

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

Phone: 031 309 9180 Fax: 086 673 6783 Cellphone: 083 661 7077 Email: helen@helenking.co.za

Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

PERSONAL INSURANCE PROPOSAL FORM

Please ensure that all the information you give us about yourself, your property and your risk profile is accurate. This will include information about your financial situation, such as insolvency or previous claims experience. Incomplete or incorrect information could affect the validity of your policy and may result in insurers voiding your policy and not paying for claims that occur.

Wherever the word 'you' appears, it means the insured.

Proposer Details

Title:		Initials:		Surname:		Date of Birth:	
Identity Number:				Passport Number:			
Occupation:							
E-Mail Address:				Fax Number:			
Telephone Number:				Cell phone Number:			
Postal Address:							Code:
Physical Address of your private home:							
Home 1:				Home 2:			
		Code:				Code:	
				Home 1:		Home 2:	
Type of home:							
Which home is your main residence:				YES		NO	
				YES		NO	
Note: Communes/boarding houses/residential hotels occupied by three or more unrelated persons who reside together are not accepted.							
Occupancy:							
Will the home be rented, let out or have paying guests:				YES		NO	
				YES		NO	
If YES, provide details:							
Language preferred:							
Retired persons:							
If you are 55 years or older and have retired and stopped working permanently, you qualify for Nil excess. Retired means that you do not earn a regular income and are not gainfully employed. Should you do any odd job here and there, this will not prevent you from qualifying for the nil excess.							
Retired:				YES		NO	
Inception Date of Insurance:							

To be completed if cover is required under the Personal Buildings, Household Contents and All Risks Sections of the policy:

Premises

Locality (Is your home situated within 500 metres of the following):	Home 1				Home 2			
Small Holding / Plot / Farm:	YES		NO		YES		NO	
Residential Area – Established:	YES		NO		YES		NO	
Golf Course, Park, Vacant Land:	YES		NO		YES		NO	
Next to a Highway, Railway Line, Taxi Rank:	YES		NO		YES		NO	
Residential – Developing Area:	YES		NO		YES		NO	
Industrial Area:	YES		NO		YES		NO	
What type of home do you have:	Home 1				Home 2			
Detached House or Cottage:	YES		NO		YES		NO	

Semi-Detached House or Cottage:	YES		NO		YES		NO	
House in a Secure Estate or Complex:	YES		NO		YES		NO	
Apartment or Flat (Ground or First Floor):	YES		NO		YES		NO	
Apartment or Flat (Above First Floor):	YES		NO		YES		NO	
Will the residence be left unoccupied:								
For more than 7 consecutive days within the first 30 days:	YES		NO		YES		NO	
During working hours:	YES		NO		YES		NO	
For more than a total of 60 days per year:	YES		NO		YES		NO	
Is the Residence a Holiday Home:	YES		NO		YES		NO	
Will the Residence be Rented or Let Out:	YES		NO		YES		NO	
If YES, would this be let out on a long term or short term (e.g. air bnb) basis:	YES		NO		YES		NO	

