



Advoc8 Proposal Form

Signing this proposal does not give you cover. All material facts must be disclosed. Failure to do so may make your policy invalid. If in doubt tell us anyway.

Broker Name:

Insured Full Company name:

Company Registration number:

Physical Address:

Postal Code

Postal Address:

Postal Code

Note: Cover will only apply to the business named above

Tel no:

Fax no:

Email:

Description of business activities:

Date business activities commenced

Date Month

Number of Employees:

Number of Directors:

Estimated turnover for current financial year:

Have you even been insured by a legal expense policy of any kind?

Yes No

Have you ever been refused insurance?

Yes No

Have you been involved in any legal action whatsoever in the past 12 months. If yes, please give details:

Do you expect any redundancies in your business in the next 12 months? If yes, please give details:

Other details you wish to disclose that may affect us accepting your risk:

Policy Underwritten by Santam Insurance Company Limited, managed by LEXCorp

Should you accept our quote please complete the Guardrisk debit order Authority

