



Excess Buydown Proposal Form

*Ibiliti Underwriting Managers (Pty) Ltd - Reg No: 2011/004766/07
A registered financial services provider (FSP 43404). >>*

ibiliti
We do what we say. That simple!

Excess Buydown Proposal Form

Brokers Information

Broker Name			
Broker Number		Branch	
Telephone No		E-mail Address	

Company Details

Name of Company			Contact Name		
Trading Name					
First Name			Surname		
VAT Number			Registration No		
How long have you been trading?		Has the Proposer or any shareholder traded under any other name	Yes		No
If so, please supply name(s)					
Telephone Number			Fax Number		
Cell Number			Email Address		
Postal Address				Code	
Physical Address				Code	
Type of Business			Industry Category		
Name of Previous Insurer			Policy Number		
Has any previous insurance ever been canceled or declined				Yes	No

Policy Information

Inception Date	Cover Effective		Renewal Date			
Payment Method	Debit Order		Policy Frequency	Monthly	Annual	

Underlying Policy

Underlying Insurer			
Underlying Policy No		Underlying Policy Premium	

Multiple Excess (Non-Motor) - Please specify sections on underlying policy

Section	Monthly Premium	Section	Monthly Premium
Total Monthly Gross Premium			

Cover Required

Cover				Underlying policy schedule to be attached
Basic Excess (Motor and Plant)	Yes		No	Underlying policy excess
Theft and Hijack Excess (Motor and Plant)	Yes		No	Underlying policy excess
Third Party Excess (Motor and Plant)	Yes		No	Underlying policy excess
Basic Excess (Goods in Transit)	Yes		No	Underlying policy excess
Fire, Collision and Overturning Excess (Goods in Transit)	Yes		No	Underlying policy excess
Theft and Hijack Excess (Goods in Transit)	Yes		No	Underlying policy excess
Professional Indemnity Excess	Yes		No	Underlying policy excess
Downtime (Motor and Plant)	Yes		No	Underlying policy excess
Shortfall (Motor and Plant)	Yes		No	Underlying policy excess

Vehicle schedule to be completed (or as per attached schedule)

Asset Model	Make	Year	Registration/ Identification	Sum Insured of Vehicle	Sum Insured of Benefit to be Insured	Cover Required	Premium
Premium							
Administration Fee/Broker Fee							
Total							

Claims History - Loss experience (last three (3) years)

Date	Type Of Loss/Damage	Amount Claimed

For us to provide you with insurance

1. You must answer all the questions in full to assist us in considering the risk and provide us with any information that you know affects the risk.
2. The quote approved by us must be initialed on every page and the declaration completed and signed. When your broker accepts this policy online on your behalf, we assume that your broker has performed his duty to gather all the required information and documentation and that you have signed these documents.
3. You must present us with the full previous claims experience generated by an Insurance Company.
4. We may request a survey before we accept the policy. The content of the survey report (if requested) forms an important part of the risk. When we receive the survey report, we may rightfully refuse a risk from inception or change the terms with immediate effect, if the risk appears to be unacceptable or uninsurable.

Details in the declaration will form part of the policy of insurance between you and us.

Signed at: _____ Signature: _____

Name and surname of signatory: _____

Designation: _____ Date: _____