

4. HOUSEOWNERS (Buildings) MINIMUM SUM INSURED R300 000				<i>STANDARD CONSTRUCTION: Means that the main dwelling is constructed of brick, concrete or stone and roofed with tiles, slate, concrete or metal.</i>			
(a) Address of First Residence				PREMIUM CALCULATION			
			Buildings sum insured		R		
			(Minimum sum Insured R350 000)				
			Postcode				
Construction		Standard		Non-standard			
If non-standard, describe							

4. HOUSEOWNERS (Buildings) (Continued) MINIMUM SUM INSURED R300 000				<i>STANDARD CONSTRUCTION: Means that the main dwelling is constructed of brick, concrete or stone and roofed with tiles, slate, concrete or metal.</i>			
(b) Address of Second Residence				PREMIUM CALCULATION			
			Buildings sum insured		R		
			Postcode				
Construction		Standard		Non-standard			
If non-standard, describe							
		Yes		No			

5. HOUSEHOLDERS (Contents) MINIMUM SUM INSURED HOUSE R350 000 FLATS R200 000				<i>STANDARD CONSTRUCTION: Means that the main dwelling is constructed of brick, concrete or stone and roofed with tiles, slate, concrete or metal.</i>			
(a) Address of First Residence				PREMIUM CALCULATION			
			Sum insured		R		
			Postcode				
Construction		Standard		Non-standard			
If non-standard, describe							
No claims bonus		0	1	2	3	(Proof to be attached)	
Voluntary excess required		R500	R1000	R2000	R3000	R5000	



5. HOUSEHOLDERS (Contents)(Continued)										
(b) Address of Second Residence										
					Sum insured		R			
Construction		Standard		Non-standard						
If non-standard, describe										
No claims bonus		0	1	2	3	(Proof to be attached)				
Voluntary excess required		R500		R1000		R2000		R3000		R5000

6. ALL RISKS			PREMIUM CALCULATION	
(a) Personal property		RAND Sum insured (Min R3000)		
(Items exceeding 2.5% of sum insured to be specified below.)		R		
(b) Specified items				
Items in excess of R2000 must have valuation certificates				
i.	Contact lenses	Sum insured	R	
ii.	Car sound reproduction equipment Make Reg. No.	Sum insured	R	
iii.	Compact discs and music tapes in vehicle	Sum insured	R	
iv.	Cellular discs and music tapes in vehicle Make Serial No	Sum Insured	R	
v.	Breakage of glass, crystal and porcelain	Sum Insured	R	
vi.	Laptop computers Make Serial No.	Sum insured	R	
vii.	Fire-arms Make Serial No	Sum insured	R	
viii.	Bank vault contents	Sum insured	R	
ix.	Pedal cycles	Sum insured	R	
x.	Sports equipment	Sum insured	R	
xi.	Other	Sum insured	R	
xii.		Sum insured	R	
xiii.		Sum insured	R	
xiv.		Sum insured	R	



7. VEHICLE	Vehicle 1				Vehicle 2				Motorcycle				PREMIUM CALCULATION
Make													
Model													
Year Of Manufacture													
Registration													
Sum Insured	R				R				R				
Engine Capacity													
Number Of Cylinders													
Is Engine: Fuel injected	Yes		No		Yes		No		Yes		No		
Turbo charged	Yes		No		Yes		No		Yes		No		

Class of Usage: 0 = Social, Domestic, Pleasure; 1 = Social, Domestic, Pleasure and To and From Work; 2 = Social, Domestic, Pleasure and Business or Professional use –excluding commercial traveling ,driving instruction for reward or motor trade use.

Class of Usage:						
Level of Cover (Select Below):						
Comprehensive (Comp)	Comp		Comp		Comp	
Third party, fire & theft (TP,F & T)	TP,F&T		TP,F&T		TP,F&T	
Balance of third party only (TP Only)	TP Only		TP Only		TP Only	
Usual driver's name						
Date Of Birth						
Date Of Issue Of Driver's Licence						
No Claim Bonus/Claim Free Discount (Proof To Be Attached) 0 to 5 years						
Name Of Registered Owner						
Nominated Drivers Older Than 30 Years						
Date Of Birth						
Name Of Finance Company						
Account Number						
Make Of Immobiliser, Gearlock Or Tracking Device						
Voluntary Excess - Vehicle 1	R 500	R1 000	R2 000	R3 000	R5 000	
- Vehicle 2	R 500	R1 000	R2 000	R3 000	R5 000	
- Motorcycle	R 500	R1 000	R2 000	R3 000	R5 000	



8. CARAVAN AND TRAILER			PREMIUM CALCULATION
	CARAVAN	TRAILER	
Make			
Model			
Year of Manufacture			
Registration			
Sum Insured	R	R	
Name of Registered Owner			
Caravan Contents Sum Insured	R	R	

