

PROFESSIONAL INDEMNITY EXCESS WAIVER (PROFSAVE)

PROPOSAL FORM

GROUP APPLICATION

Insured	
Registration Number	
Physical Address (incl. postal code)	
Postal address (incl. postal code)	
VAT Number	
Telephone Number	
Mobile Number	
E-Mail Address	
FSP Number	

REPRESENTATIVES

Name		ID Number
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

(Affix a separate excel spreadsheet for additional representatives, with same details as above)

PRIMARY PROFESSIONAL INDEMNITY POLICY

Insurer	
Policy Number	
Inception Date	
Expiry Date	

AMOUNT OF COVER (EXCESS) REQUIRED

Excess Amount	R
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DISCIPLINE OF PRACTICE

Please specify : Insurance, Assurance, Legal	
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CLAIMS INCURRED

Period	Amount Claimed
In the last year	R
In the last 3 years	R
In the last 5 years	R

TERMS AND 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.

Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	