. Occupation \_\_\_\_\_

2. a) Age of building \_\_\_\_\_ b) Condition of building \_\_\_\_\_

3. Type of neighbourhood \_\_\_\_\_

**THE PREMISES – Risk Location 2**

1. Physical address \_\_\_\_\_ Code \_\_\_\_\_

2. Construction

a) Walls \_\_\_\_\_ b) Roof \_\_\_\_\_

c) Floor \_\_\_\_\_ d) No. of storeys \_\_\_\_\_

e) Outbuildings/structures \_\_\_\_\_

f) Perfect partition walls between buildings YES NO

3. a) Age of building \_\_\_\_\_ b) Condition of building \_\_\_\_\_

4. Flood damage hazard (low-lying, basement, etc.) \_\_\_\_\_

5. Topography \_\_\_\_\_

6. Is there exposure from other perils \_\_\_\_\_

**ADJOINING PREMISES – Risk Location 2**

1. Occupation \_\_\_\_\_
2. a) Age of building \_\_\_\_\_ b) Condition of building \_\_\_\_\_
3. Type of neighbourhood \_\_\_\_\_

<b>FIRE</b>						
<b>Details</b>	<b>Risk Location 1</b>			<b>Risk Location 2</b>		
	<b>Sum Insured</b>	<b>Rate</b>	<b>Premium</b>	<b>Sum Insured</b>	<b>Rate</b>	<b>Premium</b>
Buildings	R _____	% R _____	R _____	R _____	% R _____	R _____
Plant, machinery, fixtures & fittings and all other contents	R _____	% R _____	R _____	R _____	% R _____	R _____
Escalation (10%) (Amount x rate x 50%)	R _____	% R _____	R _____	R _____	% R _____	R _____
Inflation (10%) (Amount x rate x 35%)	R _____	% R _____	R _____	R _____	% R _____	R _____
Stock in Trade (Declaration basis) – YES      NO	R _____	% R _____	R _____	R _____	% R _____	R _____
Stock Debris Removal	R _____	% R _____	R _____	R _____	% R _____	R _____
Claims Preparation Costs	R _____	% R _____	R _____	R _____	% R _____	R _____
Sprinkler leakage extension (first loss/full sum insured)	R _____	% R _____	R _____	R _____	% R _____	R _____
Miscellaneous as described	R _____	% R _____	R _____	R _____	% R _____	R _____
Rent _____ months	R _____	% R _____	R _____	R _____	% R _____	R _____

<b>Other extensions required</b>						
_____	R _____	% R _____	R _____	R _____	% R _____	R _____
_____	R _____	% R _____	R _____	R _____	% R _____	R _____

<b>BUSINESS INTERRUPTION</b>						
<b>Basis of cover</b>	<b>Difference basis</b>			<b>Additions basis</b>		
<b>Details</b>	<b>Risk Location 1</b>			<b>Risk Location 2</b>		
	<b>Sum Insured</b>	<b>Rate</b>	<b>Premium</b>	<b>Sum Insured</b>	<b>Rate</b>	<b>Premium</b>
Gross Profit – declaration	YES      NO			YES      NO		
	R _____	% R _____	R _____	R _____	% R _____	R _____
Indemnity Period			_____ months			_____ months
Gross Rentals	R _____	% R _____	R _____	R _____	% R _____	R _____
Revenue	R _____	% R _____	R _____	R _____	% R _____	R _____
Additional Increased Cost of Working	R _____	% R _____	R _____	R _____	% R _____	R _____
Wages (weeks basis) Number of weeks _____	R _____	% R _____	R _____	R _____	% R _____	R _____
Fines and penalties	R _____	% R _____	R _____	R _____	% R _____	R _____
Claims preparation cost	R _____	% R _____	R _____	R _____	% R _____	R _____
Utilities (Refer to the underwriting guidelines)	R _____	% R _____	R _____	R _____	% R _____	R _____
Specified Suppliers Extension (percentage of dependency required – max 25%)	R _____	% R _____	R _____	R _____	% R _____	R _____
Unspecified Suppliers Extension (percentage of dependency required – max 10%)	R _____	% R _____	R _____	R _____	% R _____	R _____
Customers Extension (name plus percentage of dependency required – max 25%)	R _____	% R _____	R _____	R _____	% R _____	R _____

