

DATE: _____

MR

PO BOX
ADDRESS
ADDRESS

COMPLIANCE

Dear Insured

The Financial Service Board (FSB) requires, in terms of the Financial Advisory & Intermediary Services Act (FAIS Act), that the following documents are obtained from our clients.

Please read through the documents, initial and sign your acceptance thereof (where indicated with an "X")

Client Advice Record & Proposal has been combined.

Please return to us:

Fax to	:	033 347 5771 / 086 611 8331
Scan & email to	:	christine@coveradmin.co.za
Post to	:	PO Box 13206 Cascades 3202

Should you have any queries, please contact me on 083 3844 884 or 033 347 3775.

Kind regards,

Leon Durow

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SHORT TERM PERSONAL CLIENT ADVICE RECORD & PROPOSAL

CLIENT NAME : _____

FINANCIAL ADVISOR : _____

DATE OF ADVICE : _____

In terms of the Financial Advisory and Intermediary Services Act we are required to provide you the client with a Record of Advice. This document is intended as a confirmation of the advisory process that you recently undertook with your advisor. If you have any questions in respect of the content please contact your advisor. You are entitled to a copy of this document for your own records.

SECTION A: SUMMARY OF INFORMATION

Clients Objectives: To minimize and assist in the event of a financial loss due to stipulated Perils

Financial Situation: Good - Funds are available from the client to pay premiums

Current product experience: Clients understands insurance needs

DATE COVER REQUIRED FROM : _____

PREFERRED INSURANCE COMPANY : _____

PLEASE TICK

☐ POLICY TO BE : ☐ Annual ☐ Monthly

COVER REQUIRED:

SECTION	YES	NO
<input type="checkbox"/> ALL RISK - SPECIFIED	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MOTOR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CAR HIRE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONTENTS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EXCESS WAIVER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PERSONAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SASRIA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SPECIFY _____		

POLICY TO BE ISSUED IN THE NAME/S OF:

CLIENT NAME

Title : _____	INITIAL : _____	SURNAME : _____
ID NO : _____	DATE OF BIRTH : _____	CLIENT AGE : _____
HOME : _____	WORK : _____	CELLULAR : _____
Fax : _____	E-MAIL : _____	OCCUPATION : _____
POSTAL ADDRESS : _____		POSTAL CODE : _____
RISK ADDRESS : _____		POSTAL CODE : _____

Other Than By Post, How Would You Like Us To Communicate With You? PHONE: ☐ FAX: ☐ E-MAIL: ☐

PREVIOUS/CURRENT INSURANCE & CLAIMS HISTORY

1.1 Are you now or have you previously been insured? ☐ NO ☐ YES please specify in the box below-

NAME OF INSURANCE COMPANY	POLICY NUMBER	PERIOD OF INSURANCE

1.2. Has any Insurance Company ever cancelled, declined, refused to renew or imposed special terms or conditions to any policy held by you? ☐ NO ☐ YES

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IF YES ADVISE REASON _____

1.3. PLEASE GIVE ALL DETAILS OF CLAIMS OR LOSSES SUFFERED (WHETHER INSURED OR NOT) IN THE PAST 3 YEARS.

YEAR	DESCRIPTION	VALUE

2. **PERSONAL ACCIDENT**

To the best of your knowledge, are all persons to be insured in good health, free from physical defects or infirmities and not especially exposed to accidents from their occupation or pastimes? ☐ NO ☐ YES

3. **CRIMINAL OFFENSES**

Have you or any person to be insured, been convicted of any criminal offenses whatsoever: ☐ NO ☐ YES

IF YES ADVISE REASON _____

4. **GENERAL INFORMATION/SECURITY**

PENSIONER INFORMATION, PLEASE TICK:

☐ OVER 50 STILL WORKING ☐ A BONA FIDE PENSIONER ☐ A BONA FIDE PENSIONER LIVING IN A RETIREMENT VILLAGE

Do you intend going on holiday within the next two months? ☐ NO ☐ YES

Will the premises be left vacant for longer than 60 days in any calendar year? ☐ NO ☐ YES

