

BROKER DETAILS										
Name			Tel		Email			Broker Code		
INSUREDS DETAILS					MAIN RIDER DETAILS (if different to the Insured)					
Surname					Surname					
First Names				Title	First Names					
ID Number or					ID Number					
Passport				DOB	RIDERS LICENCE DETAILS (attach copy of license)					
Risk Address				Learner	Full	Date obtained				
Postal Address				Has the rider completed an advance road riding course (We will need certificates)			YES	NO		
Email Address				Has the riders licence been endorsed			YES	NO		
Tel		H	W	Has the rider been refused motor insurance			YES	NO		
C		BIKE DETAILS (attach a copy of OTP/Invoice)								
GENERAL DETAILS					Make		Year			
Are you currently insured		YES	NO	Model						
Were you previously insured		YES	NO	Registration Number						
Current insurer				VIN Number						
Has any insurer ever refused to provide you with insurance or cancelled or renewed any policy with special terms				YES	NO	Engine Number				
Are you aware of any material information, other than that requested in this proposal form, which would affect the acceptance of this proposal				YES	NO	Finance House				
Have you have had any criminal convictions or do you have any criminal cases pending against you				YES	NO	Dealer				
				List any modifications						
				Sum Insured EXCLUDING EXTRAS				R		
				EXTRAS you want insured: make, model & values						
						R				
						R				
						R				
						R				
						R				
						R				
PREVIOUS LOSSES OF INSURED RIDER					Sum Insured INCLUDING EXTRAS				R	
Relative to any motorcycle driven mainly by this rider, state the number of losses (whether insured or not) in the past 3 years.		YES	NO	OPTIONAL BENEFITS						
				Basic Excess Waiver		YES	NO			
				IVP/ Fixed Value For Life		YES	NO			
				Bikesure Roadside Assistance		YES	NO			
If YES please give details of all motor losses over the past 3 years				ALL RISK ITEMS						
Date	Insurer	Circumstance		Cost	Helmet		R			
					Jacket		R			
					Gloves		R			
					Other		R			
DECLARATION AND DEBIT ORDER AUTHORISATION										
I/we declare that the information contained in this proposal form and any other information supplied by me or on my behalf is true and correct and that this proposal form shall form the basis of this contract of insurance.										
I/we acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is necessary to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, is in the public interest and with a view to limiting premiums. On my own behalf and on behalf on any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I/we also acknowledge that the information provided may be verified against legitimate sources.										
I/we confirm that Harnacks Brokers and Bikesure will receive a monthly service and advice fee.										
I/we hereby authorise the Collection Agency (Authorised Agents) mandated by and on behalf of the Insurer to debit the above account monthly with the insurance premium calculated for the policy. I/We understand that any change made by me/us in terms of the policy will automatically authorise the Authorised Agents to adjust the premium debit on behalf of the Insurer according to their calculations without prior notice thereof to me/us.										
I/we understand that:										
- The withdrawal will be processed by computer										
- The details of each withdrawal will be reflected on my/our bank statement										
- Notwithstanding this debit order authority, the onus rests on me/us to ensure that the premium is paid and that I/we shall check my/our bank statement regularly to ensure that my/our insurance premium is paid.										
Bank		Branch								
Account holder		Code								
Account number		Type of account								
Debit date nearest		1st	7th	15th	Inception Date					
Authorised Signature/s		Date								
EMAIL: INSURE@HARNACKS.CO.ZA					AN AUTHORISED FSP: 36577			© COPYRIGHT HARNACKS INSURANCE BROKERS. PG 1/2		



SERVICE LEVEL AGREEMENT

HARNACKS BROKERS IS AN AUTHORISED SERVICE PROVIDER (36577)

INTRODUCTION & WELCOME

Harnacks is a licensed financial services provider - FSP no 36577. We are an independent family owned intermediary founded in 1965 by Herman Harnack.

We offer advisory services including long and short term insurance, medical, investment and pension services.

We do not offer tax or legal advice.

Harnacks are the owners of Bikesure; Investment Broking and Medicare Services, incorporating Olivier & Associates.

We hold Professional Indemnity Insurance and meet all necessary Fit and Proper Requirements.

PRODUCT SUPPLIERS & REMUNERATION

We are shareholders in a number of financial institutions including Discovery, Outsurance and Momentum and we do not receive more than 30% of our remuneration from any single provider. A list of product Suppliers is available on request.

Our remuneration is based on the regulated brokerage and Policy Advice Fees.

PROPOSAL APPLICATION FORMS

You may be required to complete questionnaires or forms with our guidance but we are not allowed to complete these on your behalf.

POLICY & CLAIMS ADMINISTRATION

We undertake to send you policy documents or policy endorsements as soon as possible and we will provide claims handling, advice and assist services on your behalf at all possible times.

We do charge a fee for this service. This charge is detailed in all quotes and schedules presented to you.

CHANGES IN CIRCUMSTANCES

Our service level agreement also serves as a reminder that you, as our client, are responsible to notify us of any change in your circumstances before they are about to happen. For example but not limited to:

- a change of [risk] address
- if a dependent moves home with their all risk items
- if any item should change or if there is any material change to items on risk.

DISCLOSURE OF INFORMATION & CONFIDENTIALITY

We will not disclose your confidential information to any other party without your written consent.

We can not be held responsible for any non-disclosure or failure on the applicants part to disclose any information.

We have a legal responsibility to report any suspicious transactions to the FIC.

COMPLAINTS

We will make every attempt to resolve any complaint, firstly by your representative, then by our internal compliance service, and/or we will refer any complaint that we are unable to resolve directly to the insurance Ombud service.

OUR SERVICES INCLUDE

Short Term Insurance for people and corporates, Life Insurance Pension Service and advice, Medical Aid Services including Dental and Gap insurance, Investment and Retirement services, BIKESURE specialist insurance.



INSUREDS SIGNATURE

DATE _____