



**SHIELD PRODUCT APPLICATION & DEBIT ORDER FORM**

Agent/Broker Name: .....

Inception Date:

Frequency: 

Monthly	<input type="checkbox"/>	Annual	<input type="checkbox"/>
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 Renewal date:

Insured: 

Title:	Initials:	Surname:
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Identity Number: 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth:	<input type="text"/>
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(IF INSURED IS A COMPANY)

Company Details: Name: ..... Registration No: .....

Representatives Details: Name: ..... ID No: .....

Telephone Nos: W: ..... Mobile: .....

E-mail: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_

Risk/Residential Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_

Underlying Insurer Name: \_\_\_\_\_

Underlying Policy Number: \_\_\_\_\_

**Vehicle/Motor Cycle Details:**

Registration No: ..... VIN No: .....

Make, Model & Colour: ..... Year: .....

**Shield Product Selection:**

Please indicate in the TICK box with an "X" as the OPTION that you select that will suit your needs the best. Ensure that your "X" corresponds with the limit of indemnity and premium chosen.



SHIELD MOTOR SHORTFALLS					
COVER OPTIONS	Limit per claim	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R5,000.00	R89.90	<input type="checkbox"/>	R59.90	<input type="checkbox"/>
Cover B	R7,500.00	R99.90	<input type="checkbox"/>	R79.90	<input type="checkbox"/>
Cover C	R10,000.00	R129.90	<input type="checkbox"/>	R89.90	<input type="checkbox"/>
<i>*1 claim per section p.a. *30 day waiting period applies</i>					
100+ vehicles qualify as a group					

SHIELD PRIVATE DWELLING SHORTFALLS					
COVER OPTIONS	Limit per claim	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R5,000.00	R89.90	<input type="checkbox"/>	R59.90	<input type="checkbox"/>
Cover B	R7,500.00	R99.90	<input type="checkbox"/>	R79.90	<input type="checkbox"/>
Cover C	R10,000.00	R129.90	<input type="checkbox"/>	R89.90	<input type="checkbox"/>
<i>*1 claim per section p.a. *30 day waiting period applies</i>					
*100+ home owners qualify as a group					

SHIELD GENERAL SHORTFALLS (items stolen from vehicle)					
COVER OPTIONS	Limit per claim	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R2,000.00	R29.90	<input type="checkbox"/>	R9.90	<input type="checkbox"/>
Cover B	R3,000.00	R39.90	<input type="checkbox"/>	R15.90	<input type="checkbox"/>
Cover C	R5,000.00	R59.90	<input type="checkbox"/>	R19.90	<input type="checkbox"/>
<i>*1 claim per section p.a. *30 day waiting period applies</i>					
*100+ individuals qualify as a group					

SHIELD MOTOR EXCESS BUSTER SHORTFALLS					
COVER OPTIONS	Limit per claim	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R2,000.00	R89.90	<input type="checkbox"/>	R59.90	<input type="checkbox"/>
Cover B	R4,000.00	R119.90	<input type="checkbox"/>	R89.90	<input type="checkbox"/>
Cover C	R6,000.00	R159.90	<input type="checkbox"/>	R99.90	<input type="checkbox"/>
<i>*1 claim p.a. *30 day waiting period applies</i>					
*100+ individuals qualify as a group					

COMPANY CCMA VAP					
COVER OPTIONS	Annual Aggregate	Monthly Premium	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R12,000.00	R49.90	<input type="checkbox"/>	R39.90	<input type="checkbox"/>
Cover B	R20,000.00	R69.90	<input type="checkbox"/>	R49.90	<input type="checkbox"/>
Cover C	R25,000.00	R99.90	<input type="checkbox"/>	R79.90	<input type="checkbox"/>
<i>*Claims limited to annual aggregate *30 day waiting period applies</i>					
*100+ companies qualify as a group					

SHIELD SCRATCH & DENT VAP					
COVER OPTIONS	Limit per claim	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R5,000.00	R99.90	<input type="checkbox"/>	R59.90	<input type="checkbox"/>
Cover B	R7,500.00	R129.90	<input type="checkbox"/>	R79.90	<input type="checkbox"/>
Cover C	R10,000.00	R149.90	<input type="checkbox"/>	R89.90	<input type="checkbox"/>
<i>*1 claim p.a. *30 day waiting period applies</i>					
*100+ vehicles qualify as a group					

MOTORCYCLE SHORTFALLS					
COVER OPTIONS	Limit per claim	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R5,000.00	R109.90	<input type="checkbox"/>	R59.90	<input type="checkbox"/>
Cover B	R7,500.00	R119.90	<input type="checkbox"/>	R89.90	<input type="checkbox"/>
Cover C	R10,000.00	R149.90	<input type="checkbox"/>	R99.90	<input type="checkbox"/>
<i>*Claims limited as per incident *30 day waiting period applies</i>					
*100+ bikes qualify as a group					