Details of Suppliers/Sub-contractors				
Name	General Location	Alternative supplier/s available		Dependency %
1. _____	_____	YES	NO	_____ %
2. _____	_____	YES	NO	_____ %
3. _____	_____	YES	NO	_____ %
4. _____	_____	YES	NO	_____ %
5. _____	_____	YES	NO	_____ %

Details of Customers		
Name	General Location	Dependency %
1. _____	_____	_____ %
2. _____	_____	_____ %
3. _____	_____	_____ %
4. _____	_____	_____ %
5. _____	_____	_____ %

Other extensions required					
_____	R	_____ %	R	_____ R	_____ % R
_____	R	_____ %	R	_____ R	_____ % R

BUILDINGS COMBINED				
Details	Sum insured	Risk Location 1		First Amount Payable
		Rate	Premium	
Buildings (including common property)	R	_____ %	R	_____
Escalation (10%)	R	_____ %	R	_____
Inflation (10%)	R	_____ %	R	_____
Rent	R	_____ %	R	_____
Liability	R	_____ %	R	_____
Claims Preparation Costs	R	_____ %	R	_____
Geysers	R	_____ %	R	_____

Details	Sum insured	Risk Location 2		First Amount Payable
		Rate	Premium	
Buildings (including common property)	R	_____ %	R	_____
Escalation (10%)	R	_____ %	R	_____
Inflation (10%)	R	_____ %	R	_____
Rent	R	_____ %	R	_____
Liability	R	_____ %	R	_____
Claims Preparation Costs	R	_____ %	R	_____
Geysers	R	_____ %	R	_____

ACCOUNTS RECEIVABLE				
Details	Sum insured		Rate	Premium
Outstanding Debts	R		%	R
Duplicate records retained	YES	NO	N/A	R
Fireproof safe	YES	NO	Make	
Transit Cover Extension	YES	NO	N/A	R
Claims Preparation Costs	YES	NO	N/A	R

THEFT					
Details	Sum insured		Rate	Premium	First Amount Payable
First Loss (Risk Location 1)	R		%	R	
Damage to building (Risk Location 1)	R		%	R	
First Loss (Risk Location 2)	R		%	R	
Damage to building (Risk Location 2)	R		%	R	

Other Extensions required					
	R		%	R	

Burglar Alarm System	Risk Location 1		Risk Location 2	
Is there is burglar alarm system present	YES	NO	YES	NO
If YES, is it linked to armed response	YES	NO	YES	NO
Name of security company				
Are all windows fitted with burglar bars	YES	NO	YES	NO
Are all external doors fitted with security gates	YES	NO	YES	NO

MONEY					
Details	Sum insured		Rate	Premium	First Amount Payable
Major limit (Risk Location 1)	R		%	R	
a) Seasonal limit	R		%	R	
b) Period of seasonal limit	R		%	R	
Receptacles (Risk Location 1)	R		%	R	
Major limit (Risk Location 2)	R		%	R	
a) Seasonal limit	R		%	R	
b) Period of seasonal limit	R		%	R	
Receptacles (Risk Location 2)	R		%	R	
Collectors – Limit	R		%	R	
Number of collectors _____					
P A Assault	Number of Employees _____			Flat Premium	R
a) Capital sum	R				
b) Weekly sum	R				
c) Medical expenses	R				

**Other extensions required**

	R	%	R
	R	%	R

	Risk Location 1		Risk Location 2	
	YES	NO	YES	NO
Is a safe installed				
Make				
SABS category				

**BUSINESS ALL RISKS**

Are all items specified at replacement value    YES    NO

Details (including serial numbers where applicable)	Sum insured	Rate	Premium	First Amount Payable
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	

**ELECTRONIC EQUIPMENT**

Are all equipment insured at replacement value    YES    NO

Details of electronic equipment (include serial numbers) – Risk Location 1	Sum insured	Rate	Premium	First Amount Payable
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	

Details of electronic equipment (include serial numbers) – Risk Location 2	Sum insured	Rate	Premium	First Amount Payable
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	

Reinstatement of data	R	%	R
Increased cost of working	R	%	R

**Other extensions required**

	R	%	R
	R	%	R

	Risk Location 1		Risk Location 2	
Any lightning protection	YES	NO	YES	NO
If YES, specify				

**ACCIDENTAL DAMAGE**

Details	Sum insured	Rate	Premium	First Amount Payable
First loss	R	%	R	
Leakage extension	R	%	R	