4.3 Is the residence occupied during normal business hours: ☐ NO ☐ YES

IF YES, BY WHOM? _____

Is the property isolated, ie: on a plot or agricultural holdings ☐ NO ☐ YES

4.2 If you employ a domestic, state period of employment: _____

Number of days a week they work _____ Do they reside on the premises: ☐ NO ☐ YES

4.3 How long have you occupied:

Current premises? _____ Previous premises _____

4.4 Is any part of the property used for business purposes? ☐ NO ☐ YES

IF YES GIVE DETAILS _____

4.5 What precautions do you take for the safety of the property during an absence which exceeds 48 hours?

4.6 PROTECTION DEVICES: PLEASE TICK /MARK

☐ ALARM (please detail below "4.9") ☐ 24 HOUR ARMED RESPONSE (please detail below "4.9")

☐ DOGS ☐ BURGLAR BARS (please detail below "4.7") ☐ SECURITY GATES (please detail below "4.8")

☐ WALLED ☐ FENCED ☐ ELECTRIC GATES ☐ ELECTRIC FENCING ☐ NEIGHBOURHOOD WATCH

☐ SIMPLEX/DUPLEX/TOWNHOUSE COMPLEX/HOUSE/TOWN HOUSE/FLAT

☐ HIGH SECURITY VILLAGE/COMPLEX/RETIREMENT VILLAGE

☐ OTHER: _____

4.7 Are ALL opening windows protected by burglar bars? ☐ NO ☐ YES

4.8 Are ALL external doors fitted with security gates? ☐ NO ☐ YES

4.9 Name of Alarm Company/Armed Response : _____

Is the alarm regularly tested and maintained? ☐ NO ☐ YES

Which areas of the property are alarmed?

☐ WINDOWS ☐ DOORS

Does the alarm extend to the outbuildings?

Do your neighbours respond to your alarm?

Occupied by :

Construction of Wall :

Construction of Roof :

☐ BEAMS IN ROOMS

☐ YES

☐ NO

☐ YES

☐ NO

☐ OWNER

☐ TENANT

☐ BRICK & PLASTER

☐ OTHER, SPECIFY

☐ TILE

☐ OTHER, SPECIFY

4.10 Is the property isolated or near to an open area or park?

☐ YES

☐ NO

Distance to nearest NEIGHBOUR? _____ FIRE STATION? _____

4.11 Thatch Roof?

☐ YES

☐ NO

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If yes , Protected by SABs approved lighting conductor?
Are you entitled to a claims free discount

☐ YES ☐ NO
☐ YES ☐ NO
IF YES, ATTACH PROOF

SECTION	ADDRESS	SUM INSURED
BUILDINGS		
CONTENTS		
ALL RISK	UNSPECIFIED-NORMALLY WORN OR CARRIED BY YOU	
SPECIFIED ITEM	ITEM 1	
SPECIFIED ITEMS	ITEM 2	
COMPUTER EQUIPMENT SECTION	DESCRIPTION ,SERIAL NUMBER,	
PERSONAL LIABILITY		

5. **MOTOR**

5.1 Are all persons authorized to drive the insured vehicle/s free from physical defects (including vision and hearing) and in good health: ☐ YES ☐ NO

GIVE DETAILS _____

5.2 Have you, or any person who normally drive the insured vehicle/s, been convicted of any driving offense?

☐ YES ☐ NO

GIVE DETAILS _____

MOTOR SECTION	1.	2.	3.
YEAR			
MAKE			
MODEL			
COLOUR			
ENGINE NUMBER			
VIN/CHASSIS NUMBER			
OVERNIGHT PARKING:IE GARAGED/LOCKED GATES			
EXTRAS - SPECIFY, THEN ADD TO VALUE /SUM INSURED			
VALUE/SUM INSURED			
ESTIMATED ANNUAL KILOMETRES TRAVELLED			
REG. NO.			
RADIO/TAPE/CD			
ALARM			
GEARLOCK			
ANTI-HIJACK			
TRACKER			
IMMOBILIZER			

