

APPLICATION FORM

Agent / Broker Details	
Agency Code	

A. LIFE / PERSON INSURED

Title		First Names		Surname		Gender		
ID Number								
Postal Address								
							Code	
Cell				Email				

B. OCCUPATIONAL DETAILS

Business Name							
Insured's Relationship to Business					REG Number		
General Description of Business							
Nature of Insured's Duties							
Average Income / Turnover p/m					Required Commencement Date		

C. CHOOSE A PLAN

- Premium Plus (Cover: R50 000 - R75 000) - R720 p/m
- Platinum Plan (Cover: R35 000 - R50 000) - R610 p/m
- Gold Plan (Cover: R25 000 - R35 000) - R490 p/m
- Silver Plan (Cover: R15 000 - R25 000) - R365 p/m
- Bronze Plan (Cover: R0 - R15 000) - R310 p/m

D. PRE-EXISTING CONDITIONS

Are there any conditions, no matter how trivial, pertaining to illnesses or any previous bodily injury or medical conditions, occupational hazards, hobbies or past-times which may affect the assessment of the risks to be covered in terms of this application? Pre-existing conditions will be excluded from cover, for review upon request by the insured after a two year period of clear health confirmed by a medical practitioner, at underwriters' discretion. Illness claims arising during the initial 60 days from policy inception are not covered. Cover is immediate i.r.o. accident and for illness a 4 day waiting period applies.

Yes No If YES, please provide full details: (complete separate sheet if needed)

E. DEBIT ORDER

I request ONE Insurance Underwriting Managers (Pty) Ltd to draw against my account due amounts payable in terms of this contract. I further request the bank to pay and debit my account with all such amounts drawn. If the account holder is a company, its exact name must be entered and the authorised officer must affix the company stamp, sign and state his/her title within the company.

Account Type	
Bank	
Account Holder	
Account Number	
Branch	
Branch Code	

Signature of Account Holder:

F. DECLARATION

I declare that the statements made and the information contained in this application for a PRIME ASSET COVER PLAN, shall form the basis of the contract of insurance with Mutual & Federal Risk Financing Ltd and I further warrant that the statements made are true to the best of my knowledge and belief.

Signed at: _____ Date: _____

Full Name: _____

Signature:

IMPORTANTLY

1. Refer to your policy document for precise definitions, limitations and exclusions.
2. Please refer to the policy wording for specific exclusions relating to occupations such as pilots, police or military forces, professional sports people etc. and conditions such as HIV/AIDS, sexually transmitted diseases, stress related conditions, cosmetic procedures, influenza, laryngitis and sinusitis.
3. Prime Asset Cover is a short-term insurance policy and therefore has no investment, cash or savings component.
4. Please note cover ceases at age 70.