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BROKER APPLICATION FORM

(Please take note that this application cannot be processed if ALL fields and pages (6) are not completed in full.)

Underwriting Manager	Processed by (UMA staff member)		
Date	Inception date of facility requested		
COMPANY DETAILS			
Name in full, including current trading title, if any:			
Previous trading names, agencies or brokers with whom you have been associated:			
Type of business – tick as appropriate:			
<input type="checkbox"/>	Limited liability company	Registration no.	
<input type="checkbox"/>	Close corporation	Registration no.	
<input type="checkbox"/>	Partnership		
<input type="checkbox"/>	Sole proprietor		
<input type="checkbox"/>	Other	Please give details	
Please list the names, I.D. numbers and occupations of all directors			
1.			
2.			
3.			

Please list the names, I.D. numbers or registration numbers, and occupations of all share holders
1.
2.
3.
Please list the names, I.D. numbers and occupations of all members
1.
2.
3.
Please list the names, I.D. numbers and occupations of all partners
1.
2.
3.
Have any of the persons listed above, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details:
Have any of these persons been convicted of any criminal offence during the past 10 years? If yes, please provide full details:
Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant? If yes, please provide full details:
Have any of these persons ever had any agency or an agency application declined,

terminated or granted on special terms? If yes, please provide full details:					
CONTACT DETAILS					
Physical address from which business is conducted:					
Tel. no.		Cell. no.		Fax no.	
E-mail address					
Web site address					
Postal address					
DATES					
Date business was established or incorporated:			Date of inception of present management:		
MEMBERSHIP DETAILS					
State any insurance/broker/underwriting association related membership					
Association		Membership no.			
Association		Membership no.			
BANKING DETAILS					
Name of bank					
Address					
Account type					
Account number					
Branch code					

Have you changed bankers over the last 2 years, if Yes please advise			Y	N
Bank		Name of account holder		
Bank		Account number		
FACILITY/CONTRACT DETAILS				
<p>Below, list the detail as requested of the three Insurance Companies and/or Underwriting Agencies with whom most of your business is placed. PLEASE NOTE THAT ALL THREE FIELDS NEED TO BE COMPLETED IN FULL</p>				
Company name				
Branch				
Contact person				
Contact number				
Period of agreement				
Monthly premium				
Cumulative 12 month loss ratio				
List the names only of any other insurance company and/or underwriting agency with whom you place business:				
1.		6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		
Do you currently have a Compass facility through any other Outsource Manager?			Yes	No
If YES, please provide details below.				
TAX STATUS				

Please provide detail as follows:					
Are you a provisional taxpayer?					
Do you pay on PAYE system?					
Income tax number					
VAT registration number					
FINANCIAL ADVISERS AND INTERMEDIARY SERVICES ACT					
PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED IF YOU HAVE NOT REGISTERED IN TERMS OF FAIS.					
Are you licensed in terms of the Financial Advisers and Intermediary Services Act (FAIS)?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				
If yes, please provide your FSP Number					
Name of Compliance Officer					
Contact Details	Tel No.:	Cell No.:			
COVER DETAILS: (Please attach supplementary proof)					
Professional Indemnity Cover (Compulsory)		I.G.F. Cover			
Underwriter		Underwriter			
Limit of indemnity		Limit of cover			
Policy number		Policy number			
Expiry date		Expiry date			
Who is covered under the PI policy, e.g. only Directors, all staff? Please specify					

TECHNICAL DETAILS OF EMPLOYEES		
Number of employees:		
Employee	Short term insurance experience	Short term insurance related qualifications

Amount of business to be placed at inception (month)	Amount of business within six months (month)	Amount of business after 12 months (month)
R	R	R

Proposal completed by: (block letters)	Signature				Date	
Broker Commission	Other	7.5%	10%	15%	20%	

Important notice:

The acceptance of this proposal is subject to the final approval of Compass Insurance.

Compass Insurance will not accept responsibility for cover until written confirmation has been issued.

Office Use		
Date received at Compass	Checked by	Approved by
Proof of PI attached	Date	Date