9. PLEASURE CRAFT		*NB: The insurance is limited to one nautical mile from the coast except by special arrangement		
	ITEM 1	ITEM 2	ITEM 3	PREMIUM CALCULATION
Sum insured	R	R	R	
Including inboard motor				
Type (e.g. yacht, motorboat)				
Year				
Make				
Estimated top speed				
Registration / Serial Number				
Horse Power if inboard				
Outboard make and Horse Power				
Sum insured	R	R	R	
Serial Number				
Name of finance company				
Account number (if applicable)				
Describe gear	1.	1.	1.	
	2.	2.	2.	
	3.	3.	3.	
Sum insured	1. R	1. R	1. R	
	2. R	2. R	1. R	
	3. R	3. R	3. R	

10. TV AND APPLIANCE MAINTENANCE CONTRACT					
APPLIANCES WHICH MAY BE COVERED: TV-SETS, VIDEO RECORDERS, WASHING MACHINES, FRIDGES, FREEZERS, STOVES, MICRO-WAVES, DISH-WASHERS AND TUMBLE DRYERS					
APPLIANCE TYPE	MAKE	SERIAL NO.	APPROXIMATE PURCHASE DATE	PREMIUM	
				R	
				R	
				R	
				R	
				R	
				R	R



11. PERSONAL ACCIDENT (Minimum R3,000)				PREMIUM CALCULATION
FIRST PERSON TO BE INSURED		SECOND PERSON TO BE INSURED		
Occupation		Occupation		
Identity No		Identity No.		
BENEFITS		BENEFITS		
Death	R	Death	R	
PTD	R	PTD	R	
TTD	R	TTD	R	
Medical Expenses	R	Medical Expenses	R	
Beneficiary		Beneficiary		

12. PERSONAL LIABILITY	SECTION PREMIUM
Compulsory cover at R1,000,000	R3-00

13. PLIP – PERSONAL LIABILITY POLICY: LIMITS OF INDEMNITY	PREMIUM CALCULATION
R10,000,000 -Compulsory	
R20,000,000 - Selective	
	R

14. MEDICAL ASSISTANCE	SECTION PREMIUM
YES	
NO	
	R

VAT INCLUDED

TOTAL MONTHLY PREMIUM

MONTHLY PREMIUM	R
SASRIA	R
BROKER FEE	R
	R



RISK ASSESSMENT QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. PREVIOUS INSURANCE DETAILS

1.1 Have your possessions been insured previously?

YES

NO

If "YES", please state the name of your previous Insurer and date cover expired

PREVIOUS INSURER	DATE
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If the above date is not consecutive with inception, refer to Insurer.

1.2 Has any Insurer ever cancelled your insurance or refused to continue to insure or imposed

YES

NO

1.3 Have you or any person to be insured had any accidents or suffered losses during the last three ?

YES

NO

If "YES", please give details

DATE	TYPE OF ACCIDENT / LOSS	COST	INSURER (if applicable)

2. RESIDENCE DETAILS

2.1 If the dwelling is roofed with thatch, have lightning conductors been installed?

YES

NO

2.2 Is a business conducted on or from the residence?

YES

NO

If "YES", please give details.

2.3 Is extensive woodworking, metal working, or motor repairs done at the residence?

YES

NO

2.4 Is the property situated in a valley or near a river or a dam?

YES

NO

3. SECURITY DETAILS (TICK THE APPLICABLE BLOCK)

3.1 CONSTRUCTION

	1. Brick / Iron / Slab
	2. Brick / Asbestos
	3. Brick / Slate
	4. Brick / Tile
	5. Brick / Thatch
	6. Other

3.3 VICINITY

	1. Established residential
	2. New residential (building activity)
	3. Industrial / Business
	4. Smallholdings
	5. Agricultural (proper farm)

3.5 PERIMETER OF HOUSE / UNIT

	1. Electric gates
	2. Steel fence with spikes
	3. Wall / fences – without spikes

3.2 MAINTENANCE

	1. Excellent
	2. Good
	3. Fair
	4. Poor
	5. Very poor

3.4 SURROUNDINGS

	1. Houses on 3 sides / Corner erf
	2. Next to open ground
	3. Next to golf course
	4. Nearby shops (<250m)
	5. Next to highway
	6. Near (<5km) squatters

3.6 TYPE

	1. Town / cluster house – Enclosed complex with internal divisions
	2. Town / cluster house – Enclosed complex with no internal divisions
	3. Upper floor flat – in a block



RISK ASSESSMENT QUESTIONNAIRE (Continued)

- 4. Walls / fences with spikes or razor wire
- 5. No fences / walls or concealed areas
- 6. No fences / walls with concealed areas
- 7. Full perimeter electric fence

