



**BOTSWANA
INSURANCE COMPANY**

COMMERCIAL PROPOSAL FORM

Date KYC Last Completed

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CORPORATE ENTITY

Company Name _____ Trading Name _____

Registration No _____

Postal Address _____

Physical Address _____

Email _____

Country of Incorporation _____ Website _____

If External, Address of Head Office _____

Brief description of business _____

Income Tax Number _____ VAT Reg No [if applicable] _____

CONTACT PERSON

Title _____ Forename(s) _____ Surname _____

Date of Birth _____ National ID / Passport No. _____ Nationality _____

Position _____

Physical Address _____

Village / Town / City _____ Country _____

Telephone _____ Mobile _____ Email _____

BANKING DETAILS

Bank Name _____ Branch _____ Account No _____

Account Name _____ Account Type _____

Source of Funds _____

DECLARATION OF BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is/ are the ultimate principal beneficial owner(s) of the Company through ownership in the intermediate or ultimate holding companies:

Full Name	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification:

COMPANY

- Certificate of incorporation
- Memorandum and articles of association (where applicable)
- Share certificates
- Notice of registered office and postal address
- Identification documents of the person(s) managing the company (certified copy of Omang or passport)
- Resolution specifying who is authorised to act on behalf of the company
- Identification of authorised signatories (certified copy of Omang or passport)
- Certified identification document(s) of the person(s) authorised to act on behalf of the company

PARTNERSHIPS

- Partnership agreement
- Identification documents of the natural persons who are partners e.g. certified copy of I.D / passport
- Resolution specifying who is authorised to act on behalf of the partnership
- Identification of authorised signatories (certified copy of Omang or passport)
- Certified identification document(s) of the person(s) authorised to act on behalf of the partnership.

DECLARATION

I hereby declare that the details furnished above are true and correct for the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

Full Names _____

Designation / Position _____

Date _____ Place _____ Signature _____

Cover is available for all classes of insurance. Please tick the classes you require insurance cover on and complete the relevant sections.

Fire	Y <input type="checkbox"/> N <input type="checkbox"/>	Business Interruption	Y <input type="checkbox"/> N <input type="checkbox"/>	Money	Y <input type="checkbox"/> N <input type="checkbox"/>
Public Liability	Y <input type="checkbox"/> N <input type="checkbox"/>	Business All Risks	Y <input type="checkbox"/> N <input type="checkbox"/>	Computer Equipment	Y <input type="checkbox"/> N <input type="checkbox"/>
Accidental Damage	Y <input type="checkbox"/> N <input type="checkbox"/>	Electronic Equipment	Y <input type="checkbox"/> N <input type="checkbox"/>	Goods in Transit	Y <input type="checkbox"/> N <input type="checkbox"/>
Theft	Y <input type="checkbox"/> N <input type="checkbox"/>	Group Personal Accident	Y <input type="checkbox"/> N <input type="checkbox"/>	Stated Benefits	Y <input type="checkbox"/> N <input type="checkbox"/>
Workers Compensation	Y <input type="checkbox"/> N <input type="checkbox"/>	Accounts Receivable	Y <input type="checkbox"/> N <input type="checkbox"/>	Office Contents	Y <input type="checkbox"/> N <input type="checkbox"/>
Glass	Y <input type="checkbox"/> N <input type="checkbox"/>	Fidelity Guarantee	Y <input type="checkbox"/> N <input type="checkbox"/>	Motor	Y <input type="checkbox"/> N <input type="checkbox"/>
Motor Traders Internal	Y <input type="checkbox"/> N <input type="checkbox"/>	Motor Traders External	Y <input type="checkbox"/> N <input type="checkbox"/>	Buildings Combined	Y <input type="checkbox"/> N <input type="checkbox"/>

Broker/ Agent _____

Name of proposer: _____ Postal Address: _____

Cell Business: _____ Home: _____

Email Address: _____ VAT Reg#: _____ CO Reg# _____

Business Description / Nature of Business: _____

Risk address: _____

Who were your last insurers? _____

Has any insurer cancelled, refused to renew or imposed special terms? Give details _____

Give details of ALL losses or claims suffered in the last 3 years (whether insured or not insured) _____

IMPORTANT NOTICE

This proposal forms the basis of a legally binding contract, absolute truth and accuracy are essential in answering the questions. Before signing the declaration ensure ALL questions are answered correctly. If answers are completed by an Agent the proposer must sign and the answers will be deemed to be those of the proposer. Any other person signing will be deemed to have signed as the agent of the proposer with the full knowledge and consent of the proposer. No policy is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.

