

CPA DEALER ASSIST INSURANCE QUESTIONNAIRE AND APPLICATION

APPLICANT CONTACT DETAILS

Registered Name of business:			
Trading name (If applicable):			
Company Registration Number:			
VAT Registration Number:			
Contact Person:			
Telephone Number:	Code:		Number:
Facsimile Number:	Code:		Number:
Email Address:			
Physical Address:			
		Code:	
Postal Address:			
		Code:	

CPA DEALER ASSIST PROGRAM APPLICATION

Average Unit Sales per month	Units:		
Do you have a brochure/printed matter/company profile for your business?	Yes		No
			If yes, please attach a copy.

Claims / Prior Insurance

Have any claims been made or suits brought against you regarding the CPA Act during the past three years?	Yes		No		If yes, please explain in an attached statement.
Are you aware of any circumstances that may be reasonably expected to result in a claim being made against your or any of your business predecessors, subsidiaries or affiliates or against any of the past or present directors, owners, staff or company regarding the CPA Act?	Yes		No		If yes, please attach an explanation:
Have your or any of your business predecessors, subsidiaries, affiliates, past or present directors, owners, officers, staff, or employees been investigated and / or cited by any regulatory authority for violations arising out of your activities?	Yes		No		If yes, please explain in an attached statement.



For the purpose of this application, the undersigned authorised agent of the person(s) and entities proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and attachments, are true and complete. The broker/underwriter is authorised to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase the insurance.

I hereby acknowledge that I have read and understood the policy wording. Wording is also available on www.qlu.co.za or by sending an email to info@qlu.co.za I understand that this policy is not in place until confirmation is received from the insurer.

I am aware of the fact that insurance premiums are payable in advance by the 1st of each and every month and that failure to do so will result in cover being suspended for the period in which premiums are unpaid.

IMPORTANT: *This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer*

I declare that the answers given above are true and correct

Signed at _____ on this the _____ day of _____

Signature _____

Full Name _____

Capacity _____

