



QUINARY

Gap Cover Proposal Form

Client Details

Registered company name

Trading name

Registration number

VAT number

Physical address

Postal address

Contact name

Contact telephone number

Contact email address

Bank account holder name

Branch name and code

Bank account number

Business Activity

Industry

Description of goods or services

Primary Insurance Policy Information

Primary insurer and policy number

Primary policy insured percentage

Primary policy maximum liability

Primary policy premium rate

Financial Information Analysis

Please complete the turnover figures excluding turnover relating to uninsurable accounts such as cash sales, intercompany accounts, transactions with associated companies, government entities, etc.

Financial Year End	Total Turnover Value	Number of Debtors
Estimated next FYE		
YTD		
FYE 20____		
FYE 20____		
FYE 20____		

Please indicate your payment terms:

Standard payment terms	
Minimum payment terms	
Maximum payment terms	

Please complete the following section with total bad debt information for the last 3 financial years:

Financial YE	Total Value of Losses	Total Number of Losses	Largest Loss		
			Name of Entity	Value of Loss	Cause of Loss
FYE 20____					
FYE 20____					
FYE 20____					

Credit Limits

Please provide us with your five (5) largest credit limits:

Legal Entity Name	Registration Number	Currency	Credit Limit Value	Payment Terms

Documentation Checklist

Please provide us with the following documentation:

1. Primary insurance policy document, schedule, and endorsements
2. Full debtors age analysis (in Excel format)
3. Full credit limit annexure listing including nil limits granted, comments and special conditions (in Excel format)
4. Primary policy review i.e., policy history relating to premiums and claims.

Broker Nomination

We wish to nominate the following broker to act on our behalf on any policy resulting from this application:

Broker name	Cinque Pty Ltd
Broker physical address	Constantia Office Park, Weltevredenpark, JHB, 1709

Declarations

1. I declare that the statements made in this form are to the best of my knowledge true and this form does not withhold any material facts. A material fact is one likely to influence acceptance of assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not, please disclose it in the space below:

2. I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein, shall form the basis of the contract.
3. We hereby consent to QUINARY to process our personal information, including name, registration number, contact information (e-mail address, physical address, postal address and telephone number), financial information and information of our debtors ("Personal Information") for the purpose of processing (both by computer and manually) our application for insurance cover, issuing us with a policy of insurance, issuing of indicative credit limits in respect of insured debtors and generally providing us with services under the policy of insurance ("Purpose"). All Personal Information will be processed in accordance with South African data protection legislation, in particular the Protection of Personal Information Act 4 of 2013.
4. We undertake to obtain consent from our debtors to transfer their personal information including their names, registration numbers, contact information (e-mail address, physical address, postal address and telephone number) and financial information for the Purpose.

Authorised Signatory

Full name	_____	Designation	_____
Signature	_____	Date	_____