REQUEST FOR UNDERWRITING QUOTATION

Contact Details : (Telephone) : 011 462 0353 / 011 704 1039 Email: info@ingwelife.com / Website: www.ingwelife.com



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 exist	1						
This is a new request for underwriting	This is an addendum to an existing agreement with II	IGWE LIFE					
Section B: Business Type	Church Craus	/ Trade Union	Finance Provider				
Burial Society Funeral Home	Church Group Employer	Trade Union					
Company Brokerage Section C: Details of the Business Entity	Trust Partnership	✓ Other	Sole Proprietor				
Scheme Name:							
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?	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 Insur	er Administrator (<i>provide name</i>):						
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 admi							
First Name(s):							
Surname:							
Position:							
Cellphone No.: ID N	n:						
Email Address:							
First Name(s):							
Surname:							
Position:							
Cellphone No.: ID N).:						
Email Address:							
Section E: Operational Information							
	ew Scheme						
Is the request for a VOLUNTARY or COMPULSORY Group Scher	ne? Voluntary Compulsory						
Is the scheme presently underwritten by a registered Insurance	e 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?	Cash	Other (specify):		
What was the last premium you paid and when was it paid? How much?:		Date: D D	/ M M	/ Y Y Y Y
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?	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 N	ominated Beneficia	ry		
✓ Other (specify):				
	wn 🗸 Ext	ternal F/Home		
Do you use your own application form or the Insurer's application form?		White Label one	for us	
Section F: Underwriting Requirements				
No of Principal Members on the scheme? (±) No of Extended Family members	pers on the scheme?	? (±)		
What is the potential growth per month?				
What is the maximum entry age on the scheme? Principal Spouse	Ext	tended Family		
What waiting periods do you apply in months? Natural Causes Unnatura	al Causes	Suicide		
What is the maximum no of lives per policy? Spouse Children	Ext	tended Family		
What additional benefits value added products do you presently offer to your members?				
Description	Benefit Va	alue	Prer	mium
Description	Benefit Va	alue	Prer	nium
Description	Benefit Va	alue	Prer	nium
	Benefit Va	alue	Prer	nium
What additional benefits value added products would you like to offer your members?				
	Benefit Va			nium
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What additional benefits value added products would you like to offer your members? Description 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? Section G: Bank Account details for fees commission Name of Acc. Holder:	Benefit Va			
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If you have answered "Yes" to any		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									
Have any of the above person's, or liquidation, receivership or been plainto arrangements with creditors or some control	aced under provisional or final jud	dicial ma	anagem	ent, or be	n provis	ionally		√ Yes	√ No
into arrangements with creditors or are any such matters still pending? If yes, please provide full details. 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 prov	vide deta	ails.					√ Yes	√ No
If you have answered "Yes" to any	y of the questions in Section I (abo	ove), the	en plea:	se provide	details				
Section J: Your Compliance Office	r details								
Name & Surname:									
Compliance Officer No.:							Tel No.:		
Email Address:									
Section K: Claims History for last 6	6 months	Section K: Claims History for last 6 months							
Month									
WOIGH	Premium Paid		Claims	for the Mo	nth	Δ	Amount/Value of Claims	Percenta	ge
World	Premium Paid		Claims	for the Mo	nth	Α	Amount/Value of Claims	Percenta	ge
World	Premium Paid		Claims	for the Mo	nth	Α	Amount/Value of Claims	Percenta	ge
WOTCH	Premium Paid		Claims 1	for the Mo	nth	A	Amount/Value of Claims	Percenta	ge
WOIGH	Premium Paid		Claims	for the Mo	nth	A	Amount/Value of Claims	Percenta	ge
			Claims †	for the Mo	nth	A	Amount/Value of Claims	Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance:			Claims	for the Mo	nth	A	Amount/Value of Claims	Percenta	ge
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Section L: Details of your PI / Fide			Claims	for the Mo	nth	A		Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance: Policy Number:			Claims	for the Mo	nth			Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance: Policy Number: Fidelity Cover: Name of Insurance:	elity Cover		Claims	for the Mod	nth		Policy Number: R	Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance: Policy Number: Fidelity Cover: Name of Insurance: Policy Number:	elity Cover	Yes	Claims	for the Mo	nth		Policy Number: R	Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance: Policy Number: Fidelity Cover: Name of Insurance: Policy Number: Section M: Compliance Checklist (elity Cover			for the Mo	nth		Policy Number: R Policy Number: R	Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance: Policy Number: Fidelity Cover: Name of Insurance: Policy Number: Section M: Compliance Checklist (Item	elity Cover	Yes	No	for the Mo	nth		Policy Number: R Policy Number: R	Percenta	ge
Section L: Details of your PI / Fide PI Cover: Name of Insurance: Policy Number: Fidelity Cover: Name of Insurance: Policy Number: Section M: Compliance Checklist (Item 1. Quote request form	elity Cover	Yes	No	for the Mod	nth		Policy Number: R Policy Number: R	Percenta	ge
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Section M: Compliance Checklist (provide copies)(continued)							
Item	Yes	No	Comments				
8. Proof of Indemnity Cover	√	√					
9. Proof of Fidelity Cover	√	√					
10. VAT Confirmation	√	√					
11. RE Exam certificates of KI's / Reps	√	√					
12. Letter from Company Secretary confirming shareholding	√	√					
13. Resolution re. appointment of Authorised Person	√	√					
14. Provide list of reps under the FSP who will perform services	√	√					
15. Juristic Representative Certificate (Section 13)	√	√					
16. Copy of Juristic Representative Agreement	√	√					
17. Copy of Marketing Material, Flyers & Application Form	√	√					
Section N: Declaration							
I,the undersigned, hereby declare that all the above information is correct and accurate and that no other material information which may be relevant to INGWE LIFE's assessment for the uderwriting proposal, has been witheld. I also declare that I will provide INGWE LIFE with all my member / benefit / premium information as well as my claims history over the last 12 months in order to ensure an accurate and competitive proposal (quote) is provided and that no information will be witheld whatsoever. I further declare that any false / inaccurate information supplied could affect the final proposal.							
Section O: Signature							
Signed this day of	2	0	atat				
Name & Surname:							
Signature:							