

PROPOSAL FORM - DOMESTIC INSURANCE

Personal Details

Consultant _____ Outside Broker Name _____

File Name _____ Application Date _____

Title _____ First Name _____ Surname _____

Identity Number _____ Marital Status _____

Spouse Name _____ Partner/Spouse Id _____

No. Dependants Living at Risk Address _____ Inception Date _____

Postal Address _____

Postal Code _____

Contact Details

Telephone No (H) _____ Telephone No (W) _____

Cell Number 1 _____ Fax Number _____

Cell Number 2 _____ Email Address _____

Related/Connected Files

NAME	INSURER	NUMBER

Employer _____ Job Title/Occupation _____

Complete Bank Details for Monthly Premium Payment (Bank account verification needed to confirm details)

Name of Bank _____ Name of Branch _____

Name of Account _____ Account Number _____

Bank Code _____ Type of Account _____

ALL INFORMATION RELATIVE TO INTEREST/CLAIMS AND PREVIOUS INSURANCE IS TO INCLUDE ALL MEMBERS OF YOUR HOUSEHOLD

Personal Details

Noting of Interest (E.g. Bank, H.P., Bondholder, any other person/organization)

Please give details of any claims/losses over the past 3 years, with name of the insurance company at the time of the loss (E.g. Burglary, Motor, Accident, Lost Cell Phone, etc.)

Please give details of any previous insurance companies with whom you have been insured YES NO

Have you, or any member of your household been refused insurance, had insurance declined or cancelled or any special conditions imposed? If so, please give details. YES NO

Have you, or any member of your household ever had a civil judgment against you? If so, please give details. YES NO

Have you been convicted of any offence other than as requested in the Motor Section of this proposal?

Physical address of your private residence / risk address

Residence (1) _____ Residence (2) _____
Postal Code _____ Postal Code _____

To be completed if cover is required for Household goods, Buildings or all risks sections.

SITUATION OF RESIDENCE

	Residence (1)		Residence (2)	
Smallholding/Plot/Farm	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Retirement Complex	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Enclosed Access Controlled Area / security village	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Residential Area, no security control	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are there any of the following within a 1km radius				
- Informal Settlement	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Taxi Rank	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
From which date have you lived at the residence	<input type="text"/>		<input type="text"/>	

CONSTRUCTION

Is the roof of concrete, tile, slate or metal

<u>Residence (1)</u>		<u>Residence (2)</u>	
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Is the roof constructed of thatch

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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- If yes, is an SABS approved Lightning Mast Installed

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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If neither of the above, please specify the roof construction

Are the main walls constructed of

- Brick, Stone or concrete
- Timber, Part Timber, Framed Metal
- Asbestos
- Fibreglass

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
----------------------------	----------------------------	----------------------------	----------------------------

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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WHAT TYPE OF HOME DO YOU HAVE

Detached House

<u>Residence (1)</u>		<u>Residence (2)</u>	
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Semi Detached House

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Apartment/Flat (Ground or First Floor)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Apartment/Flat (Above First Floor)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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OCCUPATION (Residence occupied as communes are not acceptable)

Will the residence be left unoccupied

- During working hours
- For more than a total of 60 days per year

<u>Residence (1)</u>		<u>Residence (2)</u>	
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Is the residence a Holiday Home

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Will the residence be hired or let out

- If yes, provide details

SECURITY

Are all opening windows burglar barred

<u>Residence (1)</u>		<u>Residence (2)</u>	
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Are all fixed windows burglar barred

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Does any outbuilding or garage adjoining to the residence have an interleading door

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Are external access doors fitted with security gates

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Are there full time security guards on your property

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Is the residence protected with an approved Alarm System linked to a 24 hour control room with Armed Response (please supply documentary proof of alarm)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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HOUSEHOLD CONTENTS

Provide the sum insured which must represent Replacement value

BUILDING

Sum insured, which must include main premises and outbuildings for

Replacement value

PUBLIC LIABILITY

Included – Limit of Indemnity R 3 000 000.00

UNSPECIFIED ALL RISKS

Personal Effects and wearing apparel. Minimum sum insured R 8 000.00

Y

N

Excludes cellphones, car sound equipment, sunglasses, leather jackets and items over R 2 500.00.

