

## DOMESTIC NEW BUSINESS PROPOSAL

### General Information

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	Postal Address	<input type="text"/>		
ID Number	<input type="text"/>				
Occupation	<input type="text"/>				
<input type="text"/>					

### Contact Details

Work	<input type="text"/>	Cell	<input type="text"/>
Home	<input type="text"/>	Email	<input type="text"/>

#### Claims / Losses in Past 3 Years

Date	Insurer	Amount	Type of Loss

Inception Date

## GENERAL INFORMATION (applicable to all sections)

Risk Address 1

Risk Address 2



### THE FOLLOWING TO BE COMPLETED IF COVER IS REQUIRED FOR HOUSEHOLD CONTENTS, BUILDINGS OR ALL RISKS SECTIONS.

	Risk Address 1	Risk Address 2
<b>Type Of Residence</b>		
House	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smallholding / Farm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detached House	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Granny Flat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Complex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flat – Ground, 1st or 2nd Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flat – above 2nd Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Construction Of Residence</b>		
Walls	<input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Concrete	<input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Concrete
Roof	<input type="checkbox"/> Slate <input type="checkbox"/> Tiles <input type="checkbox"/> Asbestos <input type="checkbox"/> Concrete <input type="checkbox"/> Metal	<input type="checkbox"/> Slate <input type="checkbox"/> Tiles <input type="checkbox"/> Asbestos <input type="checkbox"/> Concrete <input type="checkbox"/> Metal
Thatch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is an SABS Lightning Conductor installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other construction. Please specify:</b>		
Walls		
Roof		
<b>Occupation</b>		
Is the residence a Holiday Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling undergoing Alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the residence be hired or let out or used as a commune?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The property insured in terms of this policy includes business goods and equipment which are Your property or for which You are responsible whilst contained in the Dwelling(s) or Outbuilding(s) at the risk address up to an amount of fifty thousand Rand (R50,000) or 30% of the sum insured under this section, whichever is the lesser.		
Do you conduct any business activities from home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of nature of business		
Details of type of stock and equipment		
Value of stock and equipment		

	Risk Address 1	Risk Address 2
<b>Security</b>		
Is the Property fully walled with an electrified fence a minimum of 1.8 meters in height?	Yes No	Yes No
Does the Property have 24 hour manned security with supervised entry and exit from the property?	Yes No	Yes No
Burglar bars on all ground, first and second floor opening and louvre windows and including windows of flats that are on a common passageway?	Yes No N/A	Yes No N/A
Security gates on all external glass panelled doors?	Yes No N/A	Yes No N/A
Security gates on all external sliding doors?	Yes No N/A	Yes No N/A
Locking devices in addition to the frame lock on all external sliding doors?	Yes No N/A	Yes No N/A
Perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height?	Yes No N/A	Yes No N/A
Dwelling protected with a SAIDSA approved Burglar alarm system linked to a 24-hour control Room with armed response which is made fully Operational when the dwelling is unoccupied?	Yes No N/A	Yes No N/A
If Yes, advise name of Service Provider		

## HOUSEHOLD CONTENTS

Please be careful not to underinsure. Remember that you are responsible for correctly valuing your property and telling us when the value changes. The Sum Insured must be based on the replacement of all items at current replacement values, including VAT. Limited cover excludes any loss or damage caused by theft or attempted theft and various extensions covered by full theft.

	Risk Address 1	Risk Address 2
Cover Required	Yes No	Yes No
Sum Insured (household goods and personal effects for new replacement costs)		
Type of Cover	Full Limited	Full Limited
<b>Optional Extension</b>		
Accidental Damage	Yes No	Yes No
Sum Insured (limited to 25% of sum insured)		
Power Surge – increased limit	Yes No N/A R20 000 R50 000	Yes No N/A R20 000 R50 000
<b>Waiver of Basic First Amount Payable</b>		
Applicable to basic first amount payable only	Yes No	Yes No

## BUILDINGS

Building includes but not limited to fixtures and fittings, garages, outbuildings, walls, tennis courts, driveways and swimming pools at the current rebuilding cost, excluding the value of the land, but should include the cost of debris removal, architect's fees and other incidental charges required for the rebuilding.

