EQUI-COVER
Insurance Solutions

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BROKER MANDATE

I, ... hereby appoint Equi-Cover cc a Division of Cross-Cover cc of whom I have received all the necessary FAIS disclosure documentation, to advise me on my short-term insurance needs, that include the following:

1. Advice on the suitability of specific short-term insurance products.
2. Placing the insurance with a FSCA registered insurance company.
3. Administering the insurance policy, with specific reference to effect changes and or endorsements thereto as requested and assistance with processing of any eventual claim under the insurance policy. It is understood that I / we will not sign any agreement of loss without consulting with the broker first.
4. Annual revision and renewal of the insurance policy as may be needed.

For this purpose, I authorize Cross Cover, as well as any insurer, authorized by Cross Cover, to obtain any information regarding previous and current insurance policies from any short-term insurer, or any information from any other organization or body, as may be necessary for the underwriting of this policy or policies.

It is understood that I will be required to:

1. Provide and disclose all relevant information pertaining to the nature and value of the assets and / or liabilities to be insured.
2. Request any changes and or additions / removal of insured items to existing insurance in writing. Where a request is initially communicated verbally it is to be confirmed in writing within forty-eight hours, especially in the event of removing and / or deleting of consumer items under the policy.
3. To fully disclose changes in any personal and other information pertaining to the underwriting of the risk as may be needed within a period not exceeding seven (7) days, from the date that I / we became aware of such changes.
4. Advise the broker of any changes in assets and or liabilities insured under the policy of insurance as may occur within a period not exceeding seven (7) days, from the date that I / we became aware of such changes.
5. Advise the broker, should the relevant policy documentation not have been received by me / us within twenty-one (21) after application for insurance and / or any change or endorsement to the policy.
6. To scrutinize all written documentation received from the broker and report, without delay, any incorrect information or discrepancies contained in such documentation.

It is understood and agreed that:

1. The broker will not be held liable for any damage / financial loss resulting from breach of the above obligations.
2. This appointment revokes any existing broker appointment and will only be revoked with thirty (30) days mutual written notice.
3. That the broker is entitled to receive remuneration (commission and broker fees) from the insurer after a policy is placed and that the quantum thereof will be disclosed to me.
4. The preferred method of communication between the parties is email.

The appointment takes effect on _____ (date) Policy Number:_____

Insurer:_____

Signature: _____ Signature: _____

Insured / Policyholder