

## OFFICE / BROKER USE ONLY

Name of broker:	<input type="text"/>	Broker code:	<input type="text"/>
Contact at broker:	<input type="text"/>	Broker tel no:	<input type="text"/>
Broker email:	<input type="text"/>	Client policy no:	<input type="text"/>

## PERSONAL DETAILS

Title:	<input type="text"/>	Surname:	<input type="text"/>	Gender:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full name(s):	<input type="text"/>	Nationality:	<input type="text"/>		
ID no:	<input type="text"/>	Date of birth:	<input type="text"/>		
Postal address:	<input type="text"/>	Home tel:	<input type="text"/>		
	<input type="text"/>	Work tel:	<input type="text"/>		
	<input type="text"/>	Cell no:	<input type="text"/>		
Postal code:	<input type="text"/>	Fax:	<input type="text"/>		
Are you a pensioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	<input type="text"/>		

*We define a pensioner as a person who has ceased full-time employment and whose sole income is derived from a pension, an annuity or other investment income.*

Business / Occupation:	<input type="text"/>	Highest qualification:	<input type="text"/>
Start date of insurance:	<input type="text"/>	How many claims have you had in the last 3 years?	<input type="text"/>

Has any insurer ever cancelled, or refused to insure or continue insurance or imposed special terms or restrictions, for any risk you now wish to insure? **If yes** – please provide details below:

Have you, or any person to be insured, had any accidents or suffered losses during the last three years which would have been insured, had the insurance for which you are now proposing been in force?  Yes  No

**If yes** – please provide the date of loss, brief details of what happened, the driver's name (as applicable), the cost and the insurers if you were insured. A repudiated claim must also be mentioned:

Are there any other facts that may affect the likelihood of a claim? **If yes** – please provide details below:

## DEBIT ORDER DETAILS (Please sign this section!)

Name of bank:	<input type="text"/>	Branch code:	<input type="text"/>
Branch name:	<input type="text"/>	Account type:	<input type="text"/>
Account holder:	<input type="text"/>	Account no:	<input type="text"/>
On which day of each month would you like the premium debited to your account?	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

## 1. BUILDINGS

This section caters for your dwelling and domestic outbuildings including landlord's fixtures and fittings, swimming pools including fixed filtration plant (not automatic pool cleaners), tennis courts, sauna, spa rooms & baths, borehole equipment, gates, walls, fences (excluding hedges) and driveways, paths and patios constructed of brick, concrete, pavers, asphalt or stone (not gravel).

Risk address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>

Sum insured (min R250 000)	<input type="text"/>	R	How long have you lived at this address?	<input type="text"/>
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How many thefts/burglaries or other losses have you suffered at this dwelling in the last 12 months?

Number of claims in the last 12 months?

Number of claims in the last 13 to 24 months?

Number of claims in the last 25 to 36 months?

Have you had uninterrupted Household insurance for the past 36 months?  Yes  No

Full names of the registered owner:

Dwelling type: House:  Townhouse:  Flat (Ground):  Flat (Above ground):

Wall construction:  Roof construction:

Type of residence: Primary:  Additional:  Holiday home:  Rented out:

Situated in or on a: Security village:  Townhouse:  Residential:  Plot/ farm/ other:

Is the dwelling (or any part of it) roofed with thatch? **(If yes – provide details below)**  \*Yes  No

If yes - is the property protected by an SABS approved lightning conductor?  Yes  No

Is there a thatch lapa within 3m of the main dwelling? **(If yes – provide details below)**  \*Yes  No

What is the thatched lapa hut floor area?

Is there a Wendy house on the property? **(If yes – provide details below)**  \*Yes  No

Is your dwelling occupied during normal business hours?  Yes  No

If yes – by whom?

For how many days will your dwelling be left unoccupied during any annual period?

Will your dwelling be unoccupied for more than 10 consecutive days during the next 3 months?  Yes  No

Are there any building activities taking place in your area? **(If yes – provide details below)**  \*Yes  No

Is any form of business conducted on or from the dwelling? **(If yes – provide details below)**  \*Yes  No

Is the dwelling situated near an informal settlement, open ground, golf course or a park?  Yes  No

Is the dwelling situated below the 50 year flood line; within 100m of a stream, river, dam, lake or the sea; or in flood prone area or that has previously experienced surface water damage? **(If yes – provide details below)**  \*Yes  No

Are all opening windows, louvre windows & fan light windows (including outbuildings) barred?  Yes  No

Are all external doors (incl sliding doors) (excl garage doors) protected by security gates?  Yes  No

If you live in a freestanding house, is it protected by electric fencing?  Yes  No

Please provide further details as mentioned above:

Is your dwelling (incl domestic outbuildings, Wendy houses and garage) protected by an automatic burglar alarm which has a radio link to a SAIDSA approved security organization with how you have a valid contract for armed response in the event of the alarm being triggered?