Construction

	Home 1				Home 2			
How old is the Building:								
Is the Roof of Standard Construction (i.e. Slate, Tiles, Asbestos, Concrete, Corrugated Iron or Metal):	YES		NO		YES		NO	
If none of the above, please specify:								
Is the Roof Constructed of Thatch:	YES		NO		YES		NO	
Please answer the following questions for a roof of non-standard construction (thatch or other):								
Is SANS Approved Surge Protection Installed:	YES		NO		YES		NO	
Is a SABS Approved Lightning Mast Installed:	YES		NO		YES		NO	
Is the Roof Protected by Fire Retardant:	YES		NO		YES		NO	
Are all of the above maintained according to the manufacturers' specifications:	YES		NO		YES		NO	
Are the main walls constructed of:								
Brick, Stone or Concrete:	YES		NO		YES		NO	
Timber, Part Timber, Framed Metal:	YES		NO		YES		NO	
Asbestos:	YES		NO		YES		NO	
Fiberglass:	YES		NO		YES		NO	
If none of the above, please specify:								
Are there any retaining walls on the premises:	YES		NO		YES		NO	
Note: Retaining walls are not covered. In order for cover to be considered, an engineer's report pertaining to the wall, as well as the replacement cost of the wall must be provided. You will be required to obtain this report at your own cost.								
Is there an outbuilding such as a cottage, office or garage, of non-standard construction, situated on the premises:	YES		NO		YES		NO	
Is there any other non-standard structure such as a shed or wendy house, etc. on the premises:	YES		NO		YES		NO	
Please answer the following questions if there is an outbuilding or any other structure of non-standard construction on the premises:								
What material is the outbuilding/structure constructed of:								
Does the outbuilding/structure's size comprise of more than 10% of the radius of the home:	YES		NO		YES		NO	
Is the outbuilding/structure within five metres of the home:	YES		NO		YES		NO	
Is there a thatch lapa situated on the premises:	YES		NO		YES		NO	
Does the lapa's size comprise more than 10% of the radius of the main home:	YES		NO		YES		NO	
What is the size of the lapa in metres squared:								
Is the lapa within five metres of the home:	YES		NO		YES		NO	
Does the lapa have a chimney:	YES		NO		YES		NO	
Does the chimney extend one metre or more above the roofline:	YES		NO		YES		NO	
Does the chimney penetrate the thatch roof:	YES		NO		YES		NO	
If the answer to any of the questions above is YES, the thatch questionnaire must be completed.								
Is the home within 500 metres of water:	YES		NO		YES		NO	
If YES,, how far and indicate whether it is a dam, sea, river, lake, stream, etc.:								

Security

	Home 1				Home 2			
Are all opening windows burglar-barred:	YES		NO		YES		NO	
Are all fixed windows burglar-barred:	YES		NO		YES		NO	
Are external access doors fitted with security gates:	YES		NO		YES		NO	
Are external sliding doors fitted with security gates or frame-mounted key-operated locking bolts:	YES		NO		YES		NO	
Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height:	YES		NO		YES		NO	
Is the wall or fence on the perimeter of your property topped with an electric fence:	YES		NO		YES		NO	
If YES, is the electric fence alarmed with armed response:	YES		NO		YES		NO	
Are there full-time security guards on your property:	YES		NO		YES		NO	
Is the residence protected with an approved alarm system linked to a 24-hour control room with armed response:	YES		NO		YES		NO	
If YES please attach a certificate from the service provider.								
Is the property monitored by CCTV cameras:	YES		NO		YES		NO	
Does any outbuilding or garage adjoining to the residence have an interleading door:	YES		NO		YES		NO	
If YES, is this door protected by an alarm or security gate:	YES		NO		YES		NO	
Does the outbuilding(s) or garage(s) have the same security as the main residence:	YES		NO		YES		NO	
If NO, provide details:								
Home 1:								
Home 2:								
Will you be embarking on cosmetic alterations, renovations or improvements:	YES		NO		YES		NO	
If YES, provide details:								
Home 1:								
Home 2:								
Jewellery, Watches and Precious Items:								
<p>NOTE: There is VERY LIMITED cover under the household contents section of the policy for Jewellery, watches and precious items. Full cover is available on a specified basis subject to the following warranties:</p> <p>SAFE WARRANTY: It is important to ensure that ALL Jewellery, Watches and Precious Items are kept in a concealed locked safe bolted to the floor or walls of any residence / premises whenever such items are not in use / being worn by you failing which there will be no theft cover.</p> <p>JEWELLERS INSPECTION WARRANTY: Further with regards to all Jewellery, Watches and Precious Items an up-dated valuation must be produced at least every two years which valuation must include confirmation to the effect that all settings, claws and clasps are in order and that no overhauling is necessary. Should these warranties not be met there will be no cover under the policy.</p> <p>A WARRANTY is a strictly applied condition of cover.</p>								
Do you have a wall or floor mounted safe:	YES		NO		YES		NO	

