



P O Box 783542  
Sandton  
2146

Telephone : 0860 002 500  
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**GUARDRISK INSURANCE COMPANY LIMITED - GAP COVER BROKER APPLICATION**

**Completed forms and supporting documents must be emailed to GapContracts@guardrisk.co.za**

**GUARDRISK OFFERS THREE GAP COVER PRODUCTS TO THE MARKET  
PLEASE TICK WHICH PRODUCTS YOU WOULD LIKE TO MARKET**

|  |              |                          |        |                          |       |                          |
|--|--------------|--------------------------|--------|--------------------------|-------|--------------------------|
|  | MOMENTUM GAP | <input type="checkbox"/> | MEDGAP | <input type="checkbox"/> | ADMED | <input type="checkbox"/> |
|--|--------------|--------------------------|--------|--------------------------|-------|--------------------------|

**General Information**

|                          |  |
|--------------------------|--|
| Full name of Business    |  |
| Legal Nature of Business |  |
| Company Registration No. |  |
| VAT Registration No.     |  |
| FSP No.                  |  |

*\*\*Please attach a copy of CIPC documents (or ID Document if Natural Person) & VAT Certificate*

**Address Details**

|                         |  |
|-------------------------|--|
| Postal Address          |  |
| City/Town               |  |
| Postal code             |  |
| Physical address        |  |
| City/Town               |  |
| Postal code             |  |
| Website address         |  |
| Office Telephone Number |  |

**FSP Main Contact Details**

|                         |  |
|-------------------------|--|
| Contact person name     |  |
| Contact person surname  |  |
| Office telephone number |  |
| E-Mail address          |  |
| Cell Phone Number       |  |

**Bank Details**

|                     |  |
|---------------------|--|
| Bank Name           |  |
| Branch Name         |  |
| Account Holder Name |  |
| Account Type        |  |
| Account Number      |  |
| Branch Code         |  |

*\*\*Please attach a copy of cancelled cheque or bank statement*

*Kindly note that for FAIS & FICA Compliance reasons we require the company banking details to be submitted as per below in order for commission payments to be made. Payment details will be accepted via the following methods (original or scanned copy and cannot be older than 3 months) \*Cancelled cheque or a copy of the bank statement*

| Contact person for payment of commission  |        |            |       |
|---|--------|------------|-------|
| Contact person name   |        |            |       |
| Contact person surname  |        |            |       |
| Designation   |        |            |       |
| Telephone Number  |        |            |       |
| E-Mail address  |        |            |       |
| Cell Phone Number   |        |            |       |
| Financial Advisory and Intermediary Services Act  |        |            |       |
| Are you licensed in terms of the FAIS Act?  | Yes    | No         |       |
| Please provide the FSP Number   |        |            |       |
| <i>**Please provide a copy of your FSP license, including Annexures</i>   |        |            |       |
| Compliance Officer details  |        |            |       |
| Name  |        |            |       |
| Telephone number  |        |            |       |
| Mobile Number   |        |            |       |
| Physical address  |        |            |       |
| Postal address  |        |            |       |
| Email address   |        |            |       |
| <i>**Please include a letter from your Compliance Officer confirming that they are the C/O and a declaration confirming that the following is in place:</i>   |        |            |       |
| <i>•Rep/KI Register, •Risk Management Framework and •Risk Register, •Disaster Recovery and •Business Continuity Plans &amp; •Conflict of Interest Policy.</i> |        |            |       |
| Contact Person for Complaints   |        |            |       |
| Name  |        |            |       |
| Telephone number  |        |            |       |
| Mobile Number   |        |            |       |
| Email address   |        |            |       |
| Key Individual details  |        |            |       |
| Name  |        |            |       |
| Telephone number  |        |            |       |
| Mobile Number   |        |            |       |
| Email address   |        |            |       |
| Authorised Signatory (for the Intermediary Agreement)   |        |            |       |
| Name  |        |            |       |
| Telephone number  |        |            |       |
| Mobile Number   |        |            |       |
| Email address   |        |            |       |
| Representatives to sell the product   |        |            |       |
| Name and Surname  | ID No. | Mobile No. | Email |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |
|   |        |            |       |