If yes – please also answer questions below:  Yes  No

- Does your security organization keep records for at least 2 months?  Yes  No
- Do you test your alarm at least once a quarter and after every thunderstorm near your home?  Yes  No
- Is the alarm set whenever your dwelling (other than domestic's quarters, is left unoccupied?  Yes  No
- Does your alarm extend to your garage and outbuildings?  Yes  No
- Is the alarm in good working order?  Yes  No
- Does the alarm have a siren?  Yes  No

- Does the alarm have infra-red detectors?  Yes  No
- Is there a satisfactory geological report available?  Yes  No
- Furnished risks rented to or occupied by tenants  Yes  No
- Do you plan an extended holiday within 2 months of inception of this policy?  Yes  No
- Is your dwelling situated in a security village / complex? If yes – answer the questions below:
  - Approximately how many dwellings are there in the complex/village?
  - Are building operations still taking place in the complex/village?  Yes  No
  - What type of walls/fences surround the complex/village?
  - What is the approximate height of the wall/fence?  Yes  No
  - Are the walls/fences electrified?  Yes  No
  - What are the access control measures to gain entry/exit from the complex/ village?

- Does the complex/ village have razor wire along the perimeter wall?  Yes  No
- Does the complex/ village have an electronic gate?  Yes  No
- Does the complex/ village have 24 hour security or access control on the gates?  Yes  No
- Does the complex/ village have a 24 hour security guard?  Yes  No

Do you require additional cover for damage by wild baboons or monkeys?  Yes  No

The premium of this building section will be reduced if you elect to bear a voluntary excess in addition to the standard policy excesses. Please make your selection below:

Please select:  Nil  R500  R1 000  R2 000  R3 000  R4 000  R5 000  R10 000  R20 000  R50 000

## 2. CONTENTS

This section caters for household goods and personal effects in your dwelling and domestic outbuildings which belonging to you and members of your immediate family normally resident with you. The sum insured should be calculated on current replacement cost without any deductions for depreciation.

Risk address:

Code:

When did you occupy this dwelling?  **Sum insured (min R120 000):** R

How many thefts/burglaries or other losses have you suffered at this dwelling in the last 12 months?

Number of claims in the last 12 months?

Number of claims in the last 13 to 24 months?

Number of claims in the last 25 to 36 months?

Have you had uninterrupted Household insurance for the past 36 months

Who is the registered owner?

Dwelling type: House:  Townhouse:  Flat (Ground):  Flat (Above ground):

Wall construction:  Roof construction:

Type of residence: Primary:  Additional:  Holiday home:  Rented out:

Situated in or on a: Security village:  Townhouse:  Residential:  Plot/ farm/ other:

Is the dwelling (or any part of it) roofed with thatch? (If yes – provide details below)  \*Yes  No

If yes - is the property protected by an SABS approved lightning conductor?  Yes  No

Is there a thatch lapa within 3m of the main dwelling? **(If yes – provide details below)**

\*Yes  No

What is the thatched lapa hut floor area?

Is there a Wendy house on the property? **(If yes – provide details below)**

\*Yes  No

Is your dwelling occupied during normal business hours?

Yes  No

If yes – by whom?

For how many days will your dwelling be left unoccupied during any annual period?

Will your dwelling be unoccupied for more than 10 consecutive days during the next 3 months?

Yes  No

Are there any building activities taking place in your area? **(If yes – provide details below)**

\*Yes  No

Is any form of business conducted on or from the dwelling? **(If yes – provide details below)**

\*Yes  No

Is the dwelling situated near an informal settlement, open ground, golf course or a park?

Yes  No

Is the dwelling situated below the 50 year flood line; within 100m of a stream, river, dam, lake or the sea; or in flood prone area or that has previously experienced surface water damage? **(If yes – provide details below)**

\*Yes  No

Are all opening windows, louvre windows & fan light windows (including outbuildings) barred?

Yes  No

Are all external doors (incl sliding doors) (excl garage doors) protected by security gates?

Yes  No

If you live in a freestanding house, is it protected by electric fencing?

Yes  No

Please provide further details as mentioned above:

Is your dwelling (incl domestic outbuildings, wendy houses and garage) protected by an automatic burglar alarm which has a radio link to a SAIDSA approved security organization with how you have a valid contract for armed response in the event of the alarm being triggered?