	<b>Risk Address 1</b>	<b>Risk Address 2</b>
Cover Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured (include buildings, outbuildings and other structure for replacement value)		
Is the residence bonded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bondholder		
<b>Optional Extension</b>		
Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured (limited to 25% of sum insured)		
Power Surge – increased limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	N/A	N/A
	R20 000	R20 000
	R50 000	R50 000
Geysers increased limit of R15,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Waiver of Basic First Amount Payable</b>		
Applicable to basic excess only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## ALL RISKS

Unspecified Property means: clothing, personal effects normally worn or designed to be carried on or about the person. Personal equipment normally worn or used by the person for participating in sporting activities (but excluding damage to sporting equipment occurring during the course of use).

Please note that the limit per unspecified item is 25% of the sum insured. The following items are excluded from cover and need to be specified separately

Vehicle Sound Equipment	CDs, DVDs, Cassette Tapes	Ipods / Mp3 Players
GPS	Tracking Devices	Cell phones
Cameras / Video Cameras	Hand-held Electronic Devices	Sunglasses
Contact Lenses	Caravan Contents / Camping Equipment	Pedal Cycles
Tools	Golf Clubs	

### Jewellery Safe Clause

Any item, pair or set of jewellery including watches that has a value greater than twenty five thousand Rand (R25,000) must be kept in a securely locked wall or floor-mounted safe whilst not in use failing which We will not pay more than ten thousand Rand (R10,000) per item, pair or set.

### Jewellery Certificate

No article of jewellery, gold, silver, platinum, precious or semi-precious stones or watches shall be deemed to be valued at more than two thousand five hundred Rand (R2,500) unless You provide us with a valuation certificate from a registered jeweller.

Cover Required  Yes  No

Unspecified Property Sum Insured (minimum R15 000)

Specified Property (Cell Phones must include IMEI Number (dial \*#06# on your cell phone)

Full item description including make and model where applicable	Replacement Value

# ELECTRONIC EQUIPMENT

Cover Required

Yes	No
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Make, Model & Serial No.	Sum Insured including Software	Portable Item
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Optional Extensions

Reinstatement of data

Yes	No
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If Yes, state sum insured required

# MOTOR

A copy of the registration papers must be attached for each vehicle for which cover is required

Cover Required			Vehicle 1		Vehicle 2
Type of Cover	Comprehensive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Third Party Fire & Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Third Party Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Year					
Make					
Model					
Registration Number					
Engine Number					
VIN Number					
Usual Driver					
Date of Birth					
ID Number (or Passport)					
Relationship to Insured					
Year in which licence was first obtained					
Registered Owner					
Has the usual driver or any person who to your knowledge will drive the vehicle had a conviction or paid an admission of guilt fine for a driving offence in the past 3 years or is there any prosecution pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details					
Has the usual driver or any person who to your knowledge will drive the vehicle had their licensed endorsed?		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details					
Does the usual driver have a (minimum 3 year) Degree/ Diploma?					
Does any person who may drive the vehicle suffer from defective vision, hearing or any physical or mental infirmity?					
Retail Value					
Do you want to include factory fitted extras?					
Do you want to include any non standard factory fitted items.					
Has the vehicle been modified to alter performance level?					
<b>Applicable to Motorcycles</b>					
Motorcycle Type					
Cubic Capacity					

Has the vehicle been rebuilt (Code 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class of Use</b>		
Use 1 Private Use Motor Vehicles, Light Delivery Vehicles and Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use 2 Business Motor Vehicles only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use 3 Business Light Delivery Vehicles and Motor Cycles Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No claim bonus or claim free group 0 - 10		
Is the vehicle fitted with any of the following which are in working order		
Immobiliser	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transponder Key	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gearlock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tracking & recovery device	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify type (copy of certificate required)		
Is the vehicle kept in a locked garage or behind locked gates overnight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, where is it kept		
Does the vehicle or windscreen have existing damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details		
Is the vehicle financed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance House		
<b>Optional Extensions (available for comprehensive insurance only)</b>		
<b>Waiver of First Amount Payable</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Basic First Amount Payable will be waived. Any other First Amounts Payable remain applicable (not applicable to persons under 25 years of age).		
<b>Credit Shortfall</b> (limited to 20% of retail value)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TRAILER / CARAVAN

Cover Required  Yes  No

Type	<input type="checkbox"/> Caravan <input type="checkbox"/> Trailer	<input type="checkbox"/> Caravan <input type="checkbox"/> Trailer
Year		
Make		
Model		
Registration Number		
Vin Number		
Retail Value		
Is it kept in a locked garage or behind locked gates overnight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, where is it kept		
Is there existing damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details		
Is caravan/trailer financed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance House		

**Cover excludes contents of caravan. Contents may be insured under the All Risks Section**

## PERSONAL LIABILITY

R10,000,000 cover is automatically included.

