Administered by:
BrokerserV (PTY) LTD, Reg. No. 1992/002242/07
Tel.: (011) 8898300 • Fax: (011) 7894531 • *e*-mail: insure@brokerserv.co.za
P.O. Box 2097, Randburg, 2125
121 Bram Fischer Drive, Ferndale, Randburg, 2196
Underwritten by:
South African Eagle Insurance Company Limited

Staff Scheme – Domestic Insurance Proposal

No liability will attach to BrokerserV (PTY) LTD until this proposal has been accepted.

Employee Number		Inception Date	D	D	M	M	C	C	Y	Y

PLEASE ANSWER ALL QUESTIONS IN THE RELEVANT SECTIONS AND TICK THE APPROPRIATE BOXES!
When placing the cursor upon fields highlighted in yellow additional information will be displayed for your convenience.

1. CLIENT INFORMATION

Title		First Names		Surname			
Female	☐	Male	☐	Correspondence language:	English	☐	Afrikaans ☐
Identification number / Passport number							
Postal address							
						Postal Code	
Telephone (W)		Telephone (H)		Fax Number			
Cellular number		e-mail address					

Please note that any documentation or correspondence send to you by the Underwriter or Administrator will be legally binding via all channels of communication either by fax, mail or e-mail format.

Occupation	

2. INSURANCE HISTORY

1.	Have you or any member of your household had any application for insurance declined, Insurance cancelled, renewal refused, or had special conditions imposed?		Yes ☐	No ☐
2.	If yes, please give details			
3.	Have you previously been insured?		Yes ☐	No ☐
4.	Name of previous insurer		Policy number	
5.	Are you currently insured?	Yes ☐ No ☐	If yes, provide date	
6.	Name of present insurer		Policy number	
7.	Have you ever had a civil judgement taken against you? If so, specify the date of the judgement and the reason			
8.	Has the judgement been satisfied? i.e. has the debt been paid? If not, give reasons			
9.	Have you ever been convicted of any offence? If yes, give details			
10.	In respect of the risk proposed for insurance cover under this policy have you had any accidents or suffered any losses within the past five years (whether insured or not)? If yes, provide full details and specific dates		Yes ☐	No ☐
a.				
b.				
c.				
d.				
e.				

Comment [B1]: The client is defined as the applicant for this insurance and the person responsible for payment of premium.

Comment [B2]: i.e.: Mr.; Miss; Mrs.; Dr.; Prof.; The Honourable; etc.

Comment [B3]: Provide details of P. O. Box or residential address if the Post Office provides street delivery in your area.

Comment [B4]: Provide date since when you have been insured with the present insurer without interruption.

Comment [B5]: For example: 05.04.98,burglary, claim for householder's contents, R24.500, Guardian National **OR** 23.05.99, vehicle accident, Own Damage, R8.300, not insured.

3. BUILDINGS AND/OR CONTENTS SECTION

ADDRESSES

Main residence				
		Postal Code		Number of consecutive days unoccupied p.a.
Sum insured: Contents			Building	
Second residence				
		Postal Code		Number of consecutive days unoccupied p.a.
Sum insured: Contents			Building	

4. TYPE OF RESIDENCE

Please tick appropriate box	Residence 1	Residence 2	*Please tick appropriate box*	Residence 1	Residence 2
Detached house / Cottage	☐	☐	Townhouse / Duplex / Semi-detached house	☐	☐
Ground floor flat	☐	☐	Holiday House / Holiday Flat	☐	☐
Above ground floor flat	☐	☐	Retirement / Security village with 24-hour security / cluster housing	☐	☐
Other	☐	☐	How many years have you resided at this address?		

5. CONSTRUCTION

Res. 1	Walls		Roof		Res. 2	Walls		Roof

6. SITUATION

Please tick appropriate box	Residence 1		Residence 2	
1. Is the residence situated on a smallholding/plot?	Yes ☐	No ☐	Yes ☐	No ☐
2. Is the residence situated on a farm?	Yes ☐	No ☐	Yes ☐	No ☐
3. Is the residence situated in a newly developed area?	Yes ☐	No ☐	Yes ☐	No ☐
4. Is your residence undergoing building alterations?	Yes ☐	No ☐	Yes ☐	No ☐

5. Are there any of the following immediately opposite or adjacent to the residence: (indicate which residence)

Vacant ground ☐	Golf course ☐	Building construction ☐	Mine dumps ☐	Railway lines ☐
Railway station ☐	Taxi ranks ☐	Shops/Hotel/Bottlestore ☐	Informal settlements ☐	Highways ☐

