



In association with **Hollard.**

PROPOSAL FORM  
Motor Dealers F&I  
PI

**Hollard.**

Underwritten by The Hollard Insurance Co. Ltd,  
an authorised Financial Services Provider

[www.itoo.co.za](http://www.itoo.co.za) | [@itooexpert](https://twitter.com/itooexpert)

ITOO is an Authorised Financial Services Provider. FSP No. 47230



Please answer **ALL** questions completely  
 Should any question or part thereof not be applicable, please state "N/A"  
 Should insufficient space be provided, please continue on your company letterhead

1. Name of Insured \_\_\_\_\_
2. Physical Address \_\_\_\_\_
3. VAT Number \_\_\_\_\_
4. Company Website \_\_\_\_\_

5. Total gross income/Fees for the current and the past 3 financial years

Year 1		Year 2		Year 3	
Current year		Date of financial year end			

6. Is the Proposer controlled, owned or associated with any other firm, corporation or company

7. Number of principals, partners, officers and professionals

8. Number of non-professional employees

Name of all partners / principals / key employees	Professional qualification	Date qualified	How long partner/ principal in practice

9. Does the Proposer use a written contract with clients

Yes

No

*If **YES**, please attached a copy of your standard contract*

10. Does the Proposer have any Risk Management Procedures in place to assist in preventing claims

Yes

No

*If **YES**, please provide details*



11. What percentage of the Proposer's business involves sub-contracting to others

12. Does the Proposer use a written contract with such sub-contractors  Yes  No

13. Do you limit your liability under contract  Yes  No

*If YES, please attached a copy of your standard contract*

14. Is any work undertaken currently or planned to be undertaken outside of South Africa  Yes  No

15. Does the Proposer currently have PI cover in place  Yes  No

*If YES, please provide details*

a. Name of Insurer

b. Expiry Date

c. Limit of Indemnity

d. Retroactive Date

e. Deductible

f. Premium

16. Has any similar insurance ever been declined or cancelled  Yes  No

*If YES, please provide details*

17. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or the Proposer  Yes  No

*If YES, please provide details*

18. Have any PI claims been made against any proposed Insured(s) during the past five years  Yes  No

*If YES, please provide details*



19. Have all necessary staff completed the RE and KI qualifications successfully

Yes		No	
-----	--	----	--

*If **NO**, what are the steps taken to ensure this is being done*

20. If staff are working under supervision, how is this managed and monitored

21. Are you a member of any Professional Associations

Yes		No	
-----	--	----	--

*If **YES**, please specify*

22. FSP License Number

23. Please advise what sub-categories you are licensed for

Financial product	Advice	Intermediary service
Long Term Insurance: Category A		
Short Term Insurance: Personal Lines		
Long Term Insurance: Category B		
Long Term Insurance: Category C		
Short Term Insurance: Commercial Lines		

*If licensed for any other categories please provide details*

24. Please include a list of Proposer's five (5) main insurance markets utilised



## ACTIVITIES

1. Please describe in detail the professional activities for which coverage is required


2. Split the business activity by revenue as a percentage

Activity	% of income / fees

## LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				



## DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

---

Name (duly authorised)

---

Designation

---

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---