	<b>Risk Address 1</b>	<b>Risk Address 1</b>
Business Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PERSONAL ACCIDENT

Cover Required  Yes  No

Death and Permanent Disablement benefits for You and Your Partner as named in the schedule. Minimum Sum Insured R50,000. We cannot offer this cover to persons over the age of 70.

Persons under the age of 6 years	R10,000
Persons 6 years and over, but under the age of 14 years	R30,000

	Risk Address 1	Risk Address 2
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name		
Occupation		
ID Number		
<b>Optional Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death		
Permanent Disablement cannot exceed death benefit		
Temporary Total Disablement per week Maximum 104 weeks		
Medical Expenses		
Does this person suffer from Defective vision or hearing or from any physical or mental infirmity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details		
Beneficiary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Name & ID Number		

## LEGAL COSTS

Cover Required  Yes  No

Limit of Liability  R10 000  R50 000

Are you aware of the existence of any circumstances likely to give rise to the payment of legal fees Yes No or expenses  Yes  No

Provide Details

# VALUE ADDED PRODUCTS

## CAR HIRE – EXTENDED COVER

Cover is only available for vehicles that are insured comprehensively. You will be responsible for a fuel deposit payable to the rental company of approximately R 750.00. All fuel is for your own account. Any first amount payable in the event of damage/loss to the hired vehicle will also be your responsibility.

	Vehicle 1		Vehicle 2	
Cover Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Days Required	<input type="text" value="14"/>	<input type="text" value="30"/>	<input type="text" value="14"/>	<input type="text" value="30"/>
Car or LDV	<input type="checkbox"/> Car	<input type="checkbox"/> LDV	<input type="checkbox"/> Car	<input type="checkbox"/> LDV

## BEREAVEMENT BENEFIT

Cover Required  Yes  No

We will pay a cash benefit as stated below following the death of:-

- The Insured, the Insured's spouse, the Insured's children, the children of the Insured's spouse
- A domestic employee employed and registered by the Insured or the Insured's spouse

### **Benefit payable**

Any person fourteen (14) years of age or older – R10 000 Any person under the age of fourteen (14) – R7 500

**Provided** this benefit is not applicable to any domestic employee over the age of sixty five (65) years or any other person over the age of seventy five (75) years. Unmarried children will be covered until they reach the age of twenty one (21) years. Unmarried children aged twenty one (21) years to twenty four (24) years who are full time students at a recognized educational institution will be covered subject to proof being received from such educational institution. This benefit is not applicable to children not living with the Insured unless the Insured or spouse is legally responsible for such child or children. Cover only applies to persons residing in South Africa.

## COMPENDIUM ASSIST

In partnership with the Automobile Association of South Africa the following services are included: roadside assistance for electrical or mechanical breakdowns, towing in the event of an accident, flat tyre change, assistance if you are stranded with an empty fuel tank. The home assistance portion of this product is limited to 2 call outs per 12 month period of insurance; the first 12 months commencing from your Policy Anniversary.

Cover Required  Yes  No

## ENROUTE IN-CAR INSURANCE

Cover Required  Yes  No

Separate Proposal Form required

Cover is on a specified vehicle basis and provides Death, PTD, TTD, Medical Expenses and Trauma cover for the occupants of the vehicle.