Home Based Business

	Home 1				Home 2			
Are parts of the premises used for business purposes:	YES		NO		YES		NO	
What type of business is conducted at home:								
Do clients have access to your home:	YES		NO		YES		NO	
If YES, please provide more detail:								
Is cash, for business purposes, kept on the premises:	YES		NO		YES		NO	
Do you carry stock on the premises:	YES		NO		YES		NO	
If YES, what type of stock:								
(Cover for stock is available under additional cover which you can choose below):								

Do your business activities introduce additional risks to your home or outbuildings, for example, spray-painting or welding:	YES		NO		YES		NO	
If YES, please provide more detail:								

Subsidence and Landslip

Limited Cover	Home 1				Home 2			
Is the property situated in a Mining Area or within one km of Quarries, Gravel Pits, Landfill, Underground Facilities, Motorway or Railway Cutting, Major Civil Engineering Works:	YES		NO		YES		NO	
Are any visible cracks present on the property:	YES		NO		YES		NO	
Are you aware of any other signs of damage that may be caused by subsidence:	YES		NO		YES		NO	
If the answer to any of the above questions is YES – complete a subsidence and landslip questionnaire.								
Extended Cover:	YES		NO		YES		NO	
In order for insurers to quote on subsidence and landslip (extended cover) you would need to obtain a satisfactory engineer's report at your own cost, and make this available to insurers for their consideration.								

Household Contents

	Home 1				Home 2			
Do you require this insurance:	YES		NO		YES		NO	
Sum insured: insure for new replacement costs:	R				R			
Additional cover you can choose:								
Accidental damage inside your home (increased cover):	YES		NO		YES		NO	
If YES, what limit do you require:	R				R			
Accidental damage in any other home:	YES		NO		YES		NO	
If YES, what limit do you require:	R				R			
If YES, state the risk address:								
Home Based Business:	YES		NO		YES		NO	
If YES, what business cover do you require:								
Do you require increased cover for keys, locks and remote controls:	YES		NO		YES		NO	
If YES, what limit do you require:								
Power Surge Increased Cover:	R				R			
Subsidence and Landslip – Extended cover:	YES		NO		YES		NO	
If YES, please complete the subsidence and landslip questionnaire.								
Loss History:								
Number of claims within the last 12 months:								
Number of claims within 12 – 24 months:								
Number of claims within 25 – 36 months:								

Building

	Home 1				Home 2			
Do you require this insurance:	YES		NO		YES		NO	
Sum insured: Insure buildings and outbuildings for FULL replacement value plus an allowance of at least 15%:	R				R			
Is the building bonded and do you require the Bondholder's interest noted:	YES		NO		YES		NO	
If YES, provide details of the Bondholder and the account number:								
Are parts of the premises used for business purposes:	YES		NO		YES		NO	
Do you have suitable surge protection fitted to your DB Board:	YES		NO		YES		NO	
Additional cover you can choose:								
Accidental Damage cover to buildings:	YES		NO		YES		NO	
Damage to fixed machinery:	YES		NO		YES		NO	
If YES, what limit do you require:	R				R			

Geyser – Extended cover (includes bursting and wear and tear):	YES		NO		YES		NO	
If YES, please provide the following details:								
Age of Geyser:								
Make of Geyser:								
Number of Litres:								
Replacement Value:	R				R			
Keys, locks and remote controls – Increased cover of R20 000-00:	YES		NO		YES		NO	
Power Surge - Increased cover:	R				R			
Subsidence and Landslip – Extended cover:	YES				NO			
Complete the subsidence and landslip questionnaire.								

