



Prime Asset Cover

The Policy that protects You - The Prime Asset in your business

FORM PA-A05-008

APPLICATION FORM

AGENT/BROKER DETAILS:

AGENCY CODE:

A. LIFE INSURED

TITLE	FIRST NAMES	SURNAME	GENDER
DATE OF BIRTH	POSTAL ADDRESS		CODE
E-MAIL	ID NO.	TEL (H)	TEL (W)
TEL (W)	CELL	FAX	

B. OCCUPATIONAL DETAILS

BUSINESS NAME	REG. No.
INSURED'S RELATIONSHIP TO BUSINESS (Director / Owner / Member)	REQUIRED COMMENCEMENT
GENERAL DESCRIPTION OF BUSINESS	
NATURE OF INSURED'S DUTIES	
AVERAGE INCOME-TURNOVER /m R	

C. PLAN CHOICE

INCOME PROTECTION - CHOOSE A PLAN

- Platinum* PLAN APD (Plus)
- Gold* PLAN APD
- Silver* PLAN BPD
- Bronze* PLAN CPD

TOTAL COST PER MONTH R _____

D. PRE EXISTING CONDITIONS

Are there any conditions, nomatter how trivial, pertaining to illnesses or any previous bodily injury or medical conditions, occupational hazards, hobbies or past-times which may affect the assessment of the risks to be covered in terms of this application? Pre-existing conditions will be excluded from cover, for review upon request by the insured after a two year period of clear health confirmed by a medical practitioner, at underwriters' discretion. Illness claims arising during the initial 60 days from policy inception are not covered. Cover is immediate i.r.o. accident and for illness a 4 day waiting period applies.

YES: NO: If YES, then please provide full details: (complete separate sheet if necessary)

E. DECLARATION

I declare that the statements made and the information contained in this application for a PRIME ASSET COVER PLAN, shall form the basis of the contract of insurance with One Insurance Underwriting Managers (Pty) Ltd and I further warrant that the statements made are true to the best of my knowledge and belief.

SIGNED AT _____ THIS _____ DAY OF _____ 20 _____

SIGNATURE

F. DEBIT ORDER

I/we request One Insurance Underwriting Managers (Pty) Ltd to draw against my/our account due amounts payable in terms of this contract. I further request the bank/institution to pay and debit my/our account with all such amounts drawn. If the account holder is a company, its exact name must be entered and the authorised officer/s must affix the company stamp/seal, sign and state his/her title within the company.

ACCOUNT TYPE (Current / Transmission / Savings)	ACCOUNT HOLDER
ACCOUNT NO.	BANK
	BRANCH
	BRANCH CODE
SIGNATURE OF ACCOUNT HOLDER	DATE

UNDERWRITTEN BY : One Insurance Underwriting Managers (Pty) Ltd



N.B. Refer to your policy document for precise definitions, limitations and exclusions.

N.B. Pleaserefer to the policy wording for specific exclusions relating to occupations such as pilots, police or military forces, professional sports people etc., and conditions such as HIV/AIDS, sexually transmitted diseases, stress related conditions, cosmetic procedures, influenza, laryngitis and sinusitis. Prime Asset Cover is a short-term insurance policy and therefore has no investment, cash or savings component. Please note cover ceases at age 70.