

# PROPOSAL FOR PROFESSIONAL INDEMNITY INSURANCE

Fees quoted per annum



## SUM INSURED

### PROFESSIONAL INDEMNITY RATE CHART

COVER :	R1 Million	R1.5 Million	R2 Million	R3 Million	R4 Million	R5 Million	R6 Million	R7 Million	R8 Million	R9 Million	R10 Million
PREMIUM :	466	551	612	684	745	799	906	1137	1302	1632	1852

- Inclusive of R1 000 000 Public Liability cover
- Inclusive of VAT and R80.00 broker fee
- Inclusive of collection fee R11.40
- Excess: R1500.00

### Swimming Instructors:

- Professional Indemnity R2m
- Public Liability R1m
- Employers Liability R1m
- Excess R500.00

**PREMIUM  
R406.00**

### PUBLIC LIABILITY RATE CHART

COVER :	R1 Million	R1.5 Million	R2 Million	R3 Million
PREMIUM :	268	295	312	367

- Inclusive of VAT and R80.00 broker fee
- Excess: R1500.00
- Extensions:
  - Statutory Defence Costs - R100 000.00
  - Wrongful Arrest - R100 000.00
  - Defamation - R100 000.00

### Repsa Members:

- Professional Indemnity R1m
- Excess R500.00

**PREMIUM  
R350.00**

COMMENCEMENT DATE: \_\_\_\_\_

## FACTS ABOUT YOUR POLICY

Activities Covered: Personal Training, Group Training, Health and Fitness Professionals  
 Administered By: LSG Insurance Services - +27 (0)21 701 0840  
 Jurisdiction: Worldwide Excluding USA and Canada  
 Excess: R 1,500.00 each and every claim

Please note that a copy of the master policy wording is available for inspection on [www.lsginsurance.co.za](http://www.lsginsurance.co.za)

## PERSONAL DETAILS (Please Print)

Full Name:  Email:   
 Identity Number:  REPS SA Memb. No.   
 Postal Address:   
 Code:   
 Tel (B):  Tel (H):  Cell:

### ARRANGED AND ADMINISTERED BY:



Address: P O Box 53038 | Kenilworth | 7745  
 Telephone: +27 (0)21 701 0840  
 Facsimile: +27 (0)21 701 8078  
 Website: [www.lsginsurance.co.za](http://www.lsginsurance.co.za)

Authorised Financial Service Provider - Licence No. 10598

### UNDERWRITING EXPERTISE BY:



Please Complete Section Overleaf

**TYPE OF INSTRUCTION GIVEN** (Tick Relevant Box)

Personal Trainer  Swimming  Other (Please state)   
Group Trainer  Walking

Name of Club   
Name of Fitness Manager  Fax No.

**PLEASE COMPLETE THE FOLLOWING**

1. Have any claims ever been made against you?    
If yes, please give details

2. Are you aware of any circumstance/incident which may have taken place which may result in a claim?    
If yes, please give details

3. For the type of insurance being proposed, has an insurer ever:

Declined Proposal or Renewal	<input type="button" value="YES"/> <input type="button" value="NO"/>	Imposed special terms	<input type="button" value="YES"/> <input type="button" value="NO"/>
Required an increased premium	<input type="button" value="YES"/> <input type="button" value="NO"/>	Cancelled Insurance	<input type="button" value="YES"/> <input type="button" value="NO"/>

**DEBIT ORDER DETAILS**

I hereby authorise LSG Insurance Services Pty (Ltd) and its administrators Innovation Mover Pty (Ltd) to debit my account with a one off premium payment at:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
Account Holder: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type: \_\_\_\_\_

NOTE: Debits cannot be raised through FNB Savings, Master Card Holders, or account numbers exceeding 13 digits

Once Off Debit Date:    Amount to be debited: \_\_\_\_\_  
*please tick preference*

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
Who warrants authority to bind proposer/insured.