**OFFICE CONTENTS**

Details – Risk Location 1	Sum insured	Rate	Premium	First Amount Payable
Contents	R	%	R	
Theft Extension (Non-forcible/violent entry/exit) (max 25% of Sum Insured)	R	%	R	
Loss of documents	R	%	R	
Legal Liability – documents	R	%	R	

Details – Risk Location 2	Sum insured	Rate	Premium	First Amount Payable
Contents	R	%	R	
Theft Extension (Non-forcible/violent entry/exit) (max 25% of Sum Insured)	R	%	R	
Loss of documents	R	%	R	
Legal Liability – documents	R	%	R	

	Risk Location 1		Risk Location 2	
Any lightning protection	YES	NO	YES	NO
If YES, specify				

**GLASS SECTION (subject to average)**

Details	Risk Location 1				Risk Location 2			
	Sum Insured	Rate	Premium	First Amount Payable	Sum Insured	Rate	Premium	First Amount Payable
External & Internal Glass	R	%	R		R	%	R	
Signwriting	R	%	R		R	%	R	
Special Replacement extension		YES	NO					

**FIDELITY GUARANTEE**

NOTE: A completed questionnaire maybe requested by the Insurer at their own discretion

**Basis of cover**                      Named/Position basis                      Blanket basis

Schedule of employees to be insured (**Name or Position Basis**)

Name/Position	Sum insured	Premium	First Amount Payable
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____
_____	R _____	R _____	_____

Number of employees to be insured (Blanket Basis)	Sum insured	Premium	First Amount Payable
No. _____	R _____	R _____	_____
Computer losses cover required	YES    NO	R _____	_____
Reinstatement cover required	YES    NO	R _____	_____
Retroactive cover required	YES    NO	R _____	_____
Superseded cover required	YES    NO	R _____	No. of years _____
Previous Insurer and Policy Number	_____		

**GOODS IN TRANSIT**

**Basis of cover**                      All Risks                      FCO                      Hi-jacking

Load limit	Est. annual carry	Rate on annual carry	Premium	First Amount Payable
R _____	R _____	_____ %	R _____	_____
Is property transported by road only	YES    NO	_____	_____	_____
If NO, provide details	_____			
Any property transported under contract	_____	_____	YES    NO	_____
If YES, provide details	_____			



**GROUP PERSONAL ACCIDENT/STATED BENEFITS**

Basis of Cover	Group Personal Accident	Stated Benefits
	24 hours	Working hours only

**Group Personal Accident**

1. Name/Categories of persons	Number of persons	Occupation
<b>Compensation</b>		<b>Rate</b>
Death	R	% R
Permanent Disablement	R	% R
Temporary Total Disablement	R for 52 weeks	% R
Temporary Total Disablement	R for 104 weeks	% R
Medical Expenses	R	% R

  

2. Name/Categories of persons	Number of persons	Occupation
<b>Compensation</b>		<b>Rate</b>
Death	R	% R
Permanent Disablement	R	% R
Temporary Total Disablement	R for 52 weeks	% R
Temporary Total Disablement	R for 104 weeks	% R
Medical Expenses	R	% R

  

3. Name/Categories of persons	Number of persons	Occupation
<b>Compensation</b>		<b>Rate</b>
Death	R	% R
Permanent Disablement	R	% R
Temporary Total Disablement	R for 52 weeks	% R
Temporary Total Disablement	R for 104 weeks	% R
Medical Expenses	R	% R

**Stated Benefits**

Wages Basis (Compensation to be based on total annual wages including bonuses, commissions, etc.)

1. Number of persons	Occupation	Est. annual earnings
<b>Compensation</b>		<b>Rate</b>
Death		% R
Permanent Disablement		% R
Temporary Total Disablement	100% for 52 weeks	% R
Temporary Total Disablement	100% for 104 weeks	% R
Medical Expenses		% R

2. Number of persons	Occupation	Est. annual earnings	
<b>Compensation</b>		<b>Rate</b>	<b>Premium</b>
Death		%	R
Permanent Disablement		%	R
Temporary Total Disablement	100% for 52 weeks	%	R
Temporary Total Disablement	100% for 104 weeks	%	R
Medical Expenses		%	R

