



# Legal Hero

Legal insurance so good it's almost criminal

## APPLICATION FORM

New Application

Upgrade

Reinstatement

Policy No.

### Policy Product Selection

#### Hero Gold N\$209 p/m

N\$150,000 Cover, NO Bail, NO Accidental Death benefit, NO Cashback or any other additional benefits.

#### Hero Corporate N\$259 p/m

N\$175,000 Cover, N\$5,000 Bail, N\$10,000 Accidental Death benefit, Cashback, Docket requisition, Protection Orders.

#### Hero Platinum N\$309 p/m

N\$200,000 Cover, N\$10,000 Bail, N\$20,000 Accidental Death benefit, Cashback, Docket requisition, Protection Orders.

#### Total Premium

including primary policy & all value-added services options

N\$

## SECTION 1: POLICYHOLDER PERSONAL DETAILS

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
ID/Passport No	<input type="text"/>			Nationality:	<input type="checkbox"/> Namibian	<input type="checkbox"/> Other <small>(please specify)</small>
First Name (s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D	Title	<input type="text"/>	
Residential address	<input type="text"/>					
Postal Code	<input type="text"/>	Region	<input type="text"/>	<input type="text"/>	<small>Select your region from the following:                  Caprivi (CAP), Erongo (ERO), Hardap (HRD), Karas (KAR), Kavango West (KVV), Kavango East (KVE), Khomas (KHO),                  Kunene (KUN), Ohangwena (OHG), Omaheke (OMA), Omusati (OMS), Oshana (OSN), Oshikoto (OSH), Otjozondjupa (OTJ)</small>	
Tel Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel Work	<input type="text"/>	<input type="text"/>
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax No	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>			Marital Status	<input type="text"/>	

## SECTION 2: REGISTERED SPOUSE AND CHILDREN

The Policyholder nominates the below person as his/her registered Spouse in terms of this Policy

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
ID/Passport No	<input type="text"/>			Nationality:	<input type="checkbox"/> Namibian	<input type="checkbox"/> Other
First Name (s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D			
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel Work	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

The Policyholder nominates the below person/s as his/her registered Children in terms of this Policy

Names of up to FOUR children	1.	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
	2.	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
	3.	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
	4.	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D

## SECTION 3: EMPLOYER DETAILS

Employer	<input type="text"/>					
Employer Tel No	<input type="text"/>	<input type="text"/>	<input type="text"/>	Salary Pay Date	<input type="text"/>	Employee No <input type="text"/>
Employer address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					Postal Code <input type="text"/>

## SECTION 4: BROKER/AGENT DETAILS

Broker  Agent

Broker/Agent Name	<input type="text"/>	Tel Work	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker/Agent Code	<input type="text"/>	Broker/Agent Signature	<input type="text"/>		

## SECTION 5: PREMIUM PAYER

If the Policyholder is not the Premium Payer, please complete the below:

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
ID/Passport No	<input type="text"/>			Nationality:	<input type="checkbox"/> Namibian	<input type="checkbox"/> Other <small>(please specify)</small>
First Name (s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D	Title	<input type="text"/>	
Residential address	<input type="text"/>					
	<input type="text"/>				Postal Code	<input type="text"/>
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel Work	<input type="text"/>
Email	<input type="text"/>					

## SECTION 6: PAYMENT DETAILS

### Payment Method

Method:	<input type="checkbox"/> Debit Order	<input type="checkbox"/> Stop Order	TOTAL MONTHLY PREMIUM	<input type="text"/> N\$
Bank Name	<input type="text"/>		Branch Code	<input type="text"/>
Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Other: _____	SWIFT Code
Account Holder Name	<input type="text"/>			
Account No	<input type="text"/>			
Deduction Date	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 31	

I acknowledge that:

1) No party may cede or assign any of its rights or obligations to a third party without the written consent of the other.

#### 2) Enhanced Debit Orders (ENDO)

2.1) I authorise Momentum/Legal Hero or any collection agency authorised by Legal Hero to:

2.1.1) arrange deductions and or deductions of arrears by means of a debit order from my selected bank account;

2.1.2) track my account for a period of seven (7) days in the event that there are insufficient funds in my nominated account to meet my obligation;

2.1.3) re-present the instruction for payment as soon as sufficient funds are available in my account, and charge me for any tracking fees incurred where insufficient funds were available as per 2.1.2 above;

2.1.4) cancel my mandate and obtain a new mandate in the event that there are two (2) consecutive unsuccessful presentments.

#### 3) Salary Deductions

3.1) Where applicable, I authorise Momentum to, on behalf of Legal Hero, deduct the Premium selected from my salary each month until such time as I cancel this authorisation.

