

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
- Excess: R1000.00
- Employers Liability R2.5m

PUBLIC LIABILITY RATE CHART

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

- Excess: R1000.00
- Extensions:
 - a) Statutory Defence Costs - R250 000.00
 - b) Wrongful Arrest - R250 000.00
 - c) Defamation - R250 000.00
- Employers Liability R2.5m

Swimming Instructors:

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

**PREMIUM
R406.00**

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
Payment: Inclusive of VAT, Binding fee R80.00, Collection fee R11.40

Please note that a copy of the master policy wording is available for inspection on www.lsginsurance.co.za

PERSONAL DETAILS (Please Print)

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

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?

YES

NO

If yes, please give details

2. Are you aware of any circumstance/incident which may have taken place which may result in a claim?

YES

NO

If yes, please give details

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

Declined Proposal or Renewal

YES

NO

Imposed special terms

YES

NO

Required an increased premium

YES

NO

Cancelled Insurance

YES

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:

1st	7th	15th
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 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 / rowena@lsginsurance.co.za

A copy of the master policy can be viewed on 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.

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 (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