



GENERAL
INSURANCE
BOTSWANA

Name of proposer in full

Address of head office

Address of branch offices and name(s) of resident partner(s)

FOR OFFICIAL USE ONLY

Policy Number

Premium

Agent's name

Period of insurance: From

to

Renewal date

1. Staff Complement

Total number of:

- (a) Partners/Principals/Directors
- (b) Professional Assistants/Accounts Executives (Other than Principals)
- (c) All other staff (Excluding Commission only staff; see Question 4.5)
- (d) Total Complement

2. Business Activities

2.1 Volume Of Business: Financial Year End. Please advise for the past 3 years.

	Year Ended	Total Written Premium	Total Revenue (commission & Fees)
i	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii	<input type="text"/>	<input type="text"/>	<input type="text"/>

(a) Please give the estimated fees for the coming 12 months

(b) Do you expect any major changes to the above in the forthcoming year?

No Yes (give full details and reasons)

2.2 Approximate Percentage of Estimated Gross Income Accruing From Various Activities

- (i) Life and Pensions (including Retirement Annuity Business) %
- (ii) Mortgage Broking in conjunction with Life and Pensions Broking/Agency %
- (iii) Mortgage Broking not in conjunction with Life and Pensions Broking %
- (iv) Fire/Motor/Accident Business %
- (v) Marine Hull Business %
- (vi) Aviation Hull/Liability Business %

- vii) Reinsurance/Reassurance Business %
- (viii) Foreign Business %
- (ix) Other activities (to be specified fully) %

If you are involved in (iii), (v), (viii) or (ix) please give full details of such work on a separate sheet or in the area of this proposal reserved for additional information.

2.3 Business Associations

Details of all Joint Broking appointments held by Proposer.

Client	Type of Portfolio	Joint Broker	Apportionment of Work/Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.4 Acceptance/Claims Authority

Do you have any Binding Underwriting and/or claims Settlement Authorities, otherwise than in terms of Standard Agency Contracts?

No Yes (please complete the necessary Supplementary Questionnaire)

3. Are you a member of any of the following professional associations?

SAIBA IBC LUASA ILPA

4. Do you require any of the following extensions:

- 4.1 Dishonesty of Staff other than Principals/Directors? No Yes
- 4.2 Pension Trustees? No Yes
- 4.3 Mortgage Broking in connection with Life Assurance? No Yes
- 4.4 Mortgage Broking? No Yes
- 4.5 Additional Insured: No Yes

Persons not employed directly by the insured who are remunerated on a commission only basis and who are to be indemnified in respect of their activities as if they were members of the Insured's staff.

Please name them together with their experience and qualifications.

Name	Qualifications	Years Experience in Insurance Industry

5. Quotations Required: Limit of Indemnity

- P
- P
- P
- P

Do you require one or two reinstatements of the Indemnity during the period of insurance:

No Yes

Number of Reinstatement?

No Yes

6. Deductible (Excess)

(The amount carried by the Insured per claim)

Our minimum Deductible is 15% of claim. Minimum P10 000
Maximum P50 000

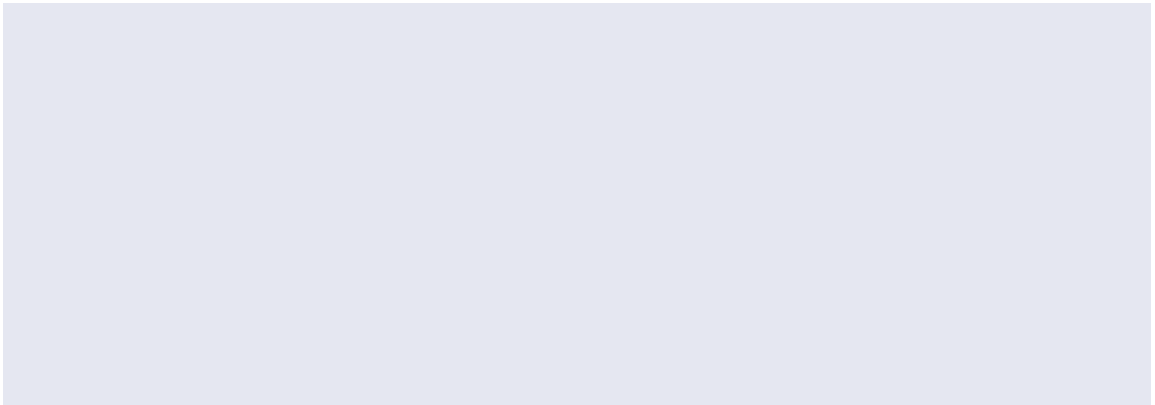
If a fixed Deductible is required (Minimum P25 000), please indicate below