Linked? YES NO TO RESPONSE SIRENS

8. Electric fence portion only

3.7 OCCUPANCY

- 1. Husband & wife at home (eg home business / retired)
- 2. Wife & domestic worker at home
- 3. Full-time domestic worker
- 4. Husband & wife at work, but part-time domestic
- 5. Husband & wife at work, no domestic
- 6. If home business, describe

3.9 UNOCCUPANCY

- 1. Annual holiday / weekends with house sitter
- 2. Annual holiday without house sitter
- 3. More than 30 days per annum
- 4. Other (describe)

3.11 BURGLAR BARS

- 1. Spanish-type, all windows
- 2. Spanish-type, except bathroom / toilet (small)
- 3. Cottage – steel
- 4. Cottage – wooden frames
- 5. Opening windows only- Substantial? YES NO
- 6. No bars
- 7. Other (describe)

3.12 DOGS

- 1. Good Watchdogs (Rottweiler, Alsatian etc)

- 4. Ground floor flat – in a block
- 5. Townhouse / cluster house end unit
- 6. Ordinary detached residence
- 7. Residence in secure suburb / street
- 8. Garden cottage
- 9. Commune
- 10. Other (describe)

3.8 ALARM

- 1. Response linked alarm
- 2. Siren only
- Alarm linked to outbuildings? Garage Cottage Office
- Name of response company
- 3. No alarm
- 4. Other (describe)

3.10 ENTRANCES

- 1. Solid doors with security gates
- 2. Doors without security gates
- 3. Sliding doors with security gates
- 4. Sliding doors with specialised locks (e.g. Night locks)
- 5. Sliding doors with no protection (i.e. no special locks)
- 6. Other (describe)

3.13 OTHER PHYSICAL FEATURES

- 1. Security lights
- 2. Full-time guard – house / complex
- 3. Full-time guard – access points to suburb / street
- 4. Neighborhood watch / street patrol
- 5. Full perimeter electric fence – suburb / street
- Linked? YES NO TO RESPONSE SIRENS
- 6. Valuables kept in fixed safe
- 7. Portion of house let / sublet (other occupant)
- 8. Contents – more than 30% audio/TV/valuables (office use) Percentage

4. CONTENTS DETAILS

4.1 State approximate values for the following if not specified under All Risks

(Items over R2 000 need valuation certificates)

Jewellery

Laptop / Notebook computers

Audio-visual equipment

R
R
R



5. PERSONAL INJURY DETAILS

5.1 What are your sports, hobbies, pastimes?

FIRST PERSON

SECOND PERSON

VEHICLE RELATED DETAILS

6.1 Do you or any person, who to your knowledge will drive, suffer from defective vision or hearing or from Any physical or mental infirmity?

YES

NO

If "YES", please give details and refer to Insurer.

6.2 Have you or any person, who to your knowledge will drive, been convicted or paid an admission of guilt fine for any motoring offence (other than parking fines) during the past three years or is any prosecutions pending?

YES

NO

If "YES", please give details and refer to Insurer.

6.3 Has your drive's license, or that of any other person who to your knowledge will drive, ever been endorsed, suspended or cancelled?

YES

NO

If "YES", please give details and refer to Insurer.

6.4 Does any person other than the policyholder who is not financially dependant on him use any of the vehicles on a full-time basis?

YES

NO

If "YES", please give details and refer to Insurer.

6.5 Are any of the vehicles a built-up vehicle registered as a code 31?

YES

NO

If "YES", please describe vehicle and circumstances and refer to Insurer.

6.6 Is the regular driver of any of the vehicles a student or person under the age of 25 years?

YES

NO

If "YES", please describe vehicle and circumstances and refer to Insurer.

6.7 Give full details of where the vehicle/s is/are parked overnight and during the day.

PLEASE SIGN THE FOLLOWING DECLARATION:

I WARRANT THAT THE ANSWERS IN THIS APPLICATION ARE TRUE AND COMPLETE AND I DO NOT KNOW OF ANY MATERIAL FACTS, EVEN THOUGH SPECIFIC QUESTIONS ABOUT THEM HAVE NOT BEEN ASKED, THAT SHOULD BE COMMUNICATED TO THE INSURER. I AGREE THAT THIS PROPOSAL SHALL BE THE BASIS OF THE CONTRACT BETWEEN THE INSURER AND MYSELF AND THAT, IF THIS PROPOSAL IS BEING COMPLETED ON MY BEHALF, THE PERSON DOING SO IS ACTING AS MY AGENT. I ACCEPT THE STANDARD HOME AND PERSONAL POLICY AS THE BASIS OF CLAIM SETTLEMENT.

SIGNATURE

DATE

