



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Loss of Profit
Following Machinery Breakdown

Proposal Form



Broker / Agent Information

Broker Name:	<input style="width: 95%;" type="text"/>	FAIS No:	<input style="width: 95%;" type="text"/>
Branch Name:	<input style="width: 95%;" type="text"/>		
Consort Agency Number:	<input style="width: 95%;" type="text"/>		
Broker Contact Person:	<input style="width: 95%;" type="text"/>		
Tel No:	<input style="width: 15%;" type="text"/>	Fax No:	<input style="width: 15%;" type="text"/>
E-mail Address:	<input style="width: 95%;" type="text"/>		

Proposer Information

Proposer's Name:	<input style="width: 95%;" type="text"/>		
Type of Business:	<input style="width: 95%;" type="text"/>		
Postal Address:	<input style="width: 95%;" type="text"/>	Physical Address:	<input style="width: 95%;" type="text"/>
Postal Code:	<input style="width: 15%;" type="text"/>	Postal Code:	<input style="width: 15%;" type="text"/>
Contact Person:	<input style="width: 95%;" type="text"/>		
Tel No:	<input style="width: 15%;" type="text"/>	Fax No:	<input style="width: 15%;" type="text"/>
Cell No:	<input style="width: 95%;" type="text"/>		
E-mail Address:	<input style="width: 95%;" type="text"/>		
Proposer's VAT Number:	<input style="width: 15%;" type="text"/>	Proposer's Company Registration Number:	<input style="width: 15%;" type="text"/>
Holding Company Details:	<input style="width: 95%;" type="text"/>		
Financial Year End:	<input style="width: 15%;" type="text"/>	Commencement Date of Business:	<input style="width: 15%;" type="text"/>

Loss of Profits Insurance Details

Basis of Insurance:

Annual Gross Profit:

Additional basis

Difference Basis

Additional Increase in Cost of Working:

Claims Preparation Cost:

Has the client ever suffered a Loss of Profit following a Machinery Breakdown?

Yes

No

If yes, please specify for which items:

Item:

Details:

Date:

Time Taken to Repair / Duration of Downtime:

Loss of Profit:

Please provide a description of the production including a basic flow diagram and indicate whether any bottlenecks exist:

Declaration

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

POPI Clause

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

Date:

Name of authorised signature:

* Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service

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Consort Technical Underwriting Managers (Pty) Ltd is an Authorised Financial Service Provider. FSP No. 2273