Deductible/Excess

- P
- P
- P

Supplementary Questionnaire For Insurance Intermediaries (To be completed ONLY by Insurance Intermediaries who hold binding/Underwriting and/or claims settling authorities otherwise than in terms of Standard Insurance Agency Contracts.)

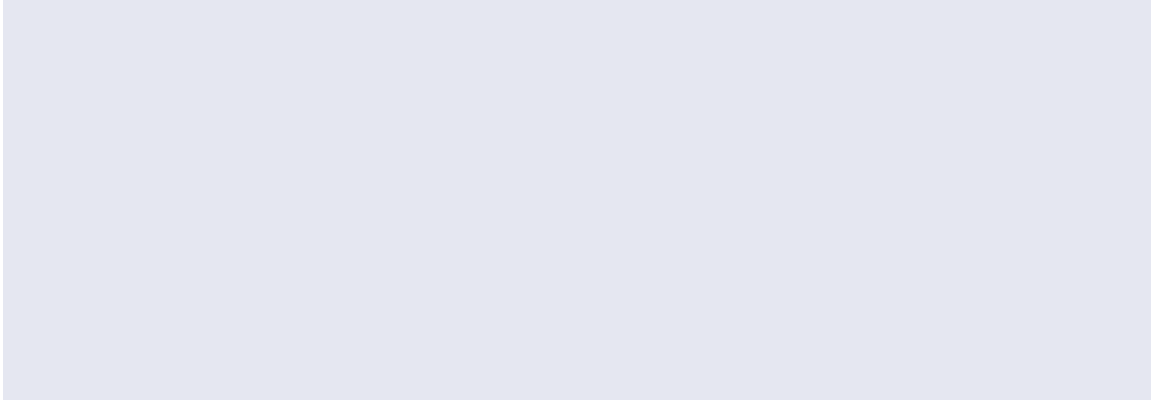
1. Classes of Business Acceptable Thereunder



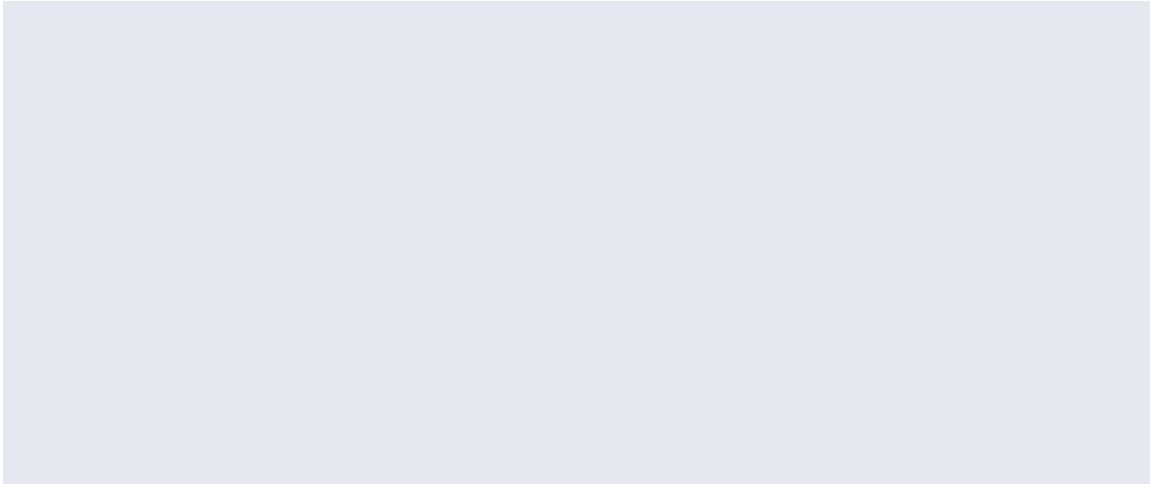
2. Names of All Insurers Subscribing Thereto



