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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

MEDGAP

ADMED

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 & •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			
Designation			
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	
Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in :			
Provisional or Final Liquidation	YES	NO	
Judicial Management	YES	NO	
Receivership	YES	NO	
Sequestrated	YES	NO	
Entered into arrangement with Creditors	YES	NO	
If yes to any of the above, please provide details:			

Have any of the persons listed above been convicted of any criminal offence during the past 5 years? If yes, please provide details

Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant? If yes, please provide details

Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? If yes, please provide details

Current split of business

Type (e.g.. Personal/commercial lines; life; funeral	%	

Details of any current binder/outsource agreements with another insurer

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	

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.

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