

PROFESSIONAL INDEMNITY

SAIOSH PROPOSAL SHORT FORM

PLEASE NOTE:

- Answer all questions in full to assist underwriters in assessing your risk.
- Details in this proposal form shall form part of any subsequent insurance contract concluded between the Proposer and the Insurer.
- Completion of this proposal form does not bind the Proposer nor the Insurer to complete this insurance transaction.

INSURED DETAILS

Firm/Individual Name:

Policy No:

Contact No:

Business Reg / ID No:

Email Address:

Vat Registration No:

Physical Address:

Postal Code:

DATE OF QUALIFICATION

Date qualification obtained

CLAIMS DECLARATION

Have any claims ever been made against the proposed Insured / Partners / Directors / Members or Employees?

YES

NO

If yes; please provide full details:

Are you aware of any circumstances which may result in any claims being made against you as the Insured?

YES

NO

If yes; please provide full details:

CATEGORY - Please indicate which one is applicable (standard R 5 000 000 Limit)

Technical Member	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Graduate Member	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Chartered Member	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Corporate Member	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	No of staff members <input type="text"/> Annual Fee Income <input type="text"/>
Do you need an increased Limit of Indemnity?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes, please indicate limit required	<input type="text"/>				

DECLARATION

- I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.
- I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.
- I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.
- I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance

Signed at: on 20 by

Signature:

PLEASE NOTE:

If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

PRIVACY AND PROTECTION OF YOUR PERSONAL INFORMATION

As part of our ongoing commitment to protecting personal information, we are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the use, acquisition, retention, transmission and deletion of the applicant or policy holder's personal information. For more information, kindly find the Privacy Notice on our website, www.rsum.co.za

Privacy Notice: https://rsum.co.za/?page_id=1337

CONTACT INFORMATION

RSUM (PTY) Ltd:
Directors: BP Marais, LJ Kruger,
OH Kruger (Non-Executive Director)
Reg no: 2020/448716/07

FSP no. 51113

Physical Address:
70 Main Road
Paarl
Western Cape
7646

Our Insurer:
Western National Insurance Company Limited (South Africa)
Tyger Waterfront, Charl Cronje Drive, Bellville 7535
Juristic Representative under FSP9465