

# BROKER APPLICATION



Protocol Risk Managers



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## CONFIDENTIAL DOCUMENT

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Registered Financial Services Provider... FSP 49614

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Version 1.0



## Protocol Risk Managers

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## Protocol Risk Managers

### 1. Company Details

Company Details			
Company Name			
Trading Name			
Type of Company	Broker	UMA	Administrator
Company Registration Number			
VAT Number			
FSP Number			
Website Address			
Director/s	Name	Contact number	Email
Key Individual			
Accounts			
Compliance Officer			
IT / System Administrator			
Marketing			
Primary Contact Person for Protocol Risk Managers			

### 2. Documents Required

Documents required (Please tick)	
Binder Agreement	
CK Document	
Guardrisk Contract	
Premium Collection Agreement	
List of Intermediaries (Permission granted to Protocol Risk Managers to contact in order to sign Insurer Agreement if required)	
Confirmation of Bank Account	
Director/s ID Document	
FSP Certificate	
PI Cover	
Tax Clearance	
VAT Certificate	

Address and Contact Details	
Physical Address	Postal Address



## Protocol Risk Managers


Bank Details for Commission Payments	
Bank Name	
Account Holder	
Account Number	
Branch	
Branch Code	
Type of Account	

Insurer Invoicing Details		
Insurer	VAT Number	Postal Address

Premium Payment Facility (Please Tick)		System (Please Tick)	
Protocol Risk Managers		Sky	
Fulcrum		MMX	
IOM		Nimbus	
Sage		Grail	
Insurer – Name		Tial	
Other – Name		Flexi	
		Cims	
		Insurer – Name	
		Other – Name	

### 3. VAPS Products

Product	Please Tick
Assist (Roadside, Home, Office, Medical)	
Geyser Maintenance	
<b>VAPS</b>	
Excess Waiver	
Scratch and Dent	
Rim & Tyre	
Geyser Cover	
Vehicle Hire	



## Protocol Risk Managers

Credit Shortfall	
Return to Invoice	
Key cover	
<b>Other Services</b>	
Confirmation of Cover	
After Hours Call Divert	

## 4. Contact Details

Emergency Contact Information and Automatic Notifications				
	Claims	Underwriting	General Assist	Emergency Escalation
<b>Office Hours</b>				
Name				
Telephone				
Cellphone				
Email				
<b>After Hours</b>				
Name				
Cellphone				
Email				

Contact Centre (Please Tick)					
Existing 086 Number		New 086 Number		New 010 Number	

TCF	
As part of our TCF process we will request Training Registers and Records of Advice to be submitted to us quarterly. We may also require TCF questionnaires to be completed from time to time.	

_____ <b>Client Sign Off</b>	_____ <b>Name</b>	_____ <b>Date</b>
_____ <b>Protocol Sign Off</b>	_____ <b>Name</b>	_____ <b>Date</b>



# Protocol Risk Managers

## FOR OFFICE USE ONLY

DOCUMENT DATE	INCEPTION DATE

	<b>New Scheme Name</b>	
	<b>Existing Scheme Name</b>	
	<b>New Sub Scheme</b>	

Scheme Setup			
Onboarding form		Grail setup	
Telephony (IVR)		Towing instructions	
086 Number (If applicable)		Scheme ID	
Voice recording			
Claim forms			

System Access			
System Name 1		System Name 2	
Username		Username	
Password		Password	

Call Centre			
Training		Product information	

Products	Standard	Non Standard	Limits	Notes
Roadside Assist				
Accident Management				
Advanced Household / Office				
Home / Office Callout & Labour				
Medical Assist ER24				
Excess waiver				
Car hire				
Scratch & Dent				
Rim & Tyre				
Credit Shortfall				

IT			
Payment bordereaux (Every 45 days)			
Data			
Daily		Email	
SFTP		API	



## Protocol Risk Managers

Finance		
Premium	Domestic	Commercial
Client deduction		
Broker commission		
Net Premium		
Incl/ Excl VAT		
Number of policies at inception		
Anticipated growth (12 months)		

**The above information is understood, accepted and will be implemented as such in all relevant departments prior to inception.**

Finance Signature \_\_\_\_\_ Date \_\_\_\_\_

Call Centre Signature \_\_\_\_\_ Date \_\_\_\_\_

Marketing Signature \_\_\_\_\_ Date \_\_\_\_\_

IT Signature - BDX \_\_\_\_\_ Date \_\_\_\_\_

IT Signature - Telephony \_\_\_\_\_ Date \_\_\_\_\_

**JAN LABUSCHAGNE**

Managing Director



**Protocol Risk Managers**

Navigating Risk, Empowering the Future



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