SPECIFIED ALL RISKS (valuation certificate or invoice to be attached)

ITEM NO	DESCRIPTION	SERIAL NO	VALUATION CERTIFICATE	SUM INSURED

MOTOR

NO	MAKE	MODEL	YEAR	REGISTRATION NUMBER	VIN NO	ENGINE NO	RETAIL VALUE

Specify the Vehicle Registration(s) for which this Driver information is completed

Motor Car 1

Motor Car 2

Are you or your spouse the registered owner

Y

N

Y

N

- If no, state the name of registered owner

Name of usual driver

Relationship of the usual driver to you

Date of birth of usual driver

ID number of usual driver

Has the usual driver acquired a valid drivers license for the first time within the past 3 years

Y

N

Y

N

Year in which license of the usual driver was first obtained

Does the usual driver or any person who may drive the vehicle:

- Suffer from defective vision, hearing or from any physical or mental infirmity

Y

N

Y

N

- If yes, provide details

- Have a conviction or paid an admission of guilt fine for a driving offence in the past 3 years or is there any prosecution pending?

Y

N

Y

N

- If yes, please provide details

Has the vehicle been modified to alter the performance level

Y

N

Y

N

Cover required

Comprehensive
Third Party Fire & Theft
Third Party Only

Comprehensive
Third Party Fire & Theft
Third Party Only

Class of use

Domestic (to & from work)
Domestic & business

Domestic (to & from work)
Domestic & business

Is the vehicle fitted with a Security System installed by the vehicle manufacturers (VSS compliant Complaint)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Is the vehicle fitted with a VESA APPROVED

- Immobilizer
- Gearlock
- Tracking and recovery device
 - If yes, attach a copy of the Certificate from the Service Provider

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Is the vehicle kept in a locked garage/enclosed carport overnight

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Provide suburb and postal code where the vehicle is parked overnight

Is the vehicle a Light Delivery Vehicle (LDV)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Is the vehicle a Minibus/Kombi/Microbus

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Does the vehicle or the windscreen have existing damage

- If yes, provide details

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Is the vehicle subject to a Credit or similar agreement

- If yes, state Bank and Account Number

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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PLEASURE CRAFT

Name of Vessel _____ Vessel Make & Model _____

Type of Vessel

<input type="checkbox"/> Rubber Duck	<input type="checkbox"/> Windsurfer	<input type="checkbox"/> Jetski/Wetbike	<input type="checkbox"/> Sailing Craft
<input type="checkbox"/> Motor boat (max speed 60 kph)		<input type="checkbox"/> Motor boat over 60 kph – max 100 kph	

ENGINES	HULL
Sum Insured R _____	Sum Insured R _____
Number of Engines _____ Year of Manufacture _____	Material of Hull _____
Engine make _____	Year of Manufacture _____
Type of Engine <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard	Serial/HIN No _____
Serial Number of Engine(s) _____	Is the Vessel self built <input type="checkbox"/> Y <input type="checkbox"/> N
	HULLS UP TO 4 YEARS OLD ARE COVERED FOR REPLACEMENT VALUE

PERSONAL ACCIDENT

NO	NAME	OCCUPATION	RELATION TO ASSURED	DEATH

PERMANENT TOTAL DISABILITY	NO OF WEEKS	TEMPORARY TOTAL DISABILITY	MEDICAL

Has any person to be insured sustained a recent physical injury (e.g. broken limb) Y N

- If yes, provide details _____

Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity Y N

- If yes, provide details _____

Do you wish to nominate a Beneficiary Y N

- If yes, state name and ID Number _____

OPTIONAL COVER

Car Hire following theft or accident Y N

SASRIA / special risks, riot civil commotion Y N

DISCLOSURE WARRANTY

I warrant that the answers given are true and correct. All material facts are disclosed and I do not know of any further information that should be communicated to the Underwriters, even though specific questions about them have not been asked.

I agree that this proposal shall be the basis of the contract of the Underwriter and myself.

I understand and agree that information for Underwriting and claims purposes (including credit information) may be shared between insurers and other institutions in the interest of reducing fraudulent claims. I consent to information being disclosed to any other insurance company or its agent.

SIGNATURE: _____

DATE: _____

WITNESS 1: _____

WITNESS 2: _____



P.O. BOX 3388, TYGERPARK, 7536
 PH: 021 – 914 1700
 FAX: 021 – 914 1740

Thank you for your interest in Delphisure. Formalities are necessary and you are required to authorize the section(s) stated below before we are able to proceed.

GENERAL INFORMATION

Name: _____ Tel (w): _____
 P.O. Box: _____ Cell: _____
 Address: _____ Fax No: _____

NAME OF POLICY/CONTRACT	INSURERS	POLICY NO

POWER OF INVESTIGATION

Authority is hereby granted to investigate all insurance, past, current of future and not limited to the name(s) and/or insurer(s) reflected above. Any insurer, agent, underwriter, assessor is requested to keep this investigation confidential and not to expose it to any party but solely to the office requesting the information.

THIS IS DONE AND EXECUTED AT _____ **ON** _____

AUTHORISED SIGNATURE _____

WITNESS 1 _____

WITNESS 2 _____