If yes – please also answer questions below:

Yes  No

- Does your security organization keep records for at least 2 months?  Yes  No
- Do you test your alarm at least once a quarter and after every thunderstorm near your home?  Yes  No
- Is the alarm set whenever your dwelling (other than domestic's quarters, is left unoccupied)?  Yes  No
- Does your alarm extend to your garage and outbuildings?  Yes  No
- Is the alarm in good working order?  Yes  No
- Does the alarm have a siren?  Yes  No
- Does the alarm have infra-red detectors?  Yes  No

Is there a satisfactory geological report available?  Yes  No

Furnished risks rented to or occupied by tenants  Yes  No

Do you plan an extended holiday within 2 months of inception of this policy?  Yes  No

Is your dwelling situated in a security village / complex? If yes – answer the questions below:

Yes  No

- Approximately how many dwellings are there in the complex/village?
- Are building operations still taking place in the complex/village?  Yes  No

• What type of walls/fences surround the complex/village?

• What is the approximate height of the wall/fence?

• Are the walls/fences electrified?  Yes  No

• What are the access control measures to gain entry/exit from the complex/ village?

- Does the complex/ village have razor wire along the perimeter wall?  Yes  No
- Does the complex/ village have an electronic gate?  Yes  No
- Does the complex/ village have 24 hour security or access control on the gates?  Yes  No
- Does the complex/ village have a 24 hour security guard?  Yes  No

Do you require additional cover for damage by wild baboons or monkeys?  Yes  No

Are you entitled to a no claim bonus / claim free discount? (Attach proof from previous insurer)  Yes  No

Do you require: (mark with an x) 

Accidental damage	Power surge	General accidental & Mechanical
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Amount required: 

R	R	R
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The premium of this building section will be reduced if you elect to bear a voluntary excess in addition to the standard policy excesses. Please make your selection below:

Please select: 

Nil	R500	R1 000	R2 000	R3 000	R4 000	R5 000	R10 000	R20 000	R50 000
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### 3. ALL RISKS

Clothing and personal effects normally worn or designed to be carried on or by a person (excluding cell phones, GPS's, computing equipment, I-Pod's, MP3's, MP4's, contact lenses, tools, money and documents) but limited to 25% of the sum insured for any one article, pair or set.

**Sum insured (min R5 000):**

**Specified articles** – Please give full descriptions including: the serial number of car radios and the vehicle registration number, the phone and serial numbers of cell phones; the name and date of birth of the wearer of contact lenses.

Description	Valuation attached		Value
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R

**NOTES:**

1. A valuation certificate or invoice should be provided for articles described above with a sum insured over R5 000.
2. This section does not provide cover for: breakage of sports or recreational equipment whilst in use; loss of or damage to pedal cycles whilst being used for racing; loss of or damage to property used for business, trade or professional purposes.

### 4. PERSONAL LIABILITY

Do you conduct any business from home?  Yes  No

This section indemnifies you against claims from other parties resulting from accidental injury or damage caused in a personal capacity by you or members of your immediate family normally resident with you for which you are legally liable. Note that liability arising from the use of a vehicle (including a caravan/trailer) and an air or watercraft is excluded.

Standard cover of R5 000 000 will automatically be included if Contents cover has been requested.

### 5. PERSONAL LIABILITY TOP-UP COVER (PLIP)

This increases the limits of indemnity in respect of the liability covers provided by the standard policy as well as giving wider liability cover for certain events. It is recommended that you select this cost effective additional liability cover to indemnify you against liability claims which are increasing in size in a society which is becoming increasingly litigation conscious.

**Please indicate the limit of indemnity that you require:**

Premium = R15.00 pm 

R10 000 000
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 Premium = R20.00 pm 

R20 000 000
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## 6. PERSONAL ACCIDENT

If you wish to insure more than two people – please continue on another proposal form. The maximums below vary according to the age and occupation of the person to be insured.

	First driver to be insured:		Second driver to be insured:	
Full names of person:	<input type="text"/>		<input type="text"/>	
Life assured age:	<input type="text"/>		<input type="text"/>	
Occupation:	<input type="text"/>		<input type="text"/>	
Gender:	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>
Nationality:	<input type="text" value="RSA Resident"/>	<input type="text" value="Foreigner"/>	<input type="text" value="RSA Resident"/>	<input type="text" value="Foreigner"/>
ID no:	<input type="text"/>		<input type="text"/>	
Name of beneficiary:	<input type="text"/>		<input type="text"/>	
Death (Max R1 000 000)	<input type="text"/>		<input type="text"/>	
Permanent total disablement (Max R1 000 000)	<input type="text"/>		<input type="text"/>	
Temporary total disablement (Max R1 000 000)	<input type="text"/>		<input type="text"/>	
Medical expenses (Max R1 000 000)	<input type="text"/>		<input type="text"/>	

## 7. MOTOR INSURANCE (Including motorcycles)

Note that only vehicles owned by you or your spouse may be insured.  
Incident means: vehicle accident, theft or hijacking (not windscreen damage)

How many years have passed since the usual driver was last involved in an accident?