Bank Account Holder Signature

Date

 Y  Y  Y  Y  M  M  D  D

## SECTION 7: ACCIDENTAL DEATH BENEFIT - BENEFICIARY NOMINATION

If the Accidental Death Benefit Beneficiary is not the registered Spouse in Section 2, please complete the below:

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
ID/Passport No	<input type="text"/>			Nationality:	<input type="checkbox"/> Namibian	<input type="checkbox"/> Other
First Name (s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D	Title	<input type="text"/>	Relation to Main Member
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel Work	<input type="text"/>
Email	<input type="text"/>					

## SECTION 8: POLICYHOLDER/PREMIUM PAYER AUTHORISATION

I, the undersigned, confirm that all the details provided are correct and that I am applying for a Legal Hero Policy. I have read and understand the attached Statutory Disclosure Notice. I further consent to my information being used for the purposes of Legal Hero related services only. I confirm that no financial advice was provided to me nor was a financial needs analysis conducted by any Broker/Agent on behalf of Legal Hero.

Policyholder Signature

Application Date

 Y  Y  Y  Y  M  M  D  D

# STATUTORY DISCLOSURE NOTICE TO LEGAL HERO POLICYHOLDERS

**VERY IMPORTANT:** Please safeguard this document as it is not part of your insurance contract, policy guide or any other document. As a policyholder or prospective policyholder of a short-term insurance policy, you have the right to the following information:

## YOUR INSURER

**Business Name:** Momentum Insurance Limited ("Momentum")  
**Company Reg. No.:** 2003/0374  
**NAMFISA Insurer Reg. No.:** 03/ST/15  
**Physical address:** c/o Schanzen and Sinclair Street, Windhoek  
**Postal address:** P.O. Box 97675, Maerua Mall, Windhoek, Namibia  
**Tel. No.:** +264 83 678 4000  
**Website:** www.momentum.com.na

## Momentum's compliance function details:

**Compliance Officer:** Ancois Fidytek  
**Contact no.:** +264 81 128 6032  
**Email:** ancois.fidytek@momentum.com.na

## YOUR INSURANCE AGENT

**Business Name:** Legal Hero Insurance (Pty) Ltd ("Legal Hero")  
**Company Reg. No.:** 2024/1606  
**Physical address:** 92 Moses Tjitendero Street, Windhoek  
**Postal address:** P.O. Box 81411, Olympia, Windhoek, Namibia  
**Tel. No.:** +264 83 SAY HERO (729 4376)  
**Email:** info@legalhero.com.na  
**Website:** www.legalhero.com.na

## Relationship between Legal Hero and Momentum

Legal Hero is registered as an Insurance Agency with the Namibia Financial Institutions Supervisory Authority (NAMFISA) and is underwritten by Momentum.

## Professional Indemnity Cover:

Legal Hero has Professional Indemnity insurance coverage in place limited to N\$1,000,000.00.

## TYPE OF POLICY

Legal Hero provides a short-term insurance policy that mitigates the risk of loss to the policyholder due to incurring legal costs, including litigation costs.

## POLICY WORDING

A copy of the policy wording can be obtained from [www.legalhero.com.na](http://www.legalhero.com.na).

## POLICY DETAILS: HERO PLATINUM

**Risk covered:** Up to N\$200,000.00 cover per year, subject to terms and conditions.

**Policy Benefits:** Legal Advice, Contracts, Out-of-Court Mediation, Litigation Cover of up to N\$200,000.00. Bail Money Payment of up to N\$10,000.00. Accidental Death Benefit of N\$20,000.00. Claim-free Cashback, Criminal Docket, Protection Orders (subject to terms and conditions).

## POLICY DETAILS: HERO CORPORATE

**Risk covered:** Up to N\$175,000.00 cover per year, subject to terms and conditions.

**Policy Benefits:** Legal Advice, Contracts, Out-of-Court Mediation, Litigation Cover of up to N\$175,000.00. Bail Money Payment of up to N\$5,000.00. Accidental Death Benefit of N\$10,000.00. Claim-free Cashback, Criminal Docket, Protection Orders (subject to terms and conditions).

## POLICY DETAILS: HERO GOLD

**Risk covered:** Up to N\$150,000 cover per year, subject to terms and conditions.

**Policy Benefits:** Legal Advice, Contracts, Out-of-Court Mediation, Litigation cover of up to N\$150,000.00 (subject to terms and conditions).

## PREMIUMS

Your premium obligations:  
**Hero Gold:** N\$209.00.  
**Hero Corporate:** N\$259.00.  
**Hero Platinum:** N\$309.00.  
(Premiums include VAT, NAMFISA levies, and Stamp Duties)

**Manner of payment of premiums:** Bank Debit Order, Stop Order, EFT (for an employer paying the Hero Corporate policy on behalf of its employees).

