

## FAIS COMPLIANCE FORM

Have you been offered Security Liability Insurance by a Representative? Yes / No

If answered Yes to the above please note the following:

- **Cover is subject to receipt of premiums by the Insured on or before the date selected by you as the debit order processing date.**
- **It is important to note that cover in terms of this policy is dependent upon receipt by Quantum Liability Underwriting Managers of either the first monthly premium, the pro rata debit premium or, alternatively, the full annual premium should it be due.**
- **Should the policy incept during a month and a pro rata premium become due, the debit amount due will be collected via a debit order processed through the specified banking account within three days of the inception date of the policy.**
- **Subsequent monthly premiums must be paid on or before the due date as stipulated.**

It is of the utmost importance that you the insured report any potential loss to Quantum Liability Underwriting Managers within 30 days of the incident. Any loss reported outside of this time frame will not be paid.

You confirm having received a copy of the policy wording and copy of the application form detailing cover under the policy, at the time of completing the application forms. Should you require any further clarity, please address your queries to [info@qlu.co.za](mailto:info@qlu.co.za)

I, the undersigned, hereby declare that this product was explained to me prior to signing this application and that I will not hold Quantum Liability Underwriting Managers, the underwriter, the insurer and or my service provider liable for any claims and/or material facts not disclosed to me. I am aware that I can obtain the necessary relevant documentation from Quantum Liability Underwriting Managers on request

I have received /made a copy of this document to retain for my own records.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_