ACKNOWLEDGEMENT AND DECLARATION

I/We acknowledge that the details of the cover applied for have been fully explained to me/us and accepted. I/We declare that all the above statement and particulars which I/We have read and are true and correct and contain all information known to me/us affecting the proposed insurance and that this any other statement made by me/us shall be promissory.

I/We further agree to accept insurance on the terms and condition contained in the Company's policy.

Date: _____ Signature: _____

FIRE:

Please indicate sum insured required for each location:

- | | | | |
|--|---------|--------------------------------|---------|
| 1. Buildings | P _____ | Buildings | P _____ |
| 2. Plant & machinery | P _____ | Plant & machinery | P _____ |
| Type of machinery _____ | | Type of machinery _____ | |
| _____ | | _____ | |
| 3. Stock | P _____ | Stock | P _____ |
| Type of Stock _____ | | Type of Stock _____ | |
| _____ | | _____ | |
| 4. Furniture & Equipment | P _____ | 5. Miscellaneous | P _____ |
| 6. Additional claims preparation costs | P _____ | 7. Increase in cost of working | P _____ |
| 8. Loss of Rental | P _____ | | |

Are the buildings occupied? Y N If Yes by who? _____

Please indicate business of the occupants/tenants _____

IF YOU HAVE MORE THAN TWO PREMISES KINDLY INDICATE ON A SEPARATE SHEET OF PAPER**BUSINESS INTERRUPTION: (Difference Basis) Per Location**

Indicate sums insured for:

- | | | | |
|--|---------|-------------------------------------|---------|
| Gross Profit | P _____ | Gross Profit | P _____ |
| Gross Rental | P _____ | Gross Rental | P _____ |
| Revenue | P _____ | Revenue | P _____ |
| Indemnity Period (Months) | _____ | Indemnity Period (Months) | _____ |
| Additional Claims Preparation Costs | P _____ | Additional Claims Preparation Costs | P _____ |
| Additional Increase in Cost of Working | P _____ | | |

IF YOU HAVE MORE THAN TWO PREMISES KINDLY INDICATE ON A SEPARATE SHEET OF PAPER

THEFT:

First Loss limit P _____

What physical protections have been implemented to protect the premises and the contents from theft? _____

Are the premises protected by an automatically monitored intruder alarm? Y N

If the answer is "yes" please provide the name of the alarm company _____

Are all opening windows protected by burglar bars? _____

EXTENSIONS & CLAUSES

Buildings increased Limit P _____ Additional claims preparation costs P _____

MONEY

Major Limit Sum Insured P _____ Category ratings of Safe _____

Seasonal increase Sum Insured P _____

Seasonal increase Period from _____ to _____

EXTENSIONS & CLAUSES

Receptacles	P 2000.00
Outside business hours	P1, 650.00
Residence of Directors/Employees	P1, 650.00
Transit Business Trip	P1, 650.00
Cross cheques	P110, 000.00

NOTE: IT IS WARRANTED AND AGREED THAT ALL CASH IN TRANSIT IN EXCESS OF P30, 000.00 SHALL BE CARRIED BY A PROFESSIONAL CASH CARRYING COMPANY.

GLASS

Risk address 1: _____

Risk address 2: _____

Sum insured P _____ Sum insured P _____

IF YOU HAVE MORE THAN TWO PREMISES KINDLY INDICATE ON A SEPARATE SHEET OF PAPER

FIDELITY GUARANTEE

Basis of Cover: Blanket or Named/Position _____

Number of employees: _____

Number of employees who handle cash: _____

Sum Insured P _____

GOODS IN TRANSIT

BASIS OF COVER: ALL RISKS ? FIRE, OVERTURNING AND COLLISION ?