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COVER: A. Comprehensive B .TP, Fire, Theft C.TP Only			
USE: Private & Buisness(to and from to work Full Business Private Use only			
CFG :# OF CLAIMS IN THE LAST YEAR			
AREA /ADDRESS			
USUAL DRIVER			
LICENSE DATE & TYPE			
SA CITIZEN , ID NUMBER			
GENDER			
MARITAL STATUS			
IS THE VEHICLE MODIFIED, IF YES DETAILS			
IS CREDIT SHORTFALL REQUIRED?			
CAR HIRE:			
WHO MAY DRIVE: A. ANY LICENSED DRIVER, B. INSURED &FAMILY, C. INSURED ONLY			
SPECIFIED ACCESSORIES			
REGISTERED OWNER			
FINANCE COMPANY ,IF SO ,ADVISE BANK			
MOTORCYCLE	1.	2.	
YEAR/FIRST REGISTRATION			
MAKE			
MODEL AND ENGINE CAPACITY (CUBIC CAPACITY)			
LIMIT OF INDEMNITY/RETAIL VALUE			
IS CREDIT SHORTFALL REQUIRED?			
DETAILS OF USUAL DRIVER			
SURNAME/NAME			
ID NUMBER			
DATE OF ISSUE OF RIDERS LICENCE AND CODE			
DETAILS OF DRIVING OFFENCES/DISABILITIES			
REGISTRATION NUMBER			

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COVER: Comprehensive TP, Fire, Theft TP Only		
CFG - PROVIDE PROOF		
USE: Private & Business (to and from to work Full Business Private Use only		
ENGINE NUMBER		
VIN/CHASSIS NUMBER		
REGISTERED OWNER		
IS MOTOR BIKE IMPORTED		
IS TRACKER FITTED , PROVIDE DETAILS		
WHO MAY RIDE: A. ANY LICENSED DRIVER, B. INSURED &FAMILY, C. INSURED ONLY		

CARAVANS/TRAILERS	1	2
YEAR/FIRST REGISTRATION		
MAKE		
MODEL AND ENGINE CAPACITY (CUBIC CAPACITY)		
LIMIT OF INDEMNITY/RETAIL VALUE		
IS CREDIT SHORTFALL REQUIRED?		
DETAILS OF ANY FINANCIAL INTEREST		
REGISTERED OWNER		
CFG- PROVIDE PROOF		
ARE ANY SECURITY DEVICES FITTED ,IF SO SPECIFY		
REGISTRATION NUMBER OF TRAILER /CARAVAN		
COVER: A. Comprehensive B. TP, Fire, Theft C. TP Only	1.	2.
CFG - PROVIDE PROOF		
USE: A. Private & Business (to and from to work B. Full Business		
VIN/CHASSIS NUMBER		
IS IT MODIFIED OR SPECIALLY IMPORTED?		
WHERE IS THE UNIT NORMALLY KEPT?		

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SCHEDULE OF NON-FACTORY FITTED ACCESSORIES TO BE COVERED:		
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PERSONAL ACCIDENT SECTION	PERSON 1	PERSON 2
NAME		
OCCUPATION		
ID NUMBER		
IS THIS PERSON IN GOOD HEALTH		
IF NOT, SPECIFY		

SELECTED BENEFITS	PERSON 1	PERSON 2
DEATH		
PERMANENT DISABLEMENT		
TEMP TOTAL DISABLEMENT		
COMPENSATION PER WEEK		
FOR HOW MANY WEEKS(NOT EXCEEDING 156)		
STARTING FROM WEEK(FRANCHISE)		
MEDICAL EXPENSE (MINR2000,MAX R50000)		
FUNERAL EXPENSE-(ONLY FOR PERSON UNDER 15 YEARS OF AGE)	NAME	AMOUNT