All Risks

Do you require this insurance:	YES		NO	
UNSPECIFIED All Risks: Property normally carried or worn on the person Minimum R5 000 cover, maximum R100 000 cover Limit any one item is 20% of the total sum insured	R			
SPECIFIED All Risks: (Limit on any one item is 20% of the sum insured. NOTE: THE BELOW ITEMS ARE NOT COVERED UNDER THE UNSPECIFIED ALL RISKS SECTION AND NEED TO BE ITEMISED UNDER THE SPECIFIED ALL RISKS SECTION OF THE POLICY. <ul style="list-style-type: none"> • vehicle sound equipment • portable electronic and computer equipment or accessories such as laptops, palmtops, notebooks, iPads, Kindles, smart devices and tablets • any telecommunication devices such as cell phones • satellite navigation systems (GPS) • stamp or coin collections • camping equipment, or the contents of caravans • golf clubs • pedal-cycles • remote-controlled aeroplanes/drones 				
Articles kept permanently in a bank safe deposit box must be specified (mark appropriate box to indicate that the item is kept in a bank safe).				
Please describe items fully and accurately. Also, attach an invoice, or valuation certificate for each specified item and where applicable include serial numbers.				
Item:	Sum Insured:	Bank Safe:		
1.	R	YES		NO
2.	R	YES		NO
3.	R	YES		NO
4.	R	YES		NO
5.	R	YES		NO
6.	R	YES		NO
Personal computers – laptop, notebooks, tablets, palmtops, cell phones theft and accidental damage cover only:				
Description – Make and Model:	Serial Number / IMEI Number:	Sum Insured:		
1.		R		
2.		R		
3.		R		
4.		R		
5.		R		
6.		R		
Additional cover you can choose:				
Remote jamming for unspecified items:	YES		NO	

Personal Computers

Do you require cover for your desktop, laptop or tablet, as well as associated accessories such as printers, screens and software: (The cover here is not only for accidental damage, but also electronic breakdown, such as a hard-disk crash)	YES		NO	
Hardware:				
Make and Model:	Serial Number:	Sum Insured:		

1.		R
2.		R
3.		R
Personal Computers – Desktop Extended Cover:		
Make and Model:	Serial Number:	Sum Insured:
1.		R
2.		R
3.		R
Personal Computers – Laptop Extended Cover:		
Make and Model:	Serial Number:	Sum Insured:
1.		R
2.		R
3.		R
Personal Computers – Tablet Extended Cover:		
Make and Model:	Serial Number:	Sum Insured:
1.		R
2.		R
3.		R
Additional cover you can choose:		
Electronic Breakdown:	Sum Insured:	R
Ensuring compatibility between your old and new computer:	Sum Insured:	R
Reinstatement of data:	Sum Insured:	R

Motor

Must be completed if cover is required for motor vehicles, motorcycles, trailers or caravans.									
A copy of the CURRENT licence and registration papers must be attached for each vehicle for which cover is required. Certificates for vehicle protection devices fitted should also be supplied.									
Information about the regular driver of the vehicle:									
Note: The regular driver is the person who drives the insured vehicle most often in any given monthly period.									
	Motor Car 1				Motor Car 2				
Specify the vehicle registration number for which the driver information is completed:									
Are you or your spouse the registered owner:	YES		NO		YES		NO		
If NO, state the name of the registered owner:									
Name and gender of the usual driver:									
Relationship of the regular driver to you:									
Date of birth of the regular driver:									
ID number of the regular driver:									
Occupation of the regular driver:									
Marital status of the regular driver:									
Has the regular driver acquired a valid driver's licence for the first time within the past 5 Years:	YES		NO		YES		NO		
Year in which licence of the regular driver was first obtained:									
Licence Type:									
Does the regular driver or any person who may drive the vehicle:									
Suffer from defective vision, hearing or from any physical or mental infirmity:	YES		NO		YES		NO		
If YES, provide details:									
Have a conviction or paid an admission of guilt fine for a driving offence in the past 5 years or is there any prosecution pending:	YES		NO		YES		NO		
If YES, provide details:									
Does the regular driver reside at the same risk address:	YES		NO		YES		NO		
If NO, provide details of risk address where vehicle will be kept overnight:									
For how many years has the regular driver had uninterrupted comprehensive motor Insurance:									
Number of claims within the last 12 months:									
Number of claims within 12 – 24 months:									
Number of claims within 25 – 36 months:									

Exclude windscreen and keys, locks and remote control claims.							
Does the usual driver qualify for 'no claim bonus' or 'claim-free group':	YES		NO		YES		NO
If Yes, state number of years and provide proof of qualification of 'no claim bonus' or 'claim free group':							

