SMALL COMMERCIAL PROPOSAL

Please list vehicles on separate sheet attached hereto;
Email completed document to mitchellm@guardrisk.co.za

BROKER

Company _____ Branch _____
VAT Reg Number _____
Broker Name _____
Physical Address _____
_____ Postal Code _____
Postal Address _____
_____ Postal Code _____
Tel Number _____ Fax Number _____
email address _____ Cell Number _____
Broker reference no (e.g. ABSA PRI number) _____

INSURED

Registered Name _____
Trading as _____
Business description _____
VAT Reg Number _____
Physical Address _____
_____ Postal Code _____
Postal Address _____
_____ Postal Code _____
Tel Number _____ Fax Number _____
email address _____ Cell Number _____

INSURANCE HISTORY

Current Insurer _____ Branch _____
Policy Number _____ Expiry Date _____

Trading under current name since _____

Have you ever traded under a different name? Yes No
If yes, provide details _____

Has any insurer ever cancelled your policy or a section thereof or refused to renew the policy? Yes No
If yes, provide details _____
_____

Has any insurer ever imposed special terms or higher excesses or declined to provide cover? Yes No
If yes, provide details _____

Has any insurer ever refused to pay or repudiated any claim? Yes No
If yes, provide details _____

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CLAIMS HISTORY

Please provide details of all losses suffered during the last 3 years (whether insured or not) under the following headings

Date of loss	Description of loss	Gross Loss	Net Loss

DECLARATION

I/We declare that : **The information given is true and correct in every respect**

The insurer will be notified immediately of any alteration in the risks insured herein

I/We are willing to accept insurance cover as stated in the accompanying, signed quotation

I/We agree that this proposal will form the basis of the contract of insurance hereby applied for

All material facts that might have an impact on risks insured herein have been declared to the insurer

Inception date of AURA Small Commercial policy _____ / _____ / _____

Signature : _____ **Date :** _____