PLEASURE CRAFT SECTION	1	2
PLEASE STATE NAME OF VESSEL		
TYPE OF VESSEL		
WHERE THE VESSEL WILL BE USED - NB MAX. SEA USE = 80 KM FROM SHORE		
WHERE THE VESSEL IS USUALLY STORED		
CONSTRUCTION OF THE HULL		
INLAND ONLY		
YEAR OF MANUFACTURE		
CFG- PROVIDE PROOF		
LENGTH OF VESSEL (DELETE INAPPLICABLE)		
IS THERE AN AUXILIARY MOTOR (APPLICABLE TO WIND VESSELS)?		
DESIGN SPEED WITH CURRENT MOTORS (DELETE INAPPLICABLE)		
DOES THE VESSEL HAVE A GLITTER FINISH?		
WAS THE VESSEL AMATEUR-BUILT OR WAS IT A CONVERSION?		
SKIPPER'S EXPERIENCE, YEARS AND QUALIFICATION		

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LIABILITY
THIS EXCLUDES WATER-SKISERS LIABILITY. DO
YOU REQUIRE WATER-SKISERS LIABILITY?

2. DO YOU REQUIRE THE FOLLOWING EXTENSIONS?

1. Road / rail transit
2. Submerged objects - applicable to motorised vessels only
3. Racing risks - applicable to yachts only

☐ YES ☐ NO
☐ YES ☐ NO
☐ YES ☐ NO

If "YES", state value of masts, spars, standing and running rigging, and the year these were purchased

R _____ Year _____

3. Schedule of items (complete only those items for which you require cover)

OUTDOOR MOTOR(S):MAKE & HORSEPOWER	SERIAL NUMBER	VALUE

TRAILER MAKE& MODEL	REGISTRATION NUMBER	VALUE

SPECIAL EQUIPMENT		VALUE

SECTION B: PRODUCTS CONSIDERED (LIST THOSE PRODUCTS ON WHICH QUOTES ARE DRAWN)

Section C: Initial Recommendation / Advice & Motivation
(Ensure all needs identified in Section B are addressed)

Product Recommended	Motivation (e.g. affordability, preferred provider, track record etc)
	The product was made available to client , the client needs have
	Been framed in the policy documents.

SECTION D: IMPORTANT INFORMATION HIGHLIGHTED TO CLIENT
(E.G. RISKS, EXCLUSIONS, EXCESSES, WAIVERS, CONSEQUENCES OF REPLACEMENT ETC)

THE CLIENT IS AWARE OF THE RISK , EXCLUSIONS , WAIVERS AND CONSEQUENCES OF THE REPLACEMENT.

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SECTION E: FINANCIAL ADVISER'S DECLARATION:The client has elected not to accept the following product recommendation; **NIL**For the following reasons;**N/A**The consequences thereof have been clearly explained to the client. **YES****SECTION F: CLIENT DECLARATION****(PLEASE NOTE THAT IT IS OF UTMOST IMPORTANCE THAT YOU READ THIS SECTION CAREFULLY AND UNDERSTAND IT FULLY. ALL BLOCKS MUST BE CORRECTLY MARKED)**