If so, give details

7. GENERAL (APPLICABLE TO HOUSEHOLD CONTENTS & BUILDINGS)

Please tick appropriate box	Residence 1		Residence 2	
1. Are you entitled to a **N**o **C**laim **B**onus discount? - Building	Yes ☐	No ☐	Yes ☐	No ☐
- Contents	Yes ☐	No ☐	Yes ☐	No ☐
If yes, number of years (documentary proof is required)				
2. Are you the owner of the property?	Yes ☐	No ☐	Yes ☐	No ☐
If not, state circumstances				
3. Is the insurance on any of the buildings to be ceded to a mortgagee?	Yes ☐	No ☐	Yes ☐	No ☐
If yes, give name of mortgagee				

Comment [B6]: The 'main residence' is the usual place of living and where most of your belongings are kept.

Comment [B7]: The sum insured for contents means the replacement value of all belongings kept at the main residence but excluding any and all items insured under 'Specified All Risks'.

Comment [B8]: The sum insured for building is the replacement value for the main residence. This value should only be provided if you are the owner of the residence and you wish to insure it via this policy. If there is a mortgage bond the bank or building society may have already arranged this cover.

Comment [B9]: This could be a holiday home or flat.

Comment [B10]: The sum insured for contents means the replacement value of all belongings kept at the second residence but excluding any and all items insured under 'Specified All Risks'.

Comment [B11]: The sum insured for building is the replacement value for the second residence. This value should only be provided if you are the owner of the residence and you wish to insure it via this policy. If there is a mortgage bond the bank or building society may have already arranged this cover.

Comment [B12]: This means any small or large free standing residential house.

Comment [B13]: If, however, none of the following questions are applicable to your property then you are not obliged to tick any.

Comment [B14]: 'Smallholding/plot' means a property exceeding five acres of land and which is not adjacent to general residential properties.

Comment [B15]: In order to qualify the Insurer requires documentary proof not older than six months. 'Documentary proof' means a written confirmation by your current and/or previous insurers stating the insured address and that there have been no claims lodged with them for the building or contents whilst insured by them or alternatively stating when last you claimed and for what? The insurer shall not consider affidavits as documentary proof.

8. SECURITY AND OCCUPANCY

	Residence 1		Residence 2	
Are all opening portions of opening windows protected by burglar bars/grilled?	Yes ☐	No ☐	Yes ☐	No ☐
Are all exterior doors protected by security gates?	Yes ☐	No ☐	Yes ☐	No ☐
Are the premises protected by a fully operational burglar alarm?	Yes ☐	No ☐	Yes ☐	No ☐
Is the burglar alarm linked to a 24-hour control centre with armed response?	Yes ☐	No ☐	Yes ☐	No ☐
Are the premises fully walled?	Yes ☐	No ☐	Yes ☐	No ☐
Is the premises' perimeter protected by an electric fence?	Yes ☐	No ☐	Yes ☐	No ☐
Will the residence be occupied during the day?	Yes ☐	No ☐	Yes ☐	No ☐
Will you be going on holiday within the next 30 days?	Yes ☐	No ☐	Yes ☐	No ☐
Is the residence occupied by anyone other than yourself and members of your immediate family?	Yes ☐	No ☐	Yes ☐	No ☐
Do you or anybody else perform any professional/business activities from the residence?	Yes ☐	No ☐	Yes ☐	No ☐

9. OFFICE EQUIPMENT

Please list all privately owned office equipment, including make, model and serial number.

Item	Description	Serial no.	Value
1.			
2.			
3.			

10. All Risks Section

1. CLOTHING AND PERSONAL EFFECTS – UNSPECIFIED ITEMS

State amount of cover required	R

2. SPECIFIED ALL RISKS

Please list the items to be insured giving a full description including serial number and model number.
Valuation and/or proof will be required at point of claim.

Item	Description	Sum insured
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

11. VEHICLE AUDIO AND TELEPHONE EQUIPMENT

No cover for vehicle audio and telephone equipment, unless specified	Vehicle 1	Vehicle 2	Vehicle 3
1. Make and model of radio/tape/compact disk player/etc.			
2. Insured value			
3. Registration number of vehicle where specified equipment is installed			

Comment [B16]: 'All Risks' means moveable assets that may be used in or out of the home, e.g. clothing; portable radios; cell phones; sporting equipment such as tennis racquets, squash racquets, golf clubs, etc.; sunglasses; bicycles, etc.