Motor Vehicle Detail

	Motor Car 1				Motor Car 2			
Do you require this insurance:	YES		NO		YES		NO	
Retail value:	R				R			
Mead and McGrouther code:								
Registration Number:								
Make and Model:								
Year of Manufacture:								
Engine Number:								
VIN Number:								
Vehicle Colour:								
Is the vehicle imported:	YES		NO		YES		NO	
Has the vehicle been modified to alter the performance level:	YES		NO		YES		NO	
If Yes, provide details of the modifications:								
What is the vehicle's tare:								
What is the vehicle's kilowatt:								
Cover Required:								
Comprehensive:	YES		NO		YES		NO	
Third Party Fire & Theft:	YES		NO		YES		NO	
Third Party only:	YES		NO		YES		NO	
Class of Use:								
Social Domestic & Pleasure Purposes only:	YES		NO		YES		NO	
Private Use (including driving to work and back):	YES		NO		YES		NO	
Private & Professional Use:	YES		NO		YES		NO	
Private & Business Use:	YES		NO		YES		NO	
Private, Business & Goods Carrying Use:	YES		NO		YES		NO	
Conditions of Use:								
Is the vehicle fitted with a security system installed by the vehicle manufacturer:	YES		NO		YES		NO	
Is the vehicle fitted with any of the following vehicle protections:								
Immobiliser:	YES		NO		YES		NO	
Gearlock:	YES		NO		YES		NO	
Tracking and Recovery Device:	YES		NO		YES		NO	
If YES attach a copy of the certificate from the service provider.								
Is the vehicle kept in a locked garage / fully enclosed carport overnight:	YES		NO		YES		NO	
If NO, indicate where the vehicle will be kept overnight:								
Provide the suburb and postal code where the vehicle is parked overnight:								
Is the vehicle kept in a locked garage / fully enclosed carport during the day:	YES		NO		YES		NO	
If NO, indicate where the vehicle will be kept during the day:								
Provide the suburb and postal code where the vehicle is parked during the day:								
Is the vehicle a light delivery vehicle (LDV):	YES		NO		YES		NO	
Is the vehicle a minibus / kombi / microbus:	YES		NO		YES		NO	
Does the vehicle or the windscreen have existing damage:	YES		NO		YES		NO	
If YES, provide details:								
Is the vehicle subject to a credit or similar agreement:	YES		NO		YES		NO	
If YES, state Bank and Account number:								
If YES, please confirm outstanding settlement:								

If YES, please advise is credit shortfall cover is required:					
Is the credit sale agreement in you or your spouse's name:		YES		NO	
If NO, provide details:					
Do you wish to insure any non-standard extras or accessories:		YES		NO	
Supply list and value of each item and please provide a copy of the purchase invoice:					
1.	R	4.	R		
2.	R	5.	R		
3.	R	6.	R		
OPTIONAL COVER APPLICABLE TO COMPREHENSIVELY INSURED MOTOR VEHICLES & LIGHT DELIVERY VEHICLES ONLY:					
Car hire for 30 days following accidental damage / theft / hi-jack:		YES		NO	
Cover does not include just you, but any organisation of which you are a director, a partner, a member of a close corporation or a sole proprietor. This is on condition that the organisation is not involved in the hiring of vehicles or the carrying of fare-paying passengers.					
Keys, locks and remote controls – increased cover to R20 000-00:		YES		NO	
Paying off your vehicle: Select the percentage for paying off your vehicle (available for comprehensive cover):		YES		NO	
4x4 cover (available for comprehensive cover):		YES		NO	