3. Number of persons	Occupation	Est. annual earnings	
<b>Compensation</b>		<b>Rate</b>	<b>Premium</b>
Death		%	R
Permanent Disablement		%	R
Temporary Total Disablement	100% for 52 weeks	%	R
Temporary Total Disablement	100% for 104 weeks	%	R
Medical Expenses		%	R

EMPLOYERS LIABILITY			
Details	Limit of indemnity	Rate of annual wages	Premium
All Employees	R	%	R
Estimated Annual Wages	R		

PUBLIC LIABILITY (Broadform)			
Retroactive cover	YES	NO	
<b>If yes, provide the following details:</b>			
To which date is cover backdated	_____		
Previous insurer and policy cancellation date	_____	and	_____ (DD/MM/YYYY)
Previous insurer limit	R	_____	

Section	Limit of Indemnity	Premium	First Amount Payable
a. Public liability – general & tenants liability	R	R	_____
b. Products Liability	R	R	_____
c. Defective workmanship liability	R	R	_____
d. Work away from premises liability	Included in the wording up to limit in a. above	R	_____
e. Umbrella	Up to R20 000 000	R	As per underlying policy

In addition to this quote form, a Public Liability Questionnaire may be required in respect of Products and/or Defective Workmanship. Umbrella cover can be limited in respect of the following: products, defective workmanship and spread of fire.

MACHINERY BREAKDOWN			
Specify each item	Sum insured (replacement value)	Rate	First Amount Payable
1.	R	%	R
2.	R	%	R
3.	R	%	R
4.	R	%	R
5.	R	%	R
Are there maintenance plans and agreements in place for these items			YES NO

MOTOR							
1. Make and Model	Year of Manufacture		Registration Number	NCB	Sum Insured	Rate	Premium
					R	%	R
<b>Type of cover required</b>	Third Party Only		Third Party Fire & Theft		Comprehensive		
<b>List accessories to be insured (e.g. car radio)</b>			<b>Sum Insured</b>		<b>Rate</b>	<b>Premium</b>	
			R		%	R	
			R		%	R	
Basic First Amount Payable			Theft First Amount Payable				
Voluntary First Amount Payable			Other First Amount Payable				
Car hire/Loss of use	YES	NO	Car hire premium		R		
Gear-locking device fitted	YES	NO	If YES, give details				
VESA-approved immobilizer	YES	NO	If YES, give details (including level)				
Tracking system	YES	NO	If YES, give details				

2. Make and Model	Year of Manufacture		Registration Number	NCB	Sum Insured	Rate	Premium
					R	%	R
<b>Type of cover required</b>	Third Party Only		Third Party Fire & Theft		Comprehensive		
<b>List accessories to be insured (e.g. car radio)</b>			<b>Sum Insured</b>		<b>Rate</b>	<b>Premium</b>	
			R		%	R	
			R		%	R	
Basic First Amount Payable			Theft First Amount Payable				
Voluntary First Amount Payable			Other First Amount Payable				
Car hire/Loss of use	YES	NO	Car hire premium		R		
Gear-locking device fitted	YES	NO	If YES, give details				
VESA-approved immobilizer	YES	NO	If YES, give details (including level)				
Tracking system	YES	NO	If YES, give details				

3. Make and Model	Year of Manufacture		Registration Number	NCB	Sum Insured	Rate	Premium
					R	%	R
<b>Type of cover required</b>	Third Party Only		Third Party Fire & Theft		Comprehensive		
<b>List accessories to be insured (e.g. car radio)</b>			<b>Sum Insured</b>		<b>Rate</b>		<b>Premium</b>
			R		%	R	
			R		%	R	
Basic First Amount Payable			Theft First Amount Payable				
Voluntary First Amount Payable			Other First Amount Payable				
Car hire/Loss of use	YES	NO	Car hire premium		R		
Gear-locking device fitted	YES	NO	If YES, give details				
VESA-approved immobilizer	YES	NO	If YES, give details (including level)				
Tracking system	YES	NO	If YES, give details				

4. Make and Model	Year of Manufacture		Registration Number	NCB	Sum Insured	Rate	Premium
					R	%	R
<b>Type of cover required</b>	Third Party Only		Third Party Fire & Theft		Comprehensive		
<b>List accessories to be insured (e.g. car radio)</b>			<b>Sum Insured</b>		<b>Rate</b>		<b>Premium</b>
			R		%	R	
			R		%	R	
Basic First Amount Payable			Theft First Amount Payable				
Voluntary First Amount Payable			Other First Amount Payable				
Car hire/Loss of use	YES	NO	Car hire premium		R		
Gear-locking device fitted	YES	NO	If YES, give details				
VESA-approved immobilizer	YES	NO	If YES, give details (including level)				
Tracking system	YES	NO	If YES, give details				