Comment [B17]: 'Unspecified items' means any moveable asset not specified below and of relatively low value, e.g. clothing, sunglasses, handbags, etc.; items not exceeding a value of R1.000 (one thousand Rand) each. Cover under this section is limited to R1.000 per item and limited to a combined value of such items of R50.000 (fifty thousand Rand).

Comment [B18]: 'Specified All Risks' means any moveable asset exceeding R1.000 in value, of which details have been provided, e.g. Panasonic Video Camera, model HVC32P, serial no. VC123678, R5.600 OR 18 carat gold engagement ring with 0.4 carat blue diamond, R8.000. Furthermore the following items have to be specified irrespectively of the value: spectacles, contact lenses, hearing aids, camping/caravan equipment, cellular phones, portable hands free car kits, bicycles and car radios.

12. Motor Section

Remember: Car radios and audio equipment should be specified in the All Risks section of the proposal.
(Only vehicles with a gross vehicle mass of less than 3500kg can be insured under this section of the policy.)

1. Type of vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Car/Motorcycle etc.			
2. Type of cover required	**Vehicle 1**	**Vehicle 2**	**Vehicle 3**
Comprehensive	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Third Party, fire and theft	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Third Party only	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
3. Class of use	**Vehicle 1**	**Vehicle 2**	**Vehicle 3**
Private	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Business	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4. Make			
5. Model			
6. Year of manufacture			
7. Registration number			
8. Engine number			
9. Chassis number			
10. VIN number			
11. Insured Value (including extras; other than items already specified)	R	R	R
Please supply details of extras; description and value, example: bull bar, R4.500	a)	a)	a)
	b)	b)	b)
	c)	c)	c)
12. Date of purchase			
13. Name of registered owner			
14. Is the vehicle garaged/locked behind gates overnight?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
15. Make and type of alarm (Full details and attach proof) VESA and/or SAIA approved			
16. Make and type of immobiliser (Full details and attach proof) VESA and/or SAIA approved			
17. Make and type of gearlock (Full details and attach proof) VESA approved			
18. Make and type of tracking device (Full details and attach proof) VESA approved			
19. Is the vehicle imported/turbo charged/ modified in any way?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes, please supply details			
20. Voluntary additional excess (insert amount) The options are R5000, R10000, R15000 or R20000	R	R	R
21. Is the vehicle subject to a finance agreement?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes, give name of interested party and details of outstanding balance			
22. Do you require car hire?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
23. NCB (No Claim Bonus) applicable to this vehicle (documentary proof required)			

Comment [B19]: 'Comprehensive' means that the insurer will provide full cover for own damage and third party liability as well as fire and theft perils subject to the terms and conditions of the policy.

Comment [B20]: 'Insured Value' means the retail value of your vehicle including any non-standard accessories, for example: bull bars, tow bars or even mag wheels if they are not factory fitted.

Comment [B21]: The voluntary additional excess is optional. If you choose to carry an additional excess and therefore eliminate small claims the insurer will reward you with a premium discount. It is important, however, to make sure that you are financially comfortable with such additional risk.

Comment [B22]: The car hire extension of your policy is explained in detail in paragraph 9.2.3.7 on page 29 of the policy wording. In brief it provides you with the convenience of a motor vehicle for a maximum period of 14 days in the event of your vehicle being repaired and a maximum of 30 days in the event of your vehicle having been stolen, hijacked or declared a total loss subsequent to an accident.

Comment [B23]: In order to qualify for the No Claim Bonus the Insurer requires documentary proof not older than six months. 'Documentary proof' means a written confirmation by your current and/or previous insurers stating the vehicle details and that there have been no claims lodged with them whilst insured by them or alternatively stating when last you claimed and for what? The insurer shall not consider affidavits as documentary proof. If you have not been insured before the underwriter may however, at its sole discretion, permit a small NCB.

12. MOTOR SECTION, cont.

	Vehicle 1	Vehicle 2	Vehicle 3
24. Name of regular driver			
Occupation			
ID number			
Date when licence obtained			
25. Will the vehicle be driven by your employees or business partner?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
26. Do any of the potential drivers suffer from defective vision, hearing, physical or mental infirmity?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
27. Has any person who you know will drive the vehicle been convicted or paid an admission of guilt fine during the past five years in connection with the driving of any vehicle or is prosecution pending?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes, provide full details			

13. CARAVANS / TRAILERS SECTION

1. Details of the caravan / trailer:	Make		Model		
Registration No.		Year of manufacture		Insured value	R
2. Address where caravan/trailer is kept?					
3. Is the caravan / trailer let out or hired?	Yes ☐ No ☐	4. Is the caravan/trailer kept in a garage at night?		Yes ☐ No ☐	
5. Do you wish to cover caravan contents?	Yes ☐ No ☐	Insured value	R		