Motorcycle

Do you require this insurance:		YES		NO	
Retail Value:		R			
Mead and McGrouther code:					
Registration Number:		Year of Manufacture:			
Make and Model:					
Engine Number:		VIN number:			
Cubic Capacity:					
Is the motorcycle imported:		YES		NO	
Is the vehicle a two-wheeled cycle:		YES		NO	
If NO, provide details:					
Has the motorcycle been modified to alter the performance level:		YES		NO	
If YES, provide details:					
Cover Required:					
Comprehensive:		YES		NO	
Third Party Fire & Theft:		YES		NO	
Third Party only:		YES		NO	
Class of Use:					
Social Domestic & Pleasure Purposes only:		YES		NO	
Private Use (including driving to work and back):		YES		NO	
Private & Business Use:		YES		NO	
Private & Professional Use:		YES		NO	
Private, Business & Goods Carrying Use:		YES		NO	
Conditions of Use:					
Is there any existing damage to the motorcycle:		YES		NO	
If YES, provide details:					
Occupation of the regular driver:					
Is the regular driver entitled to a 'no claim bonus' or 'claim free group':		YES		NO	
If YES, state number of years and provide proof of qualification of 'no claim bonus' or 'claim free group':					
Is the motorcycle kept in a locked garage/ enclosed carport overnight:		YES		NO	
If NO, indicate where the motorcycle will be kept overnight:					
Provide the suburb and postal code where the motorcycle is parked overnight:					
Is the motorcycle kept in a locked garage / enclosed carport during the day:		YES		NO	
If NO, indicate where the motorcycle will be kept during the day:					

Provide the suburb and postal code where the motorcycle is parked during the day:									
Is the vehicle fitted with a security system installed by the motorcycle manufacturer:				YES		NO			
Is the motorcycle fitted with any of the following VESA Approved/ VSS Approved protections:									
Immobiliser:				YES		NO			
Tracking and Recovery Device:				YES		NO			
If Yes, attach a copy of the certificate from the service provider.									
Do you wish to insure any non-standard extras or accessories:				YES		NO			
Supply list and value of each item:									
1.	R	4.	R						
2.	R	5.	R						
3.	R	6.	R						
Does the motorcycle or the windscreen have existing damage:		YES		NO		YES		NO	
If YES, provide details:									
Is the motorcycle subject to a credit or similar agreement:		YES		NO		YES		NO	
If YES, state Bank and Account number:									
If YES, please confirm outstanding settlement:									
If YES, please advise is credit shortfall cover is required:									
Is the credit sale agreement in you or your spouse's name:		YES		NO		YES		NO	
Additional cover you can choose:									
Paying off your motorcycle (available for comprehensive cover only):		YES		NO		YES		NO	
Keys, locks and remote controls – increased cover:		YES		NO		YES		NO	

Trailer and Caravan Detail

Do you require this insurance:				YES		NO	
Retail Value:				R			
Registration Number:		Year of Manufacture:					
Make and Model:							
Engine Number:		VIN number:					
Is the trailer / caravan imported:				YES		NO	
Has the trailer / caravan been modified to alter the performance level:				YES		NO	
If YES, provide details:							
Cover Required:							
Comprehensive:				YES		NO	
Third Party Fire & Theft:				YES		NO	
Third Party only:				YES		NO	
Class of Use:							
Social Domestic & Pleasure Purposes Only:				YES		NO	
Private Use (including driving to work and back):				YES		NO	
Private & Business Use:				YES		NO	
Private & Professional Use:				YES		NO	
Private, Business & Goods Carrying Use:				YES		NO	
Conditions of Use:							
Is there any existing damage to the trailer / caravan:				YES		NO	
If YES, provide details:							
Occupation of the usual driver:							
Is the usual driver entitled to a 'no claim bonus' or 'claim free group':				YES		NO	
If YES, state number of years and provide proof of qualification of 'no claim bonus' or 'claim free group':							
Is the trailer / caravan kept in a locked garage /enclosed carport overnight:				YES		NO	
If NO, indicate where the trailer / caravan will be kept overnight:							
Provide the suburb and postal code where the trailer / caravan is parked overnight:							
Is the trailer / caravan kept in a locked garage /enclosed carport during the day:				YES		NO	
If NO, indicate where the trailer / caravan will be kept during the day:							

