

**GUARDRISK INSURANCE COMPANY LIMITED BROKER APPLICATION**

P O Box 783542  
 Sandton  
 2146  
 Telephone : 0860 002 500  
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 Website : www.guardrisk.co.za



**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? | <b>Yes</b> | <b>No</b> |
| Please provide the FSP Number  |            |           |

**\*\*Please provide a copy of your FSP license, including annexures**

|  |  |
|--|--|
| 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   |  |

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



| 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                   |
| <b>Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in :</b>                       |              |                      |
| Provisional or Final Liquidation  | YES          | NO                   |
| Judicial Management   | YES          | NO                   |
| Receivership  | YES          | NO                   |
| Sequestered   | YES          | NO                   |
| Entered into arrangement with Creditors   | YES          | NO                   |
| If yes to any of the above, please provide details:   |              |                      |
|   |              |                      |
|   |              |                      |
|   |              |                      |
| <b>Have any of the persons listed above been convicted of any criminal offence during the past 5 years? If yes, please provide details</b>                          |              |                      |
|   |              |                      |
|   |              |                      |
|   |              |                      |
|   |              |                      |



**Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant? If yes, please provide details**

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**Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? If yes, please provide details**

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**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**

|   |            |           |
|---|------------|-----------|
| <b>Will the Applicant be collecting premiums?</b> | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|

**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))

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|--|--|
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|  |  |
|  |  |
|  |  |
|  |  |
| 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 \_\_\_\_\_