

Dear Valued Client,

Errors and Omissions Insurance

To make it easy for you to obtain an Errors and Omissions Insurance quote, kindly have the following information available.



Business Name:					
Responsible person: (Title, Name, Surname)					
Business Type: (e.g. Beauty salon, Attorney etc.)					
Contact Details:					
Telephone number:			Email address:		
Do you have the relevant qualifications for the profession or service provided?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Start date of Business:			How many people will be covered by this policy?		
Total annual fees, revenue or income of business?			R		
What percentage of total annual fees, revenue or income is generated from your largest client?					
Do you currently have Errors and Omissions or Professional Indemnity insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Where are you insured?					
Inception date?					
Have any claims alleging any negligent act, error or omission (successful or otherwise) been brought against you?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:					
Are you aware of any circumstances which may lead to a future claim?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:					
Are you a member of a relevant association or industry body?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Membership name:					
Membership number:		Membership date:			
Sum Insured Required:					
Extensions:					
Do you require Retro-active cover? How many years - 1, 2 or 3?					
Do you require Additional Fee Recovery? R50 000 included.					
What limit is required?	R100 000 <input type="checkbox"/>	R150 000 <input type="checkbox"/>	R200 000 <input type="checkbox"/>	R250 000 <input type="checkbox"/>	



Declaration

I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or withheld any material fact.

I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon.

I/we undertake to inform the Insurer of any material alteration to these facts occurring before the completion of the contract.

Notice and warning

It is important that you should disclose all material facts, that is, those facts that would influence an insurer in the acceptance or assessment of your proposal. Failure to disclose such facts may result in claims not being met. If you are in any doubt about whether a fact is material you should disclose it. You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract.

Note: This declaration must be signed by an officer of the company duly authorised to sign the document.

Signed on behalf of insured		Date	D	D	M	M	Y	Y
Capacity		Name						

Please note: No liability will attach to Auto & General Insurance Company (PTY) LTD (Insurer) until this proposal has been accepted.

We look forward to assisting you.

Kind Regards,

Auto & General Errors and Omissions Insurance team