LAWYER COSTS VAP					
COVER OPTIONS	Annual Aggregate	Individual prem pm	Option (TICK)	Group prem pm	Option (TICK)
Cover A	R20,000.00	R29.90	<input type="checkbox"/>	R13.90	<input type="checkbox"/>
Cover B	R35,000.00	R39.90	<input type="checkbox"/>	R15.90	<input type="checkbox"/>
Cover C	R50,000.00	R49.90	<input type="checkbox"/>	R19.90	<input type="checkbox"/>
<i>*Claims limited to annual aggregate *30 day waiting period applies</i>					
*1,000+ individuals qualify as a group					



UNDERLYING POLICY PI COVER EXCESS BUSTER						RETRENCHMENT ASSIST VAP					
COVER	Limit per claim	Monthly Premium	Option (TICK)	Monthly per Rep	Option (TICK)	Subscription Options	Number of Individuals	Pricing per Individual	Option (TICK)	Embedded Pricing	Option (TICK)
Cover	R30,000.00	R750.00	<input type="checkbox"/>	R5.00	<input type="checkbox"/>	A	0-2,000	R49.90	<input type="checkbox"/>	R15.90	<input type="checkbox"/>
All representatives on the FSP license must be added at an additional amount of R5 per Representative per month						B	2,001-10,000	R29.90	<input type="checkbox"/>	R11.90	<input type="checkbox"/>
						C	10,001-50,000	R19.90	<input type="checkbox"/>	R9.90	<input type="checkbox"/>
* 1 claim p.a. *30 day waiting period applies						* 30 day waiting period applies					
* submit monthly updated Excel spreadsheet of Representatives						* 50,000+ request quote					

**MY TOTAL MONTHLY PREMIUM PAYABLE IS: R .....FOR THE PRODUCT OPTION/S SELECTED.**

The Binder Holder/Intermediary will provide you with the Policy Wording, Schedule of Insurance and Disclosure after receipt of your 1<sup>st</sup> premium.

**Insurance History:**

If during the past five years, you have made any claim against any insurance or suffered any loss (insured or not) please complete the following:

Date of Loss	Details	Amount	Insurance Company	Policy Number	Was recovery made? Y/N

Has any insurance been cancelled, refused, withdrawn or special terms applied?

Yes  No

If yes, give details \_\_\_\_\_

**Your Banking Details:**

Account Holder's Name \_\_\_\_\_

Current Account       Transmission Account       Savings Account

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Code (Bank Only) \_\_\_\_\_ Branch Name \_\_\_\_\_

I select that the Debit Order must be processes for the 1<sup>st</sup>  OR 15<sup>th</sup>  day of each and every month.



**Debit Order Mandate & Declaration**

In terms of POPIA (Protection of Personal Information Act) I consent and agree that my personal information may be collected, processed and recorded and stored for purposes of facilitating the conclusion of this Application for insurance/subscription services and for maintaining and managing my risk portfolio. I also agree to update my details and that SHIELD COVER's service providers may notify me of new products that may interest me. I hereby authorise SHIELD COVER or its agent to issue and deliver a Debit Order payment instructions to my Bank (IF selected) for collection against my bank account. I select that the money must be deducted MONTHLY until this authority and mandate is cancelled by me or SHIELD COVER by giving 30 days written notice. In the event that the debit order payment day falls on a Sunday, or recognised public holiday, the payment day will automatically be the very next ordinary business day. I shall not be entitled to any refund of amounts which were collected while this authority is in force, if such amounts were legally owing to SHIELD COVER. I hereby apply for the benefits contained on the information brochure and or explained by the agent. I declare that I have not withheld any material information and that the information I gave is true, complete, accurate and correct and that I understand and accept the terms and conditions. I undertake to provide SHIELD COVER with all necessary documents when requested. I understand that any inaccurate, false or untrue statement may render my cover to be null and void and all monies paid will be forfeited to SHIELD COVER. I understand that the policy/subscription services will only come into effect after SHIELD COVER has received my 1<sup>st</sup> payment and issued me with the policy/subscription documents within 30 days thereafter. I have been informed of my rights on the policy protection rules i.t.o. the POPI Act and that I can afford to pay for this product and I consent to my bank account being tracked for successful payment in the event of me selecting Debit Order payment. I will forward a Certified Copy of my ID + Proof of Residence when requested. If a company then: Resolution and CIPC docs.

Signed at ..... on this ..... day of .....

**Full Signature of Account Holder & Insured.....**