	INITIAL
1. I confirm that a Contact Stage Disclosure letter, setting out the Financial Advisor's particulars, has been made available to me.	X
2. I understand that the objective of a Needs Analysis process is to provide me with an analysis of my financial needs, goals and situation and to develop strategies to address these needs and goals. Where the Financial Advisor was unable to do an analysis because all the information was not provided, or there was not sufficient time: <ul style="list-style-type: none"> a. I clearly understand that there may be limitations on the appropriateness of the advice provided, and b. I will take particular care to determine whether the advice is appropriate considering my financial objectives and current financial position. 	X
3. I confirm that all required documents were fully completed prior to my signing them.	X
4. The quotation(s) for the product(s) selected was shown to me and the principal terms and conditions have been explained to me. I have been informed of and understand all costs, charges, penalties, liquidity limitations and tax implications, where applicable.	X
5. I confirm that the Financial Advisor has made enquiries to ascertain whether the product(s) selected are intended to replace any existing financial products held by me and where applicable, has informed me of the financial implications, costs and consequences of replacement.	X
6. I understand that, where conducted, the accuracy of a Needs Analysis is dependant on the information obtained by or provided to the Financial Advisor.	X
7. The advice and subsequent product recommendation given in this Record was largely based on information relating to my financial circumstances given to my Advisor by myself. I understand that material non disclosure could result in inappropriate product(s) being recommended to me.	X
8. Notwithstanding the information provided by the Advisor I acknowledge that I have an obligation to familiarize myself with the terms and conditions of the product(s) that I have purchased	X

GENERAL COMMENTS:

MONTHLY DEBIT ORDER AUTHORITY

The information required below is to enable your monthly premiums to be debited to your bank or transmission account. To validate current account information please attach a cancelled cheque. Important: if you change your bank account please advise the Company immediately and advise the details of your new transmission account.

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ACCOUNT HOLDER : _____
NAME OF BANK : _____
ACCOUNT NO : _____
BRANCH NAME : _____
BRANCH CODE : _____
ACCOUNT TYPE : ☐ CHEQUE/CURRENT ☐ SAVINGS ☐ TRANSMISSION ☐ OTHER:
DEBIT DATE : X _____

I hereby declare that the Insurance Company or Escape are authorized to debit the monthly premium from by bank account and to adjust such debit as necessary.

SIGNATURE OF ACCOUNTHOLDER : _____

DATE : _____

DECLARATION

I/We accept that this proposal shall be the basis of the contract between myself/ourselves, Cover Administration & the Insurer.

I/We declare that all particulars and answers in the proposal form and application are, to the best of my/our knowledge true and complete in every respect and that no material fact has been suppressed or withheld.

I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves, such person shall be deemed to have been my/our agent for the purpose.

I/We agree that this declaration and the details given shall be the basis of the contract between myself/ourselves and the insurance company.

I/We further agree to accept a policy subject to the usual conditions prescribed by the insurance company and endorsed on their policy, and to pay premium thereunder.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property for which insurance is proposed.

SIGNED AT _____ THIS _____ DAY OF _____

APPLICANT SIGNATURE _____

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DISCLOSURE BY THE FINANCIAL SERVICES PROVIDER & KEY INDIVIDUAL AND/OR REPRESENTATIVE
IN TERM OF THE FINANCIAL ADVISORY & INTERMEDIARY SERVICES (FAIS) ACT

In complying with FAIS legislation, our clients have the right to the following information. This notice does not form part of your contract.

YOUR FINANCIAL SERVICES PROVIDER

Name: Wenle Property Investments CC trading as COVER ADMINISTRATION - an Authorised Financial Services Provider in terms of the FAIS Act
Licence No: 44541
Physical Address: 9 Ashmore Road, Chase Valley Heights, Pietermaritzburg, 3201
Postal Address: P O Box 13323 Cascades 3202
Telephone: 033 347 3775 Facsimile: 086 611 8322
Cell: 083 384 4884 Email: leon@coveradmin.co.za
Legal Status: Cover Administration was established as an insurance brokerage in 2013. As a licenced Financial Services Provider (FSP) in terms of the FAIS Act, Cover Administration accepts responsibility for the actions of its key individuals & representatives acting within their mandates in the rendering of financial services as defined by FAIS. Our key individual & representative meet the fit & proper requirements as prescribed by FAIS to assist you in a professional manner with your financial requirements. A copy of our licence, which contains details of the financial services we are authorized to provide as well as any exemptions, is available for inspection at www.fsb.co.za.