**DECLARATION**

I/We hereby declare that the statements and particulars of this proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the insurer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you require further information, please contact Simon Griffiths or Rowena Delcarme on +27 (0)21 701 0840 or email [simon@lsginsurance.co.za](mailto:simon@lsginsurance.co.za) / [rowena@lsginsurance.co.za](mailto:rowena@lsginsurance.co.za)

A copy of the master policy can be viewed on [www.lsginsurance.co.za](http://www.lsginsurance.co.za)

## NOTICE TO CLIENT

### STATUTORY NOTICE TO SHORT TERM INSURANCE POLICYHOLDERS - IMPORTANT - PLEASE READ CAREFULLY DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document)

As a short-term insurance policyholder, or prospective policy holder, you have the right to the following information

#### 1. THE ADMINISTRATOR

Name, physical address and postal address and telephone number.	LSG Insurance Services (Pty) Ltd   Unit 7, The Space, 4~8 Stibitz Street, Westlake, 7945 P O Box 53038   Kenilworth   7745   Tel: +27 (0)21 701 0840   Fax: +27 (0)21 701 8078 Website: www.lsginsurance.co.za   Email: info@lsginsurance.co.za
Legal status and any interest in the insurer.	Authorised Financial Service Provider: Licence No 10598 Private Company:- 2001/025391/07 Directors: S J Griffiths (Managing) L C Griffiths There is no interest in the Insurer Not more than 30% of the income is from the insurer
Whether or not in possession of professional indemnity insurance.	Yes
Details of how to institute a claim	Telephone: Stalker Hutchison Admiral (Pty) Ltd (011) 731 3600
Administration fee payable	R80.00
Licensed Financial Services	Short - term Insurance: Category Personal Lines, Commercial Lines
Written mandate to act on behalf of insurer	Written mandate issued by Stalker Hutchison Admiral (Pty) Ltd (SHA)

#### 2(a). THE UNDERWRITING AGENCY

**Stalker Hutchison Admiral (Pty) Ltd**  
The Pavillion | Wanderers Office Park  
52 Corlett Drive | Illovo | 2196  
P O Box 55347 | Northlands | 2116  
Tel: (011) 731 3600 | Fax: (011) 447 0081

#### 2(b). THE INSURER

**Santam Ltd** :- Head Office  
1 Sportica Crescent | Tygervalley | Bellville  
P O Box 3881 | Tygervalley | 7536  
Tel: (021) 915 7000 | Fax: (021) 917 0700

#### 3. OTHER MATTERS OF IMPORTANCE

You must be informed of any material changes to the information referred to above.  
If the above information was given orally, it must be confirmed in writing within 30 days.  
If your complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to the registrar of short term insurance.  
Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.  
The insurer and not the intermediary must give reasons for repudiating your claim.  
Your insurer may not cancel your insurance merely by informing your intermediary. There is an obligation to make sure the notice has been sent to you.  
You are entitled to a copy of the policy free of charge. It is available for inspection on [www.lsginsurance.co.za](http://www.lsginsurance.co.za).

#### 4. WARNING

Do not sign any blank or partially completed application form.  
Complete all forms in ink.  
Keep all documents handed to you.  
Make notes as to what is said to you.  
Don't be pressurised to buy the product.  
Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.

#### 5. PARTICULARS OF SHORT-TERM INSURANCE OMBUDSMAN WHO IS AVAILABLE TO ADVISE YOU IN THE EVENT OF CLAIM PROBLEMS, WHICH ARE NOT SATISFACTORILY RESOLVED BY THE INSURANCE INTERMEDIARY AND/OR THE INSURER

P O Box 32334 | Braamfontein | 2017 | Tel: (011) 726 8900 | Fax: (011) 726 5501

#### 6. PARTICULARS OF REGISTRAR OF SHORT-TERM INSURANCE

Financial Service Board | P O Box 35655 | Menlo Park | 0102 | Tel: (012) 428 8000 | Fax: (012) 347 0221

#### 7. COMPLAINTS IN TERMS OF FAIS ACT (ACT NO.37 OF 2002)

Email: [complaints@lsginsurance.co.za](mailto:complaints@lsginsurance.co.za) (all FAIS complaints must be submitted in writing)  
Compliance Officer: Mr S J Griffiths | P O Box 53038, Kenilworth, 7745 | Tel: (021) 701 0840 | Fax: (021) 701 8078