14. WATERCRAFT SECTION

1. Description of watercraft		2. Make and Model		3. Year of Manufacture	
4. Measurements (i.r.o. boats only)		5. Speed in knots		6. Engine Capacity	cc
7. Area where boat is situated		Participation in races?	Yes ☐ No ☐		
8. Sum insured for Hull & Machinery including all non-standard accessories (documentary proof required) **NB:** In case of second hand and/or where sum insured exceeds proof of purchase an evaluation is required.			R		
9. Do you require Third Party and water-skiers' liability cover?	Yes ☐ No ☐	Amount required R			

Surf-launching cover is included as standard.

15. LIABILITY SECTION

NB: Public Liability cover in the amount of R1 000 000 is included in the policy at no charge.

16. PERSONAL ACCIDENT SECTION

NB: Personal Accident cover of R5 000 is included in the policy for the client and spouse.

If additional cover is required for client, please indicate amount.			R		
Please provide details of spouse:					
Title		First Names		Surname	
Identification number / Passport number					
If additional cover is required for spouse, please indicate amount.			R		

Comment [B24]: If you choose this option the caravan contents will be added to the Specified All Risks cover.

Comment [B25]: The limit for caravan contents is R40.000.

Comment [B26]: The Watercraft Section of this policy covers personal marine risks from rubber ducks to yachts whilst used in South African waters.

Comment [B27]: Please specify the type of watercraft, i.e. rubber duck, jet ski, motor boat, yacht, etc.

Comment [B28]: Please provide length of the watercraft, more specifically boats, measured at the waterline in meters.

Comment [B29]: In the event the top speed of the boat exceeds 17 knots the speedboat clause is invoked as detailed in paragraph ??? of the policy wording.

Comment [B30]: For example: At the address provided in Section 3 of this form OR At the marina, Kosmos, Hartbeestport Dam.

Comment [B31]: This cover is provided as an optional extra. Details of the cover can be found in paragraph ??? of the policy wording. The limit of indemnity is the lesser of either R500.000 or the sum insured for Hull & Machinery (see question 8 above).

17. FUNERAL BENEFIT SECTION

NB: Funeral Benefits are optional in the policy for the client, spouse and five children.

Details of spouse will be recorded as per Section 16. If there are more than five dependants additional cover can be obtained. Please indicate number of children for additional cover:	

18. DECLARATION AND SIGNATURE

I hereby warrant that all the above particulars and statements are true and complete and contain all information known to me affecting the risks under the sections insured and that this and any written statement made by me or on my behalf for the purpose of the proposed insurance(s) shall be the basis of and incorporated in the contract between me and South African Eagle Insurance Company Limited.

Dated: _____ Signature of Proposer: _____

Remember: No liability will attach to BrokerserV (PTY) LTD or South African Eagle Insurance Company Limited (the Insurer) until this proposal has been accepted.

19. PAYMENT DETAILS

BANK INFORMATION						
Account Holder	Title		First Name		Surname	
Name of bank/building society					Branch name	
Address						
Type of account	Cheque ☐	Transmission ☐	Savings ☐	Branch code		
Bank account number						

20. PAYMENT AUTHORISATION

Please advise date of first debit in the space below; signature is only required once BrokerserV has confirmed acceptance of risk and premiums.

I/We hereby request, "instruct" and authorise you to draw against my/our payment details above, the sum of R _____ (amount in words _____), the amount necessary for payment of the monthly premium due in respect of the above mentioned contract, on the first day of each and every month commencing on DD / MM / CCYY and continuing until this agreement is terminated.

The amount of the debit may vary from time to time to reflect any change in cover, risk, sum insured, and/or premium rates. I/we agree to pay any charges relating to this debit.

I/We may cancel this authority by giving BrokerserV (PTY) LTD 30 days notice in writing. I/We understand that I/we shall not be entitled to any refunds of amounts, which BrokerserV (PTY) LTD has withdrawn while this authority was in force, provided such amounts were legally owing to BrokerserV (PTY) LTD. Receipt of this instruction by BrokerserV (PTY) LTD shall be regarded as receipt by my/our Bank or Building Society.

_____

Signature (as used for signing cheques)

Signed at _____ on _____ day of _____ at _____ (time)

Further I/we declare that this policy has been taken out by me/us under no duress, coercion or influence whatsoever from any third party.

Signature _____