

GUARDRISK INSURANCE COMPANY LIMITED BROKER APPLICATION

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Sandton
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General Information		
Full name of Business		
Legal Nature of Business (i.e (Pty) Ltd, CC etc)		
Company Registration Number		
VAT Registration Number		
For a Company		
Name/s of Director/s	Identity Number/s	
Name/s of Shareholder/s	% Shareholding	
For a Close Corporation		
Name/s of Member/s	Identity Number/s	% Shareholding
**If insufficient space, please attached separate sheet with details for the above sections		
For a Partnership		
Name of Partners	Identity Number/Registration Number	% Partner Share
**If insufficient space, please attached separate sheet with details for the above sections		

Address Details	
Postal Address	
Suburb	
City/Town	
Postal code	
Physical address	
Suburb	
City/Town	
Postal code	
Website address	
CC/Company/Partnership Main Contact Details	
Contact person name	
Contact person title	
Telephone Number	
Fax Number	
E-Mail address	
Cell Phone Number	
Bank Details	
Branch	
Bank Name	
Address	
Account Type	
Account Number	
Branch Code	

(Please attach a copy of cancelled cheque or bank statement)

*Kindly note that for FAIS & FICA Compliance reasons we require the company banking details to be submitted as per below in order for commission payments to be made. Payment details will be accepted via the following methods (original, faxed or scanned copy and cannot be older than 3 months) *Cancelled cheque or a copy of the bank statement*

Financial Advisory and Intermediary Services Act		
Are you licensed in terms of the Financial Advisory & Intermediary Services Act?	Yes	No
Please provide the FSP Number		
<i>**Please provide a copy of your FSP license, including annexures</i>		
Name of Compliance Officer		
Telephone Number of Compliance Officer		
Fax Number of Compliance Officer		
Cell Number of Compliance Officer		
Address of Compliance Officer		
E-mail address of Compliance Officer		

Broker Membership Details		
Are you a member of any broker organisation?	YES	NO
Name of Organisation		
Registration number		
<i>**Please provide a copy of the respective membership certificate/s</i>		
IGF		
Do you hold an IGF guarantee?	YES	NO
IGF Number		
Limit of Cover		
Guarantee Amount		
Expiry Date		
Insurer (If not IGF)		
Do you hold any Directive 156A authority from any other insurer?	YES	NO
<i>**Please provide a copy of the indemnity cover</i>		
Professional Indemnity Insurance Details		
Sum Insured		
Policy Number		
Expiry Date		
Insurer		
Who is insured under the policy?		
<i>**Please provide a copy of the current PI schedule</i>		
Fidelity Guarantee Insurance Details		
Sum Insured		
Policy Number		
Expiry Date		
Insurer		
Who is insured under the policy?		
<i>**Please provide a copy of the current FG schedule</i>		
Treating Customers Fairly (TCF)		
Are you, as a business, aware of your responsibilities in terms of TCF?	YES	NO
Are your clients made aware of their rights in regards to TCF?	YES	NO
Do you analyse and assess complaints received in terms of TCF?	YES	NO
Do you have a complaints policy and reporting framework?	YES	NO
Who, in your business, is responsible for TCF?		
Protection of Personal Information (POPI)		
Are you, as a business, POPI compliant?	YES	NO
Do you have procedures in place to ensure the safekeeping of information?	YES	NO
Do you advise clients if their information is being used for any other purpose?	YES	NO

Additional fees /charges		
Do you charge the policyholder a fee in addition to the commission earned?	YES	NO
If yes, please explain the fee in detail (what is being charged and for what service):		
Will this fee be collected together with the premium for the policy, or will the fee be collected separately by yourselves?	With premium	Collected seperately
Do you ensure, at inception of the policy, that the fee is properly explained to the policyholder?	YES	NO
Do you obtain consent from the policyholder in writing to charge this fee?	YES	NO
How will this consent be obtained (telephonic/in writing)?		
If telephonic, do you have the ability to record these calls?	YES	NO
<i>**If in writing, please attach an example of the written disclosure and consent form given to the policyholder</i>		
Does this fee relate to an actual service being provided to the policyholder?	YES	NO
Does the service being offered for this fee fall within the definition of "services as intermediary"?	YES	NO
Does this charging or payment of this fee by the policyholder result in yourselves as intermediary being remunerated for a service already paid for by the Insurer?	YES	NO
Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in :		
Provisional or Final Liquidation	YES	NO
Judicial Management	YES	NO
Receivership	YES	NO
Sequestrated	YES	NO
Entered into arrangement with Creditors	YES	NO
If yes to any of the above, please provide details:		
Have any of the persons listed above been convicted of any criminal offence during the past 5 years? If yes, please provide details		



Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant? If yes, please provide details		
Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? If yes, please provide details		
Current split of business		
Type (eg. Personal/commercial lines; life; funeral)	%	
Annual gross written premium		
Details of current intermediary/binder/outsource agreements		
Name of Administration System		
Will the Applicant be collecting premiums?	YES	NO
List of current Insurers supported and % of business with Insurer		
Name of Insurer	Class of Insurance	%

Claims stats (3 year loss ratio with current insurers (including all notable large claims))

Commitment of support	
Commitment to minimum % growth per annum	

This application relates to business to be introduced by the broker as an independent broker on behalf of its clients

All information provided in this application will be kept confidential and comply at all times with the Protection of Personal Information Act, No 4 of 2013 ("POPI")

Signature _____

who by his or her signature hereto warrants that he/she is duly authorised to sign this application

Name _____

Date _____