



perilsplus

Proposal Form

P.O. Box 14656, Farrarmere 1518,
U7 Lakefield Square, 106 Lakefield Avenue, Lakefield, Benoni 1501
Tel: 011 918 7240 • Fax: 011 918 7245



CLIENT INFORMATION

Insured name	
Company	
Address	
Tel. No.	
Fax No.	
E-mail	
Broker	
Contact	
E-mail	
Underlying Insurer	
Underlying Policy No.	
Claims History	

POLICY INFORMATION

Inception date	<i>Cover effective</i>		Renewal date	
Payment method	<i>Debit order</i>		<i>Bordereaux</i>	
Policy Frequency	<i>Monthly</i>		<i>Annual</i>	

COVER REQUIRED

Please indicate the Benefit Limit required by ticking the appropriate box

R10 000 R15 000 R20 000 R40 000 Limit > R40 000 _____

Declaration of underlying Policy Premium Computation

SECTION	PREMIUM	SECTION	PREMIUM
Fire		Accidental damage	
Buildings combined		Public liability	
Office contents		Employers liability	
Business interruption		Stated benefits	
Accounts receivable		Group personal accident	
Theft section		Electronic equipment	
Money section			
Fidelity section		Total premium	
Goods in transit		Policy fee/admin fee	
Business all risks		Total monthly premium	

Note: The insured has to keep Omnicover (Pty) Ltd updated on any changes on the Underlying Policy that affects the premium as declared above during the insured period.

I declare that I understand and accept the above proposal to be underwritten by Hollard Insurance Company Limited and Administrated by Omnicover (Pty) Ltd. I also declare that all the information presented to Omnicover (Pty) Ltd is true and correct and understand that non-disclosure may render the policy void.

Signature of Insured _____ Capacity _____ Date _____