**Due date and frequency (e.g. annually, quarterly, monthly):** Monthly in advance at the end of every month.

**Consequence of non-payment:** Non-payment may change the policy's Commencement Date, which may affect Waiting Periods. To retain full cover, ensure payment is received in our bank account before the 7th of the following month.

**Details of any premium increases, including the frequency and basis:** Legal Hero will send you 30 days' written notice of any premium increases or frequency changes.

**Whether an increase will be linked to any commensurate increases in policy benefits and any options relating to premium increases that the policyholder may select:** N/A

**In the case where the premium is not guaranteed for the entire term of the policy, the period for which the premium is guaranteed, including the frequency at which or the circumstances in which a review will take place:** N/A

## COMMISSION:

Legal Hero operates on a broker network model and thus pays the broker a recurring commission as provided for in the Short Term Insurance Act, 1998.

Legal Hero offers the Hero Corporate policy option directly to the corporate market, which means a broker is not involved. As a result, no commission is paid on the Hero Corporate policy option.

## INSTITUTING A CLAIM

The policy wording for your selected option details how to institute a claim and your responsibilities. It is available from our website: [www.legalhero.com.na](http://www.legalhero.com.na).

## FILING A COMPLAINT

Should you wish to file a complaint regarding the service you received, you may contact us at +264 83 SAY HERO (729 4376) or by email at [needahero@legalhero.com.na](mailto:needahero@legalhero.com.na). Your complaint must be in writing and include full details and all relevant documentation.

## PROCESSING PERSONAL INFORMATION

Legal Hero collects your personal information to render you an efficient service. The information is collected and processed lawfully and is directly related to the rendering of legal services and processing of claims. You must ensure you provide us with the mandatory information required. Failure to provide the mandatory information may result in a delay or repudiation of your policy. Legal Hero retains your personal information as necessary by law and will not deny your right to access or object to processing your personal information on lawful grounds.

## COOLING OFF RIGHTS

Should you not be satisfied with the policy, you are entitled to a period of up to 31 days from the date of receiving the policy, within which you may cancel your policy in writing at no cost. Cover will cease upon cancellation of the policy. All premiums paid by the policyholder to the Insurer up to the receipt date of the cancellation notice will be refunded to the policyholder.

## OTHER MATTERS OF IMPORTANCE

- You will be informed of any material change to the information about the Insurer and Agent provided above.
- You will always be given a reason for the repudiation of your claim.
- If Legal Hero decides to cancel your policy, it will send you 31 days written notice to your last known address.
- You will always be entitled to a copy of your policy at no extra charge. Please contact us directly if you have not received a copy within 30 days.

## WARNING

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep notes of what is said and all documents handed to you.
- Where applicable, call recordings will be made available within seven (7) days from the date of request.
- Don't be pressured to buy the product.
- Failure to provide correct or complete relevant information may influence any claims arising from your insurance contract.

## WAIVER OF RIGHTS

No Insurer, underwriting manager, or insurance agency may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any policy provisions or recognise, accept, or act on any such waiver by a client. Any such waiver is null and void.

## THIS DISCLOSURE

If any of the information reflected above and below was given to you orally, this disclosure notice provides you with the information in writing. For detailed information, including terms and conditions, refer to your policy wording and guide. If you need more clarity, please do not hesitate to contact us.

## PARTICULARS OF THE INSURANCE REGULATOR

If we fail to resolve your complaint satisfactorily, you may submit your complaint to the Short-term Insurance Regulator.

**Name:** Namibia Financial Institutions Supervisory Authority ("NAMFISA")

**Physical address:** 51-55 Werner List Street, Gutenberg Plaza, Windhoek, Namibia

**Postal address:** P.O. Box 21250, Windhoek, Namibia

**Tel. No.:** +264 61 290 5000

**Fax No.:** +264 61 290 5194

**Email:** [info@namfisa.com.na](mailto:info@namfisa.com.na)

## CONTACT OPTIONS FOR LEGAL HERO

**Quote/Join:** [beahero@legalhero.com.na](mailto:beahero@legalhero.com.na)

**Admin queries:** [admin@legalhero.com.na](mailto:admin@legalhero.com.na)

**Legal problems:** [legal@legalhero.com.na](mailto:legal@legalhero.com.na)

**Complaints:** [needahero@legalhero.com.na](mailto:needahero@legalhero.com.na)

**Compliments:** [savedbyahero@legalhero.com.na](mailto:savedbyahero@legalhero.com.na)