

REQUEST FOR UNDERWRITING QUOTATION



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Underwritten by African Unity Life Ltd, a registered insurer and an authorised financial services provider, FSP No 8447

Section A: Is this a new request or an addendum to an existing agreement

This is a new request for underwriting This is an addendum to an existing agreement with INGWE LIFE

Section B: Business Type

Burial Society Funeral Home Church Group Employer Trade Union Finance Provider
 Company Brokerage Trust Partnership Other Sole Proprietor

Section C: Details of the Business Entity

Scheme Name:

Registered Name of the Business:

Trading Name of Business:

Registration Number of Business: / / VAT number (if applicable):

Physical Address:

Postal Code:

Business Land Line No.: Business Fax No.:

Are you a registered FSP? Yes No If Yes, please provide your FSP number:

What services will you be performing?

Who will be the Intermediary on the Scheme?

Who administers your scheme? Self Insurer Administrator (provide name):

What is the name of the policy administration system you use?

Section D: Contact details of main contact person and admin person

First Name(s):

Surname:

Position:

Cellphone No.: ID No.:

Email Address:

First Name(s):

Surname:

Position:

Cellphone No.: ID No.:

Email Address:

Section E: Operational Information

Is this a "NEW" Scheme or a "TAKE OVER" Scheme? New Scheme Take Over Scheme

Is the request for a VOLUNTARY or COMPULSORY Group Scheme? Voluntary Compulsory

Is the scheme presently underwritten by a registered Insurance Company? Yes No

If "Yes" what is the name of the Insurance Company?

What is the main reason for wanting to change Underwriter?

Section E: Operational Information...(continued)

How did you pay your premiums to your Underwriter? EFT Direct Deposit Cash Other (specify):

What was the last premium you paid and when was it paid? How much?: R Date: DD / MM / YYYY

What is your arrangement re Payment of Premium?

How many years has the business been running? How many branches do you have?

Where are the branches?

How many claims on average do you process per month?

Who is responsible for the collection of premiums?

How are premiums collected from members? Cash D/Order EasyPay Pay@ S/Order Payroll
 Other (specify):

In whose bank account are member premiums deposited?

Will claims be paid to the Business or to a nominated beneficiary? Business Nominated Beneficiary
 Other (specify):

Do you do your own funerals or do you make use of an external funeral home to do the funerals? Own External F/Home

Do you use your own application form or the Insurer's application form? Own Insurer Please White Label one for us

Section F: Underwriting Requirements

No of Principal Members on the scheme? (±) No of Extended Family members on the scheme? (±)

What is the potential growth per month?

What is the maximum entry age on the scheme? Principal Spouse Extended Family

What waiting periods do you apply in months? Natural Causes Unnatural Causes Suicide

What is the maximum no of lives per policy? Spouse Children Extended Family

What additional benefits | value added products do you presently offer to your members?

Description	Benefit Value	Premium

What additional benefits | value added products would you like to offer your members?

Description	Benefit Value	Premium

Must we make provision for Commission? Yes No *If "Yes", specify*

If AUL must pay you commission each month, on what date would you like your commission to be paid? DD / MM / YYYY

Section G : Bank Account details for fees | commission

Name of Acc. Holder:

Name of Bank:

Type of Account:

Account No.: Branch Code:

Indicate what this account must be used for:

Section H: Security details of the business entity - Pls answer the following questions

- Are proceedings pending for the sequestration / liquidation of the entity? Yes No
- Has the entity ever been sequestered / liquidated or placed under judicial management? Yes No
- Has the entity ever entered into any form of composition with other creditors? Yes No
- Has the entity ever had a civil judgement against it? Yes No
- Has any regulatory action been taken against the entity within the last 24 months? Yes No
- Has any Life Office declined to grant, or cancelled and Intermediary | Binder or Outsourcing Agreement with the entity? Yes No

Section H: Security details of the business entity - Pls answer the following questions...(continued)

If you have answered "Yes" to any of the questions in Section H (above), then please provide details

Section I: Security Information

- 1. Have any of the above person's, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details. Yes No
- 2. Have any of these person been convicted of any criminal offence during the past 10 years? If yes please provide details. Yes No
- 3. Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant? If yes, please provide full details. Yes No
- 4. Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms? If yes, please provide full details. Yes No
- 5. Have you ever been debarred i.t.o the FAIS Act? If yes, please provide details. Yes No

If you have answered "Yes" to any of the questions in Section I (above), then please provide details

Section J: Your Compliance Officer details

Name & Surname:

Compliance Officer No.: Tel No.:

Email Address:

Section K: Claims History for last 6 months

Month	Premium Paid	Claims for the Month	Amount/Value of Claims	Percentage

Section L: Details of your PI / Fidelity Cover

PI Cover: Name of Insurance:

Policy Number: Policy Number: R

Fidelity Cover: Name of Insurance:

Policy Number: Policy Number: R

Section M: Compliance Checklist (provide copies)

Item	Yes	No	Comments
1. Quote request form	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. FAIS License & Annexures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. CIPC : COR 39 / COR 21.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. FICA documents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. ID of Directors and Key Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Proof of Residence - Directors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Proof of bank account	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