Provide the suburb and postal code where the trailer / caravan is parked during the day:							
Is the trailer / caravan fitted with a security system installed by the vehicle manufacturer:				YES		NO	
Is the trailer / caravan fitted with a tracking and recovery device:				YES		NO	
If Yes, attach a copy of the certificate from the service provider.							
Do you wish to insure any non-standard extras or accessories:				YES		NO	
Supply list and value of each item:							
1.	R	4.	R				
2.	R	5.	R				
3.	R	6.	R				
Does the trailer / caravan or the windscreen have existing damage:				YES		NO	
If YES, provide details:							
Is the trailer / caravan subject to a credit or similar agreement:				YES		NO	
If YES, state Bank and Account number:							
If YES, please confirm outstanding settlement:							
If YES, please advise is credit shortfall cover is required:							
Is the credit sale agreement in you or your spouse's name:				YES		NO	
If NO, provide details:							
Additional cover you can choose (cover applicable to comprehensive caravan and trailer cover only):							
Trailer and caravan contents:				Sum Insured:	R		
Keys, locks and remote controls – increased cover:				R			
Paying off your trailer and caravan:				R			

Personal Liability

Do you require this insurance:	YES		NO	
Personal Liability cover (R5, 000, 000-00):	YES		NO	
Personal Liability cover additional (R20, 000, 000-00):	YES		NO	
Business Liability of R1 000 000 – Cover for personal liability that arises out of your employment, business or profession:	YES		NO	

Personal Accident

Do you require this insurance:				YES		NO	
Persons to be insured (insurers cannot offer this cover to persons over the age of 75).							
Name and Gender:		M		F		M	
Date of Birth:							
Occupation:							
Identity Number:							
Relationship to you:							
Benefits Required:							
Death (Compulsory):	R		R				
Permanent Disablement:	R		R				
Maximum not to exceed the death benefit.							
Temporary Total Disablement (max 104 weeks):	R	per week		R	per week		
Medical Benefit of R10,000-00:							
Medical Benefit - has any person to be insured sustained a recent physical injury (e.g. broken limb):	YES		NO		YES		NO
If YES, provide details:							
Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity:	YES		NO		YES		NO
If YES, provide details:							
Does the person to be insured take part in	YES		NO		YES		NO

dangerous sporting activities:								
(DANGEROUS SPORTING ACTIVITIES DESCRIBED AS:- parachuting, skydiving, bungee-jumping, bridge-jumping, hang gliding, paragliding, polo, steeple chasing, rugby, sports of any kind on ice or snow, ice hockey, wrestling, martial arts, scuba-diving, or waterskiing, speed or endurance tests or racing (other than on foot) flying (other than as a passenger in a licensed passenger-carrying aircraft piloted by a duly qualified person), big-game hunting or mountaineering (where the use of ropes or a guide is necessary).								
Do you wish to nominate a beneficiary:	YES		NO		YES		NO	
If YES, state full name and ID Number:								

Pleasure-Craft

Do you require this insurance:		YES		NO	
We do not insure motorboats older than 10 years of age, inflatable/semi-rigid crafts older than five years of age, yachts older than 15 years of age, unless the proposal is accompanied by a full marine survey report by a qualified marine insurance surveyor at the policyholder's expense.					
Name of Pleasure Craft:					
Make and Model:					
Type of Pleasure Craft:					
Rubber Duck		Windsurfer		Jetski	
Motor-boat (max speed 60kph):		YES		NO	
Motor-boat (max speed 100kph):		YES		NO	
Is the Pleasure Craft self-built:		YES		NO	
Does the Pleasure Craft have a glitter finish:		YES		NO	
Length of Pleasure Craft:					
Number of Engine(s):					
Engine(s) Sum Insured:		R			
Year of Manufacture:					
Engine(s) Make:					
Serial Number of engine(s):					
Type of Engine(s):		Inboard		Outboard	
Hull Sum Insured:		R			
Material of Hull:					
Serial/VIN Number:					
Year of Manufacture:					
Accessories and Special Equipment:					
Serial numbers for all Global Positioning Systems (GPS) and two-way radio systems including all electronic equipment must be supplied:					
Description:	Serial Number:	Sum Insured:			
1.		R			
2.		R			
3.		R			
4.		R			
Total Sum Insured:		R			
Hull, Engine, Extras & Accessories: Total Sum Insured:		R			
Where is the Pleasure Craft normally kept:					
State the address where the Pleasure Craft is normally kept:					
If at a Marina, state the name:					
If not at a Marina, give details of type of moorings and precise location:					
If in moorings, are they professionally laid and maintained:		YES		NO	
If YES, by whom:					
If ashore when not in use, is the pleasure craft housed/garaged:		YES		NO	
Provide details:					
Navigating limits:					
Will the pleasure craft be used on inland waters only:		YES		NO	
If NO, state which of the cruising range extensions are required:					
Harbours and bays including river mouths:		YES		NO	
Coastal waters of the Republic of South Africa up to:					
One nautical mile offshore:		YES		NO	
Twelve nautical miles offshore:		YES		NO	
Fifty nautical miles offshore:		YES		NO	
Is the vessel surf-launched:		YES		NO	