DETAILS OF KEY INDIVIDUAL

Name: LEON AIDEN DUROW
Cell: 083 384 4884

LEGAL STATUS OF KEY INDIVIDUAL

Leon Durow is an independent financial advisor and is the managing member of Cover Administration. Cover Administration confirms that this key individual is mandated and entitled to render financial advice and/or intermediary services to you in term of the FAIS Act.

INSURANCE EXPERIENCE

1996 – 2000: Delta Group
2000 – 2001: Praesidium Insurance Brokers
2001 – 2013: Cover Risk Managers CC Insurance Brokers
2003 – 2007: Durow Risk Manages (Pty) Ltd Insurance Brokers
2007 – Date: Wenle Property Investments CC t/a Cover Administration

QUALIFICATIONS/MEMBERSHIPS

Short Term Insurance: Certificate of Proficiency with the IISA (Insurance Institute of South Africa)
Short Term Insurance Commercial Lines: Recognition of Prior Learning facilitated by the IISA, UNISA and INSETA
NQF Level 5: National Diploma in Wealth Management (The Financial Planning Institute Of South Africa)
Registered Financial Planner I: Financial Planning Institute of Southern Africa facilitated by UNISA
NQF Level 5: National Diploma in Wealth Management – 84 credits
Member of the: Council for Medical Schemes; Masthead Financial Advisors Association

NON CASH INCENTIVES

Please note that in accordance with legislation we keep an updated disclosure register with our Conflict of Management Policy. This register informs the client of all financial and ownership interests that we have become entitled to. This document ensures transparency in our dealings with our customers and is available for inspection.

PROFESSIONAL INDEMNITY INSURANCE/FIDELITY GUARANTEE INSURANCE/INTERMEDIARIES GUARANTEE FACILITY

Cover Administration has Professional Indemnity Insurance of R10-million and Fidelity Guarantee Insurance of R500 000.

Cover Administration collects short term insurance premiums via Fulcrum Collections (Pty) Ltd; Fulcrum hold IGF of R100-million plus Professional Indemnity and Fidelity Insurance of R50-million.

FEES & COMMISSION

Commissions are payable on every policy inception. This amount is disclosed in a quotation and/or policy document. The quote must be signed by you, the client.

Cover Administration receives more than 30% of their commission & fees from One.

Commission Rates: Short Term Insurance – MOTOR 12.5% of sum insured; NON-MOTOR 20% of sum insured

DETAILS OF COMPLIANCE, COMPLAINT PROCESS + FAIS OMBUD

COMPLIANCE: Compliance with the FAIS Act is monitored by Masthead Distribution Services (Pty) Ltd, a compliance practice approved by the Financial Services Board. Leon Durow is a member of the Masthead Financial Advisors Association which provides him with services such as compliance, practice management and technology support by virtue of his membership. This support helps him to provide you with a more professional service. The compliance service ensures that our business remains fully compliant with FAIS legislative requirements and therefore that you as the client receive sound advice. Through the practice management support, we are able to run a more professional business and therefore are able to provide you with an improved service and enhanced support.

COMPLAINTS: In the event that you are dissatisfied with any aspect of our service, you should address your complaint in writing to us at the above email or postal address. A copy of our Complaints Resolution Policy is available on request.

IN-HOUSE: Leon Durow T: 033 347 3775 F: 086 611 8322 E: leon@coveradmin.co.za

COMPLIANCE OFFICER: Nicola Nairn T: 031 267 5650 F: 031 267 5670

E: c/o.aballim@masthead.co.za P: 1st Floor Block B Essex Park Essex Terrace Westville 3630 KZN

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OTHER MATTERS OF IMPORTANCE

Do not sign any blank or partially completed forms. Complete all forms in ink. Keep all documents handed to you. In term of the Financial Intelligence Centre Act, Cover Administration is obliged to report any suspicious transactions that may facilitate money laundering. It is important that you are absolutely sure that the product or transaction meets with your needs and that you feel you have all the information you need before making your decision. A Financial Needs Analysis must be prepared for you. You must sign this analysis. All information obtained or acquired about you shall remain confidential unless you provide written consent to share this information or we are required by law to disclose such information. Leon Durow is authorised to provide advice and intermediary services in the following categories (Category 1):