Estimated annual carry P _____

Limit per load P _____

Means of conveyance _____

If hired name of removal company _____

Type of Goods carried _____

EXTENSIONS & CLAUSES

Debris removal Limit P _____

Fire Extinguishing costs Limit P _____

Additional claims Preparation Costs P _____

ELECTRONIC EQUIPMENT

MATERIAL DAMAGE:

Description Hardware _____ Sum Insured P _____

Description _____ Software Sum Insured P _____

LAPTOPS:

Make: Serial # _____ Sum Insured P _____

Make: Serial # _____ Sum Insured P _____

Make: Serial # _____ Sum Insured P _____

If you have more than three Laptops please indicate on a separate sheet of paper

CONSEQUENTIAL LOSS:

Increase in Cost of Working P _____

Reinstatement of data P _____

BUSINESS ALL RISKS

Item description _____

1. Item _____ Serial# _____ Sum Insured P _____

2. Item _____ Serial# _____ Sum Insured P _____

3. Item _____ Serial# _____ Sum Insured P _____

4. Item _____ Serial# _____ Sum Insured P _____

5. Item _____ Serial# _____ Sum Insured P _____

6. Item _____ Serial# _____ Sum Insured P _____

Total Sum Insured P _____

NB: reinstatement value condition

PUBLIC LIABILITY: - (CLAIMS MADE BASIS)

Limit of Liability P _____

Number of Locations P _____

Annual Turnover P _____

Products Liability Limit P _____

Territorial Limits: Republic of Botswana, South Africa, Namibia, Lesotho, Swaziland, Zimbabwe, Malawi

Defective Workmanship Limit P _____

Legal Defense Force Y N Limit of Liability per event P50, 000.00 In the aggregate P100, 000.00
Wrongful Arrest & Defamation Y N Limit of Liability per event P50, 000.00 In the aggregate P100, 000.00

STATED BENEFITS

PLEASE INDICATE TYPE OF COVER: TOP UP FOR WCA/ TOP UP 24 HOURS/GROUND UP.

Occupation _____

Number of Persons _____

(Group) Estimated Annual Earnings P _____

Top 5 earners P _____

PLEASE INDICATE THEIR NAMES

FOR PROOF OF SALARIES KINDLY ATTACH THE TAX RETURN FORM NUMBER ITW10A

WORKERS COMPENSATION

Occupation _____

Number of Employees _____

Estimated Annual Earnings P _____

Top 5 earners P _____

FOR PROOF OF SALARIES KINDLY ATTACH THE TAX RETURN FORM NUMBER ITW10A

GROUP PERSONAL ACCIDENT

Occupation _____

Number of persons _____

Names: _____

COMPENSATION:

Death: P _____

Permanent Total Disablement: P _____

Temporary Total disability per week: P _____

Medical Expenses: P _____

MOTOR

Registration number/	_____	Registration number/	_____
Year of manufacture	_____	Year of manufacture	_____
Make and model of vehicle	_____	Make and model of vehicle	_____
Engine #	_____	Engine #	_____
Value	P _____	Value P	_____
Financial Interest	_____	Financial Interest	_____

PLEASE ATTACH COPIES OF REGISTRATION CERTIFICATES

Type of Cover Required:

Comprehensive Cover _____ Y N

Third Party, Fire & Theft _____ Y N

Third Party Only _____ Y N

Is the vehicle modified in any way? _____

Is it imported? _____ Y N Is the vehicle fitted with a tracking device? Y N

IF Yes, type of device: _____

Specified Items (accessories e.g. Car Radio) please also include the extras (E.g. Canopy, bumper, CD shuttle etc)

Description: _____ Sum Insured P _____

Description: _____ Sum Insured P _____

Description: _____ Sum Insured P _____

PLEASE ATTACH A SCHEDULE OF VEHICLES IF THEY ARE MORE THAN TWO

MOTOR TRADERS

Workshop wages P _____

INTERNAL

Own damage limit P _____

Third party liability P _____

EXTERNAL

Own Damage Limit P _____

Third Party Liability P _____