**FIRST AMOUNTS PAYABLE**

<b>Household Contents</b>		
Basic	R500	
Lightning	10% of claim minimum R1 500	
Accidental Damage Extended Cover	R500	
Power Surge	Nil	
Power Surge - Increased Limit	Nil	
Additional Compulsory	As stated in the schedule	
Voluntary	As stated in the schedule	
Basic First Amount Payable is waived if the insured is 65 years and older		
Waiver of the First Amount Payable applies to the following(optional cover at an additional premium)	Basic	
<b>Building</b>		
Basic	R500	
Lightning	10% of claim minimum R1 500	
Subsidence (Limited Cover)	R2 500	
Subsidence (Extended Cover)	R2 500	
Accidental Damage	R500	
Geyser (not exceeding 5 years)	R1 000	
Geyser (5 years or older)	R1 500	
Additional Compulsory	As stated in the schedule	
Voluntary	As stated in the schedule	
Basic First Amount Payable is waived if the insured is 65 years and older		
Waiver of the First Amount Payable applies to the following(optional cover at an additional premium)	Basic	
<b>All Risks</b>		
Unspecified All Risks	R250	
Cell Phones	R500	
Contents of Caravan	R250	
Spectacles & Sunglasses	R250	
Bicycle - valued less than R5000-00	As stated in the schedule	
Bicycle - valued more than R5000-00		
Mountain Bicycle		
Value	Basic	Whilst In Use
R5000-00 to R10000-00	Flat R1000-00	10% min R1000-00
R10000-01 to R20000-00	10% min R1500-00	10% min R1500-00
R20000-01 to R50000-00	10% min R2000-00	10% min R2500-00
Over R50000-00	10% min R2000-00	10% min R5000-00
Road Bicycle		
R5000-00 to R10000-00	Flat R1000-00	10% min R1000-00
R10000-01 to R20000-00	10% min R1500-00	10% min R1500-00
R20000-01 to R50000-00	10% min R2000-00	10% min R2000-00
Over R50000-00	10% min R2000-00	10% min R2500-00
<b>Electronic Equipment</b>		
Basic	R500	
Lightning	10% of claim minimum R1 000	
Recompilation of data	R250	

## FIRST AMOUNTS PAYABLE (continued)

<b>Motor</b>	
(a) Basic	R2 000
(b) Driver under 25 or licence less than 2 years or driving with a C1 drivers licence	10% of claim minimum R2 000
(c) Single Vehicle Accident	10% of claim minimum R2 000 (between 22pm and 6am)
(d) Theft/Hijack or attempt thereat waived if vehicle fitted with tracking device approved by the Insurer and such device is maintained in working order with a valid service contract	10% of claim minimum R2 000
(e) Additional Compulsory	As stated in the schedule
(f) Voluntary	As stated in the schedule
(g) Windscreen / Glass Replacement (no other damage)	25% of claim minimum R250
(h) Windscreen repair (no other damage)	Nil
(i) Factory Fitted Car Radios	R1 000
<b>First Amounts Payable (a), (b), (c), (d), (e), and (f) above are cumulative</b>	
<b>First Amounts Payable (a) is waived if the driver is 65 years and older</b>	
Waiver of First Amount Payable applies to the following (Optional cover at an additional premium:)	(a) Basic
<b>Caravan / Trailer</b>	
(a)Basic: Caravan Trailer	5% of claim minimum R1 000 5% of claim minimum R500 (waived if Insured is 65 years or older)
(b)Windscreen / Glass (no other damage)	25% of claim minimum R250
(c)Additional Compulsory	As stated in the schedule
(d)Voluntary Excess	As stated in the schedule
<b>First Amounts Payable (a),(c), (d) above are cumulative</b>	
<b>First Amounts Payable (a) is waived if the driver is 65 years and older</b>	
Waiver of First Amount Payable applies to the following (Optional cover at an additional premium:)	(a) Basic
<b>Motorcycle</b>	
(a) Basic	10% of claim minimum R1 500
(b) Theft / Hijack (unless Tracker fitted)	10% of claim minimum R1 500
(c) Insured under 25 years of age	5% of claim minimum R1 000
(d) Licensed less than 2 years	5% of claim minimum R1 000
(e) Single Vehicle Accident	5% of claim minimum R1 500
(f) Additional Compulsory	As stated in the schedule
(g) Voluntary	As stated in the schedule
<b>First Amounts Payable (a), (b), (c), (d), (e), (f) and (g) above are cumulative</b>	
Waiver of First Amount Payable applies to the following (Optional cover at an additional premium:)	(a) Basic
<b>Legal Costs</b>	
First Amount Payable	R250

**I hereby confirm that the First Amounts Payable have been explained to me.**

Client Signature \_\_\_\_\_

