

Brokerserv (Pty) Ltd

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Domestic Insurance Proposal

Underwritten by: Zurich Insurance Company South Africa Limited

121 Bram Fischer Drive
Ferndale, Randburg, 2196**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
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PLEASE ANSWER ALL QUESTIONS IN THE RELEVANT SECTIONS AND TICK THE APPROPRIATE BOXES!

1. CLIENT INFORMATION										
Title		First Names		Surname						
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Correspondence language:	English	<input type="checkbox"/>	Afrikaans	<input type="checkbox"/>		
Identification number / Passport number										
Postal address										
Telephone (work)					Telephone (home)					
Cellular number					e-mail address					
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 <input type="checkbox"/>	No <input type="checkbox"/>
2. If yes, please give details											
3. Have you previously been insured?					Yes <input type="checkbox"/>	No <input type="checkbox"/>					
4. Name of previous insurer					Policy number						
5. Are you currently insured?					Yes <input type="checkbox"/>	No <input type="checkbox"/>					
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 <input type="checkbox"/>	No <input type="checkbox"/>
a.											
b.											
c.											
d.											

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					
<i>Please tick appropriate box</i>	Residence 1	Residence 2	<i>Please tick appropriate box</i>	Residence 1	Residence 2
Detached house / Cottage	<input type="checkbox"/>	<input type="checkbox"/>	Townhouse / Duplex / Semi-detached house	<input type="checkbox"/>	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	<input type="checkbox"/>	Above ground floor flat	<input type="checkbox"/>	<input type="checkbox"/>
Holiday house / Flat	<input type="checkbox"/>	<input type="checkbox"/>	Retirement / Security village with 24 hr security / cluster housing	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	How many years have you resided at this address?		

5. CONSTRUCTION									
Res. 1	Walls		Roof		Res. 2	Walls		Roof	
Do you have any thatched roof lapas or any other thatched structures on your property?									
Is the thatched roof structure attached to the main building?									
If separate, advise distance from main building?									
Date that thatch roof was last treated?									
How many fire extinguishers in the dwelling?									
Do you have any lightning conductors?									

6. SITUATION					
<i>Please tick appropriate box</i>	Residence 1		Residence 2		
1. Is the residence situated on a smallholding/plot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the residence situated on a farm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
3. Is the residence situated in a newly developed area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
4. Is your residence undergoing building alterations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
5. Are there any of the following within an approximate 1 km radius of the residence: (indicate which residence)					
Vacant ground <input type="checkbox"/>	Golf course <input type="checkbox"/>	Building construction <input type="checkbox"/>	Mine dumps <input type="checkbox"/>	Railway lines <input type="checkbox"/>	
Railway station <input type="checkbox"/>	Taxi ranks <input type="checkbox"/>	Shops/Hotel/Bottlestore <input type="checkbox"/>	Informal settlements <input type="checkbox"/>	Highways <input type="checkbox"/>	
If so, give details					

7. GENERAL (APPLICABLE TO HOUSEHOLD CONTENTS & BUILDINGS)					
<i>Please tick appropriate box</i>		Residence 1		Residence 2	
1.	Are you entitled to a No Claim Bonus (NCB) discount on this section?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	If yes, number of years (documentary proof required)				
3.	Do you require theft cover to be excluded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are you the owner of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If not, state circumstances				
5.	Is the insurance on any of the buildings to be ceded to a mortgagee? / Bond Holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, give name of mortgagee/Bond Holder				
8. SECURITY AND OCCUPANCY					
		Residence 1		Residence 2	
	Are all opening portions of opening windows protected by burglar bars/grilled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are all exterior doors protected by security gates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are the premises protected by a fully operational burglar alarm linked to a 24-hour control centre with armed response?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are the premises fully walled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are the premises' perimeter protected by an electric fence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Will the residence be occupied during the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Will you be going on holiday within the next 30 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the residence occupied by anyone other than yourself and members of your immediate family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you or anybody else perform any professional/business activities from the residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. OFFICE EQUIPMENT (Maximum of R10000)			
<i>Please list all privately owned office equipment, including make, model and serial number.</i>			
Item	Description	Serial no.	Value
1.			
2.			
3.			
4.			
5.			

10. All Risks Section		
1. CLOTHING AND PERSONAL EFFECTS – UNSPECIFIED ITEMS		
State amount if increased cover is required R		
2. SPECIFIED ALL RISKS		
<i>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.</i>		
Item	Description	Sum insured
1.		
2.		

3.		
4.		
5.		
6.		
7.		
8.		
9.		

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				
4. Are you entitled to a No Claim Bonus on this item?				

12. Motor Section				
<i>Remember : Car radios and any other 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.)</i>				
1. Type of vehicle	Vehicle 1	Vehicle 2	Vehicle 3	
2. Type of cover required	Vehicle 1	Vehicle 2	Vehicle 3	
Comprehensive, including theft and hijacking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/>
Third Party, fire and theft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/>
Third Party only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/>
3. Class of use	Vehicle 1	Vehicle 2	Vehicle 3	
Private	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/>
Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/>
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	
12. Value of extras (other than audio and telephone equipment)	R	R	R	
Please supply details				
13. Date of purchase				

14. Name of registered owner			
15. Is the vehicle garaged/locked behind gates overnight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Make and type of immobiliser (Full details and attach proof); VESA 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			
	Vehicle 1	Vehicle 2	Vehicle 3
19. Is the vehicle imported/turbo charged/modified in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please supply details			
20. Is the vehicle subject to a finance agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give name of interested party and details of outstanding balance			
21. Do you require Top-up Cover?			
22. Do you require car hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. NCB (No Claim Bonus) applicable to this vehicle (documentary proof required)			
24. Name of regular driver			
Occupation			
ID number			
Date when licence obtained and Code			
25. Will the vehicle be driven by your employees or business partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Do any of the potential drivers suffer from defective vision, hearing, physical or mental infirmity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Has any person who you know will drive 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide full details			

13. CARAVANS / TRAILERS SECTION

1. Details of the caravan / trailer:			
Make		Model	
Year of manufacture		Insured value	R
2. Is the caravan / trailer let out or hired?			
3. Do you wish to cover caravan contents?		Insured value	R

14. WATERCRAFT SECTION

1. Description of watercraft			
2. Make and Model		3. Year of Manufacture	
4. Engine capacity	cc	Speed <40km/h <input type="checkbox"/>	Speed 40-75 km/h <input type="checkbox"/> Speed >75 km/h <input type="checkbox"/>
5. Sum insured including all non-standard accessories		R	

15. LIABILITY SECTION**NB** Public Liability cover in the amount of R1 000 000 is included in the policy.**16. 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 Zurich Insurance Company SA Limited (the Insurer).

Dated: _____ Signature of proposer: _____

Remember: No liability will attach to Brokerserv(PTY) LTD or Zurich Insurance Company SA LTD until this proposal has been accepted.

17. PAYMENT DETAILS**BANK INFORMATION**

Account Holder	Title	First Name	Surname
Name of bank/building society		Branch name	
Address			
Type of account	Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>
Bank account number	Branch code		

18. 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 working 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 1 Calendar month 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 _____