If YES, will the vessel be used through river mouths:	YES		NO	
Have you had any accidents or losses in connection with any pleasure-craft you have sailed or owned:	YES		NO	
If YES, provide details:				
Skippers Experience:				
Years of Experience:				
Qualifications:				
Is the Pleasure Craft used for Private and Pleasure Purposes only:	YES		NO	
If NO, state intended use:				
By yourself only:	YES		NO	
If NO, by whom:				
Sailed single-handed:	YES		NO	
If NO, give details of crew:				
Waterskiing, aquaplaning or any similar sport:	YES		NO	
If YES, give details:				
Racing under sail:	YES		NO	
If YES, give details:				
Is the vessel subject to a credit or similar agreement:	YES		NO	
If YES, state the Bank and Account Number:				
If YES, please state the settlement figure:				
If YES, do you require credit shortfall cover:	YES		NO	
Is the credit sale agreement in you or your spouse's name:				
If NO, provide details:				

Enroute Personal Accident

Do you require this insurance:	YES		NO	
Do you require road cover:	YES		NO	

Emergency Assistance

Home Assistance – Do you require this cover:	YES		NO	
Roadside Assistance - Do you require road cover:	YES		NO	

Legal Costs

Do you require this insurance (subject to a waiting period):	YES		NO	
--	-----	--	----	--

Disclosure

What is your business or occupation:				
In what capacity are you employed:				
Have you previously been insured:	YES		NO	
If YES, please supply the policy numbers and the names of insurance companies:				
Have you or has any member of your household:				
Had any application for insurance declined or insurance cancelled, or renewal refused or not invited or had special conditions imposed:	YES		NO	
If YES, please provide details:				
Been involved in any civil or criminal litigation in the past 5 years or have you had a civil judgment made against you:	YES		NO	
If YES, please describe what happened and give full details including amounts of losses. Please also give the names of any insurance companies and policy numbers if you were insured at the time ... All losses (including self-insured or un-insured losses) must be disclosed including claims paid and claims rejected:				

During the past 5 years submitted any claims or suffered any other losses not claimed for (for example – a burglary, or a lost camera, etc.):		YES		NO	
If yes, please supply the value of the loss and describe what happened. Supply the name of the insurer and policy number if you were insured at the time. Declined claims should also be recorded.					
Date of Loss:	Description of Loss:	Claimed Amount:			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
How many years have you had uninterrupted insurance for:					

Declaration

- I hereby declare that all statements made herein are true, correct, and complete and that there are no other material facts regarding this risk that should be disclosed.
- I acknowledge and understand that any untrue, incorrect, or incomplete statements in this proposal may result in the policy being voided from inception.
- I further agree that any statement or particulars herein supplied by any other person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal.
- I am also not aware of any claims against me other than those mentioned above.
- I agree that this proposal shall be the basis of the contract between the insurer and myself.
- I will accept the insurer's standard policy.
- I understand that this insurance will not commence until this proposal has been accepted by the insurer.

Sharing of Insurance Information

- I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
- On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.
- I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.
- I consent to such information being disclosed to any other insurance company or its agent.
- I acknowledge that the information may be verified against legally recognized sources or databases.

Credit Check

May we perform a credit rating check to assist with rating, underwriting and claims:	YES		NO	
--	-----	--	----	--

If you are unable to sign this declaration without qualification, please give your reasons here:

Full Name:		Designation:	
Signature:		Date:	