License Categories:

No	License Category
1.1	Long Term Insurance A
1.2	Short Term Insurance Personal Lines
1.3	Long Term Insurance B1
1.20	Long Term Insurance B2
1.4	Long Term Insurance C
1.5	Retail Pension Fund Benefits
1.6	Short Term Insurance Commercial Lines
1.7	Pension Fund Benefits (excl retail pensions)
1.14	Collective Investment Schemes
1.16	Health Service Benefits

PRODUCT SUPPLIER/S

Our brokerage has written authority to market the products of the following product suppliers and Leon Durow is accredited to market their products. Neither Leon Durow nor Cover Administration holds shares in any product supplier.

SHORT TERM INSURANCE

Abelard Underwriting Agency (Tradeforth 6 (Pty) Ltd t/a) Reg No: 1996/008912/07 Lic No: 28 PO Box 125 Honeydew 2040 T: 011 678 7731 Web: www.aua.co.za

Admed Reg No: 1992/001639/06 Lic No: 75 Tower 2 102 Rivonia Road Sandton, Johannesburg 2196 T 011 669 1000 Web : www.admed@guardrisk.co.za

AIG SA Limited (previously Chartis) Reg No: 1962/003192/06 Lic No: 15805 PO Box 31983 Braamfontein 2017 T: 0861 488 864 Web: www.aig.co.za

Auto and General Insurance Company Limited Reg No: 1973/016880/06 Lic No: 16354 PO Box 11250 Johannesburg 2000 T: 1861600124 www.autogen.co.za

Bryte Insurance Company Limited Reg No: 1965/006764/06 FSP Lic No: 17703 Post: 309 Umhlanga Rocks Drive, La Lucia 4051 T: 0333478500 www.brytesa.com

Cross Country Insurance Consultants (Pty) Ltd Reg No: 2008/013847/07 Lic No: 39547 PO Box 412072 Craighall 2024 T: 011 215 8800

Cyclesure Insurance Consultants (Pty) Ltd - underwritten by Hollard Reg No: 2000/023224/07 Lic No: 3262 1217 Setperk Road Ruimsig 1724 T: 011 679 1559 www.cyclesure.co.za

Discovery Insure (see Discovery Life Ltd)

Envirosure Underwriting Managers - underwritten by Guardrisk Insurance Company Limited Lic No: 19015 PO Box 16055 Brighton Beach 4036 T: 031 205 4918

First For Women Insurance Company Ltd Reg No: 1998/004804/07 Lic No: 15261 T: 011 713 4621 Auto & General Park 1 Telesure Lane Riverglen Dainfern 2191

Genlib CC Reg No: 2008/032635/28 Lic No: 35482 PO Box 622 Howard Place 7450 Cape Town T: 021 5312922 F: 021 5313714 www.genlib.co.za

Marine Underwriting Managers (Pty) Ltd (on behalf of Guardrisk Insurance Company Limited) Reg No: 1992/001636/06 Lic No: 37167 PO Box 1228 Umhlanga Rocks 4320 T: 031 584 2822 F: 031 584 2802

Mirabilis Engineering Underwriting Managers (Pty) Ltd (a duly authorized agent of Santam Limited) Reg No: 2006/018854/07 Lic No: 28190 PO Box 2081 Saxonworld 2132 T: 0861 100 100

Mutual & Federal Insurance Company Limited Reg No: 1970/006619/04 Lic No: 12 PO Box 1120 Jhb 2000 T: 011 3749111 Web: www.mf.co.za

ONE Financial Services Holdings (Pty) Ltd Reg No 1998/005199/07 a juristic representative of **ONE Commercial Motor & Liability (Pty) Ltd** Lic No: 8783 and **ONE Commercial Securities (Pty) Ltd** Lic No: 20395