5. Make and Model	Year of Manufacture		Registration Number	NCB	Sum Insured	Rate	Premium
					R	%	R
<b>Type of cover required</b>	Third Party Only		Third Party Fire & Theft		Comprehensive		
<b>List accessories to be insured (e.g. car radio)</b>			<b>Sum Insured</b>		<b>Rate</b>		<b>Premium</b>
			R		%	R	
			R		%	R	
Basic First Amount Payable			Theft First Amount Payable				
Voluntary First Amount Payable			Other First Amount Payable				
Car hire/Loss of use	YES	NO	Car hire premium		R		
Gear-locking device fitted	YES	NO	If YES, give details				
VESA-approved immobilizer	YES	NO	If YES, give details (including level)				
Tracking system	YES	NO	If YES, give details				

6. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
				R	%	R
Type of cover required	Third Party Only	Third Party Fire & Theft			Comprehensive	
List accessories to be insured (e.g. car radio)	Sum Insured		Rate		Premium	
	R		%		R	
	R		%		R	
Basic First Amount Payable			Theft First Amount Payable			
Voluntary First Amount Payable			Other First Amount Payable			
Car hire/Loss of use	YES	NO	Car hire premium	R		
Gear-locking device fitted	YES	NO	If YES, give details			
VESA-approved immobilizer	YES	NO	If YES, give details (including level)			
Tracking system	YES	NO	If YES, give details			

SASRIA						
Section				Rate	Premium	
Material Damage (Fire, Buildings Combined, Office Contents, Business All Risks, Glass, Electronic Equipment)	(sum insured)			R	%	R
Business Interruption:	(Indemnity Period )					
– Working Expenses	(sum insured)			R	%	R
– Standing Charges	(sum insured)			R	%	R
– Net Profit Charges	(sum insured)			R	%	R
Money	(underlying premium)			R	%	R
Goods in transit	(load limit/annual carry)			R	%	R
Motor – private	(number of vehicles)			R		R
Motor – commercial	(number of vehicles)			R		R
TOTAL SASRIA						R

**SASRIA COVER IS NOT APPLICABLE TO ALL SECTIONS. YOU CAN CHOOSE THE SECTIONS FOR WHICH YOU REQUIRE THIS COVER.**  
**Note: This is only applicable to Full Binder Brokers and Group Schemes registered with SASRIA.**

	Monthly	Annual
Policy premium (vat inclusive)	R	R
Sasria	R	R
Broker fee	R	R
Total premium	R	R

**PROPOSAL**

No policy is in force until the insurer has received the proposal form and accepted cover.

**Effective date of cover** \_\_\_\_\_

**PAYMENT OPTIONS AND BANKING DETAILS**

Please mark the appropriate blocks

Premium payment method       Annually       Monthly Debit Order       Quarterly

If paying monthly, date for the debiting of premiums \_\_\_\_\_

**DEBIT ORDER AUTHORITY**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Branch code \_\_\_\_\_

Account number \_\_\_\_\_ Account holder name \_\_\_\_\_

Type of account       Transmission

Cheque

Savings      \_\_\_\_\_ Account Holder signature      \_\_\_\_\_ Date

**SHARING OF INSURANCE INFORMATION**

We acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On our behalf and on the behalf of any person we represent herein, we hereby waive our rights to privacy with regard to underwriting or claims information (including credit information) that we provide or that is provided by another person on our behalf in respect of any insurance policy or claim made or lodged by me.

We acknowledge that the insurance information provided by us may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of our policy or the meeting of any claims we may submit.

We consent to such information being disclosed to any other insurance company or its agent.

We acknowledge that the information may be verified against legally recognized sources or databases.

We agree that this proposal shall be the basis of the contract between the insurer and ourselves.

We will accept the insurer's standard policy.

We understand that this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reasons here:

\_\_\_\_\_  
\_\_\_\_\_

We declare that to the best of our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided, and any claim submitted to us would then not be dealt with.

\_\_\_\_\_  
SIGNATURE  
Insured/Duly authorised person

\_\_\_\_\_  
Date