



Established 1993

# OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

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Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

## AGRICULTURAL INSURANCE PROPOSAL FORM

NEW POLICY NUMBER: \_\_\_\_\_

### Clients Details:

Current/previous Santam insurance?  Yes  No Current/previous policy no: \_\_\_\_\_

Short name \_\_\_\_\_  
(Name that will appear on the alphabetical index on computer)

Full Trading name \_\_\_\_\_  
(Name that will print on policy schedule)

Company Reg No. \_\_\_\_\_ VAT No.: \_\_\_\_\_

Language  Afrikaans  English

Telephone number \_\_\_\_\_ Area Code: \_\_\_\_\_ Int. Code: \_\_\_\_\_

Fax number \_\_\_\_\_ Area Code: \_\_\_\_\_ Int. Code: \_\_\_\_\_

Cellular telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Postal address \_\_\_\_\_ Street address: \_\_\_\_\_

(Premises 1 should \_\_\_\_\_ (Perseel 1) \_\_\_\_\_

this be a street \_\_\_\_\_ (If different from \_\_\_\_\_

address) \_\_\_\_\_ postal address) \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact person \_\_\_\_\_ Responsible area: \_\_\_\_\_

### General

1. Has Santam Ltd. or any other insurer ever turned down your application for insurance, cancelled any policy (or part thereof), imposed any special conditions, refused to renew any policy or part thereof, or refused to continue any part of your insurance?

Yes     No    If "Yes", please supply the details on the attached memorandum (included/excluded):

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2. History of previous losses/claims. Please supply the details regarding any losses you might have sustained during the past five years, including all claims whether paid out or not.

Type of loss/Claim	Year	Amount	Insurer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **Declaration**

I/We hereby declare that the particulars and declarations in this application are correct and complete and include all information known to me/us and which concern the risks to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Santam Limited and that it will be binding. I/We also declare that should such particulars and answers be in the handwriting of any other person except myself/ourselves, such a person will be considered to have been my/our agent for the purpose of filling out the application. I/We hereby further declare that only those policy sections where I/we have indicated by answering the questions that cover was required will apply.

Signed at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ (applicant)

### **Policy Contents**

Policy type:                      Client number:                      Inception date:                      Renewal date:

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Mark with a X	Policy Sections	Annual premium	
		Policy:	SASRIA: Yes/No
	1 Fire		
	2 Buildings Combined		
	3 Office Contents		
	4 Business Interruption		
	5 Accounts Receivable		
	6 Theft		
	7 Money		
	8 Glass		
	9 Fidelity		
	10 Goods in Transit		
	11 Business All Risk		
	12 Accidental Damage		
	13 Public Liability		
	14 Employers' Liability		
	15 Stated Benefits		
	16 Group Personal Accident		
	17 Motor		
	20 Houseowners		
	21 Machinery Breakdown		
	22 Electronic Equipment		
	23 Machinery - Business Interruption		
	24 Householders		
	27 Personal All Risks		
	28 Motor-boats		

	31 Personal Legal Liability		
	35 Deterioration of Stock		
	36 Extended Personal Liability (PLIP)	R15-million	R20-million
	43 Irrigation Systems		
	44 Employment Practices Liability		
	45 Livestock		
	<b>Total annual premium</b>		
	<b>÷ 12 = monthly permium</b>		
	<b>TOTAL AMOUNT PAYABLE</b>		
	<b>Broker's Fee</b>		

### **Method of Premium Payment**

Cash annually                      or  Monthly per debit order agianst account being

- A cheque account
- A transmission account
- A credit card account

#### Debit order detail and Authorisation

Bank name/address: \_\_\_\_\_

Institution code: \_\_\_\_\_ Branch code: (Bank/branch identification number) \_\_\_\_\_

Account number: \_\_\_\_\_ (Client identification number)

Account holder: \_\_\_\_\_

(Name of account with institution)

D/O frequency:  Monthly     Annual

Monthly debit order collection date:

On, or last working day before\*       29<sup>th</sup>       30<sup>th</sup>       31<sup>st</sup>       1<sup>st</sup>

On, or first working day after       25<sup>th</sup>       26<sup>th</sup>       27<sup>th</sup>       28<sup>th</sup>

Two working days after       15<sup>th</sup>

**\*Please note that this option, collection will take place on the last working day before this date in the event of this date falling on a weekend or public holiday.**

I authorise Santam Limited (Santam) to deduct the amount of the premium for this policy from my account at the above-mentioned institution in any way that Santam and the institution have agreed upon. I also authorise Santam to pay any amounts which may accrue to me, to the credit of my account with the above-mentioned institution. All such withdrawals from my bank account by Santam shall be treated as though they had been signed by me personally.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

**General Policy Information**

Agency number: \_\_\_\_\_ or Agency name: \_\_\_\_\_

Industry: \_\_\_\_\_ Or code: \_\_\_\_\_

Renewal Code: Does not renew Presented annually Branch renews (by hand)

Co-insurance: No co-insurance Co-insurance lead Co-ins. Participating Santam % \_\_\_\_\_

If collective Placing number: \_\_\_\_\_

Participating companies

Insurer	Policy number	%
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokers fee R \_\_\_\_\_

Survey number.: \_\_\_\_\_ Survey date \_\_\_\_\_

Surveyor: \_\_\_\_\_

Clauses applicable:

Number	%	Amount	Number	%	Amount
1565	War, riot, terrorism, nuclear and computer losses exclusion				



**Layout of premises**