| Broker Membership Details   |     |    |  |
|---|-----|----|--|
| Are you a member of any broker organisation?  | YES | NO |  |
| Name of Organisation  |     |    |  |
| Registration number   |     |    |  |
| <i>**Please provide a copy of the respective membership certificate/s</i>   |     |    |  |
| Professional Indemnity Insurance Details  |     |    |  |
| Sum Insured   |     |    |  |
| Policy Number   |     |    |  |
| Expiry Date   |     |    |  |
| Insurer   |     |    |  |
| Who is insured under the policy?  |     |    |  |
| <i>**Please provide a copy of the current PI schedule</i>   |     |    |  |
| Treating Customers Fairly (TCF)   |     |    |  |
| Are you, as a business, aware of your responsibilities in terms of TCF?   | YES | NO |  |
| Are your clients made aware of their rights in regards to TCF?  | YES | NO |  |
| Do you analyse and assess complaints received in terms of TCF?  | YES | NO |  |
| Do you have a complaints policy and reporting framework?  | YES | NO |  |
| Do you have processes in place to monitor TCF risk indicators?  | YES | NO |  |
| Do you have processes in place to monitor quality of advice given?  | YES | NO |  |
| Do you have a robust complaints management process?   | YES | NO |  |
| Are you able to provide management information on customer experience?  | YES | NO |  |
| Do you have a conflict of interest policy and processes to manage this?   | YES | NO |  |
| Do you have processes in place where unauthorised advice has been given?  | YES | NO |  |
| Who, in your business, is responsible for TCF?  |     |    |  |
| Protection of Personal Information (POPI)   |     |    |  |
| Are you, as a business, POPI compliant?   | YES | NO |  |
| Do you have procedures in place to ensure the safekeeping of information?   | YES | NO |  |
| Do you advise clients if their information is being used for any other purpose?   | YES | NO |  |
| <b>Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in :</b> |     |    |  |
| Provisional or Final Liquidation  | YES | NO |  |
| Judicial Management   | YES | NO |  |
| Receivership  | YES | NO |  |
| Sequestrated  | YES | NO |  |
| Entered into arrangement with Creditors   | YES | NO |  |
| <b>If yes to any of the above, please provide details:</b>  |     |    |  |
|   |     |    |  |
|   |     |    |  |
|   |     |    |  |
|   |     |    |  |

|   |          |  |
|---|----------|--|
| <b>Have any of the persons listed above been convicted of any criminal offence during the past 5 years? If yes, please provide details</b>              |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
| <b>Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant? If yes, please provide details</b>   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
| <b>Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? If yes, please provide details</b> |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |
| <b>Current split of business</b>  |          |  |
| <b>Type (e.g.. Personal/commercial lines; life; funeral</b>   | <b>%</b> |  |
|   |          |  |
|   |          |  |
|   |          |  |
| <b>Details of any current binder/outsoure agreements with another insurer</b>   |          |  |
|   |          |  |
|   |          |  |
|   |          |  |

| List of current Insurers supported and % of business with Insurer   |                    |    |  |
|---|--------------------|----|--|
| Name of Insurer   | Class of Insurance | %  |  |
|   |                    |    |  |
|   |                    |    |  |
|   |                    |    |  |
|   |                    |    |  |
|   |                    |    |  |
|   |                    |    |  |
|   |                    |    |  |
| This application relates to business to be introduced by the broker as an independent broker on behalf of its clients   |                    |    |  |
| All information provided in this application will be kept confidential and comply at all times with the Protection of Personal Information Act, No 4 of 2013 ("POPI") |                    |    |  |
| Do you give Guardrisk Insurance Company permission to do an ITC check?  | YES                | NO |  |

Signature \_\_\_\_\_  
 who by his or her signature hereto warrants that he/she is duly authorised to sign this application

Name \_\_\_\_\_

Date \_\_\_\_\_

| Please confirm you have attached the required documentation with your application   |     |    |  |
|---|-----|----|--|
| FSP licence with annexures attached   | YES | NO |  |
| PI Cover attached   | YES | NO |  |
| Cancelled cheque / original certified bank confirmation attached  | YES | NO |  |
| Membership certificates attached (where applicable)   | YES | NO |  |
| ID copy in the case of a Natural Person   | YES | NO |  |
| CIPC Documents  | YES | NO |  |
| VAT Certificate   | YES | NO |  |
| Declaration from Compliance Officer   | YES | NO |  |
| <i>Please note that all required information and documentation must be submitted in order for an application to be accepted. Guardrisk reserves the right to request evidence of PI cover and TCF adherence on an annual basis.</i> |     |    |  |
| <b>Completed forms and supporting documents must be emailed to <a href="mailto:GapContracts@guardrisk.co.za">GapContracts@guardrisk.co.za</a></b>   |     |    |  |