3. Maximum Permitted Limit Each Acceptance



4. Names, Ages, Qualifications and Experience in Relation To These Activities of all Persons Exercising Binding Authority

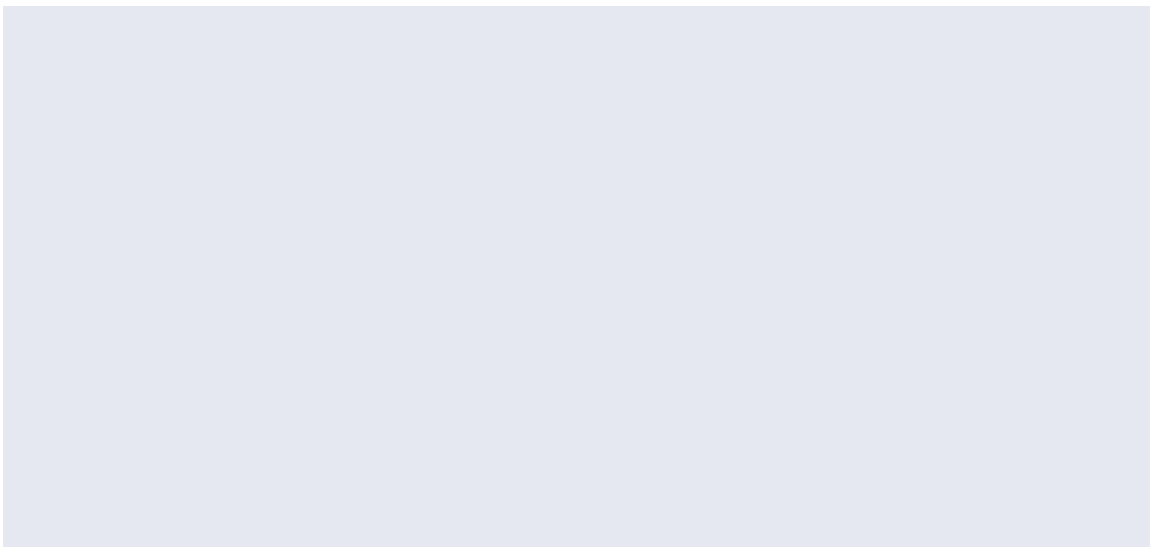


5. Annual Premium Income/Gross Commission/Fees/Attended from the Authority for:

(A) Last Financial Year: 

(B) Current Year (Estimate) 

6. Claims Settlement Authority Limit(S)



8. Sources of Business (Proposer's own business, named sub-agents etc.)

9. Is any change envisaged in relation to the authorities stated above for the forthcoming 12 months?

No Yes (please give full details)

Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your protection, as failure to disclose may mean that you policy will not provide you with the cover you require, or perhaps invalidate the policy altogether.

DECLARATION

I declare that the statements and particulars given in this proposal are, to the best of my knowledge and belief, true and complete, and this proposal shall form the basis of my contract with General Insurance Botswana (Pty) Limited.

I agree that the Insurance will not be in force until the proposal has been accepted by the Company except to the extent of any official cover note which may be issued.

Date

For and on behalf of (insert name of firm)

Signature of partner or principal

Please attach a brochure concerning your firm