

ACCEPTANCE OF RECOMMENDED COVER FAIS COMPLIANCE FORM

PRODUCT: Quantum Liability Underwriting Managers (Pty) Ltd
Professional Indemnity

INSURER: GENRIC Insurance Company Limited

INCEPTION DATE: _____

PAYMENT FREQUENCY: Monthly / Annual

PREMIUM: _____

DECLARATION BY CLIENT

1. I confirm that I have been offered Professional Indemnity Insurance by a Representative
2. I confirm that I received a disclosure letter in respect of the above Financial Services Provider (FSP) or its representative
3. I confirm that this client advice record and all other forms / documentation furnished to me by the FSP or its authorised representative for purposes of my signature, were completed in full by me before I signed them
4. I was given a final quotation for the product recommended and listed in this Client Advice Record, and furnished with full and comprehensive information regarding the relevant terms and conditions – inclusive of the nature and extent of benefits provided, monetary obligations assumed by me, the extent to which the product is readily realisable and applicable special terms and conditions/exclusions.

Please note the following:

- **Cover is subject to receipt of premiums by the Insured on or before the date selected by you as the debit order processing date.**
- **It is important to note that cover in terms of this policy is dependent upon receipt by Quantum Liability Underwriting Managers of either the first monthly premium, the pro rata debit premium or, alternatively, the full annual premium should it be due.**
- **Should the policy incept during a month and a pro rata premium become due, the debit amount due will be collected via a debit order processed through the specified banking account within three days of the inception date of the policy.**
- **Subsequent monthly premiums must be paid on or before the due date as stipulated.**

It is of the utmost importance that you the insured report any potential loss to Quantum Liability Underwriting Managers within 30 days of the incident. Any loss reported outside of this time frame will not be paid.

You confirm having received a copy of the policy wording and copy of the application form detailing cover under the policy, at the time of completing the application forms. Should you require any further clarity, please address your queries to **info@qlu.co.za**

I, the undersigned, hereby declare that this product was explained to me prior to signing this application and that I will not hold Quantum Liability Underwriting Managers, the underwriter, the insurer and or my service provider liable for any claims and/or material facts not disclosed to me. I am aware that I can obtain the necessary relevant documentation from Quantum Liability Underwriting Managers on request

I have received /made a copy of this document to retain for my own records.

Signed at _____ on this _____ day of _____ 20__

Full Name: _____

Signature: _____ Capacity: _____