

A close-up photograph of a man in an orange shirt kissing a young boy on the cheek. The boy is wearing a blue and white striped shirt. The background is softly blurred, suggesting an outdoor setting with natural light.

ONE|SURE

THE BUCK STOPS WITH YOU!

Business Owner
Professional
Freelancer
Commission earner

If you are the Prime Asset
in your business, you need
Prime Asset Cover

Affordable cover from only
R282 per month!

The bills still have to be settled at the end of the month!

Who's there to pay you if you are temporarily unable to work due to illness or injury?

Prime Asset Cover is a tailored Income Protection Policy that protects you "the Prime Asset" in your business in the event of illness or accident, whether you're the owner, a commission earner, a freelancer or a key staff member.

In the event of an accident, cover is immediate and in the event of illness cover pays after only 4 days, for up to 6 months per occurrence.

Unlike other products with longer waiting periods Prime Asset covers you immediately. You don't have to worry about the end of the month when bills have to be paid. Prime Asset Cover is affordable so that you don't have to carry the risk of illness or injury.

PREMIUM PLUS	PLATINUM PLAN	GOLD PLAN	SILVER PLAN	BRONZE PLAN
COVER: R50 000 - R75 000	COVER: R35 000 - R50 000	COVER: R25 000 - R35 000	COVER: R15 000 - R25 000	COVER: R0 - R15 000
R 645.00 per month	R 554.00 per month	R 443.00 per month	R 332.00 per month	R 282.00 per month

Talk to your broker today about Prime Asset Cover or contact your regional ONE office.

AGENT/BROKER DETAILS: _____ AGENCY CODE: _____

A. Life Insured

Title: _____ Firstnames: _____ Surname: _____ Female: _____
Date Of Birth: Id No.: _____ Male: _____
E-mail: _____
Postal Address: _____

_____ Code: _____
tel(w) Cell: _____
tel(h) Fax: _____

B. Occupational details

Business Name: _____ Reg No.: _____
Insured's relationship to business: (Director / Owner / Member) _____
General description of Business: _____
Nature Of Insured's duties: _____
Average Income-turnover /m R _____ required commencement

C. Plan Choice - Income Protection Module Only

Please tick the plan of your choice

**PREMIUM
PLUS**

**PLATINUM
PLAN**

**GOLD
PLAN**

**SILVER
PLAN**

**BRONZE
PLAN**

Total cost per month R _____

D. Pre Existing Conditions

Are there any conditions, no matter 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 may be excluded from cover at underwriters' discretion, for review upon request by the insured after a two year period of clear health confirmed by a medical practitioner. Illness claims are not covered during the initial 60 days from policy inception, thereafter 4 days waiting period applies. Cover is immediate i.r.o. accident.

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 Mutual & Federal Risk Financing Limited and I further warrant that the statements made are true and to the best of my knowledge and belief.

Signed At: _____ This: _____ Day of: _____ 20 _____

Signature: _____

F. Debit Order

I/we request Mutual & Federal Risk Financing Limited 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 No.: _____

Account holder: _____

Bank: _____

Branch: _____

Branchcode: _____

Signature Of Accountholder

Date