(underwritten by **ABSA Insurance Risk Management Services Ltd & ABSA Insurance Company Ltd** Reg No: 1998/005199/07) and/or **Mutual & Federal Risk Financing Ltd** T: 0861 266 562 Postnet Suite 221 P/Bag X75 Bryanston 2021 www.one.za.com

Quicksure (Pty) Ltd & Quicksure Commercial (Pty) Ltd Reg No: 99/24616/07 Lic No: 16902 / Reg No: 99/16107/07 Lic No: 16903 PO Box 4060 Dalpark 1543 T: 011 748 4700 www.quicksure.co.za

Santam Limited Reg No: 1918/001680/06 Lic No: 3416 P O Box 3881 Tygervalley 7536 T: 021 915 7000 F: 021 914 0700 Web: www.santam.co.za

Senate Transit Underwriters (Pty) Ltd Reg No: 1982/06462/07 Lic No: 2606 P O Box 10402 Centurion T: 012 663 1004 F: 012 663 1518

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[SHA \(Stalker Hutchison Admiral \(Pty\) Ltd, a wholly owned subsidiary of Santam Limited\)](#) Reg No: 1985/000368/07 Lic No: 2167 T: 011 731 3600 PO Box 55347 Northlands 2116
www.sha.co.za

[Unity Insurance Company Limited – a division of Auto & General](#) (see above) www.unity.co.za

[Zest Life Investments \(Pty\) Ltd](#) Reg No: 2001/018097/07 FSP Lic No: 37485 Sunclare Building 21 Dreyer Street Claremont 4051 T: 021 673 8906 F: 021 673 8907 under [Guardrisk Life Limited](#) Reg No: 1999/013922/06 FSP Lic No: 76 Alexander Forbes Place 4th Floor 90 Rivonia Road Sandton 2196 T: 021 673 8906 F: 021 673 8907 P O Box 13556 Cascades 3202 T: 033 347 0021

[Stratum Benefits \(Pty\) Ltd](#) Reg No: 2003/018155/07 Lic No: 2111 Suite 386 P/Bag X09 Weltevreden Park T: 0861 111 3499 www.stratumbenefits.co.za

LONG TERM INSURANCE

[Allan Gray Investment Services \(Pty\) Ltd](#) Reg No: 2004/015145/07 FSP Lic No: 19896 [Allan Gray Unit Trust Management \(RF\) \(Pty\) Ltd](#) Reg No: 1998/007756/07
P O Box 51318 V&A Waterfront 8002 T: 0860 000 654 Web: www.allangray.co.za

[Bonitas Medical Fund](#) PO Box 3496 Cramerview 2060 T: 08600 02108 Web www.guardrisk.co.za

[Discovery Life Limited](#) Reg No: 1966/03901/06 Lic No: 18147 PO Box 786722 Sandton 2146 T: 011 539 7284 www.discovery.co.za

[Discovery Health Medical Scheme \(Pty\) Ltd](#) Reg No: 331 Lic No: 18564

[Discovery Vitality \(Vitality Healthstyle \(Pty\) Ltd t/a\)](#) Reg No: 1999/07736/07

[Liberty Group Limited](#) Reg No: 1957/002788/06 Lic No: 2409 PO Box 10499 Jhb 2000 T: 0860 456 789/011 408 4871 Web: www.liberty.co.za

[Medihelp Medical Scheme](#) Reg No: 93/9079 Lic No: 15738 P O Box 26004 Arcadia 0007 T: 0860 100 678 E: medihelp@medihelp.co.za Web: www.medihelp.co.za

[Stanlib Wealth Management Ltd](#) Reg No: 1996/005412/07 Lic: 26/10/590 17 Melrose Boulevard Melrose Arch 2196 T: 0860 123 003 www.stanlib.com

CLIENT CONFIRMATION

I confirm that I have read this document and have received a copy of this notice.

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CLIENT SIGNATURE : _____

Last updated 22.06.2017

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