How many incidents has the usual driver had in the last 5 years?

	Vehicle 1		Vehicle 2	
Sum insured:	<input type="text"/>		<input type="text"/>	
Type of vehicle:	<input type="text"/>		<input type="text"/>	
Year of manufacture:	<input type="text"/>		<input type="text"/>	
Make:	<input type="text"/>		<input type="text"/>	
Model:	<input type="text"/>		<input type="text"/>	
Registration no:	<input type="text"/>		<input type="text"/>	
Registered owner name:	<input type="text"/>		<input type="text"/>	
Registered owner ID no:	<input type="text"/>		<input type="text"/>	
Usual driver name:	<input type="text"/>		<input type="text"/>	
Usual driver gender:	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>
Usual driver nationality:	<input type="text" value="RSA Resident"/>	<input type="text" value="Foreigner"/>	<input type="text" value="RSA Resident"/>	<input type="text" value="Foreigner"/>
Usual driver date of license:	<input type="text"/>		<input type="text"/>	
Usual driver type of license (license code):	<input type="text"/>		<input type="text"/>	
Usual driver marital status:	<input type="text"/>		<input type="text"/>	
Usual driver – University degree / higher qualification?	<input type="text"/>		<input type="text"/>	
Cover type: (3 <sup>rd</sup> Party/ 3 <sup>rd</sup> Party, Fire & theft / Comprehensive)	<input type="text"/>		<input type="text"/>	
Vehicle use: (Social, Domestic & pleasure / Business / Private use)	<input type="text"/>		<input type="text"/>	
Engine no:	<input type="text"/>		<input type="text"/>	
VIN no:	<input type="text"/>		<input type="text"/>	
Where is the vehicle parked at night?	<input type="text"/>		<input type="text"/>	

Is the vehicle fitted with any of the following:

Factory fitted immobiliser	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VESA approved level 3 or 4 immobiliser	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VESA approved tracking device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="text"/>		<input type="text"/>	

There is a **basic excess** for a vehicle of 5% of a claim with a minimum in Rand plus a theft excess. You can have these two excesses reduced to nil by paying a slightly higher premium.

Do you require <b>Basic and Theft</b> excess waiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Car hire cover** can be included. In the event of your vehicle being unavailable following theft or an accident, we will provide you with a hire car for a maximum of 30 days. Please select the option you require:

Class B vehicle, ie 5 door compact – manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class E vehicle, ie 4 door standard - automatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class F vehicle, ie 4 door full size – automatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class G vehicle, ie 4 door premium - automatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*This car hire cover is underwritten by the same insurer who covers your vehicle. There is another Car hire option – EFS Car hire – underwritten by Hollard Insurance Co. Ltd. which has lower premiums especially if more than one vehicle is comprehensively insured. However, the cover for the hired vehicle arranged by EFS is more restrictive and you need to discuss with your broker which car hire option is more appropriate for your needs.*

**4x4 Cover Extension.** This extension widens the territorial limits to provide cover in Angola, Zambia, Kenya, Tanzania, Burundi, Rwanda and the Democratic Republic of the Congo as well as providing some necessary additional cover. Note that in the event of an accident in one of these countries, you are responsible for arranging for the repatriation of your vehicle to the RSA although the insurer will contribute up to R25 000 towards these costs.

Do you require <b>4x4 Cover extension?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Luxury Vehicle Extension.** May not be selected for a vehicle with a sum insured of less than R300 000 and which has the 4x4 Cover Extension. This extension increases the maximums the insurer will pay for emergency repairs, tow-in and safeguarding after mechanical breakdown, emergency accommodation and also provides cover for firefighting costs and wreckage removal. For a car purchased new by you which is less than a year old, all excesses (other than a voluntary excess) are waived provided that the vehicle is being driven by the usual driver named above, the policyholder or spouse.

Do you require <b>Luxury vehicle extension?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Roadside Assistance Service.** This service is provided by Europ Assistance but for your convenience and to save you bank charges, the monthly fee for this service is collected together with the premium for your policy which we remit to Europ Assistance with your relevant details. Your broker will be able to provide you with detailed information about the service, but please note that this service is not available for Motor Cycles or Caravans and Trailers. There are two options as follows:

Roadside Assistance Service for **only one vehicle** at a cost of R13.00 per month **or**  
Roadside Assistance Service for **all vehicles** on the policy at a total cost of R19.00 per month

Do you require:	<input type="checkbox"/> Cover for all vehicles	Or per vehicle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## MULTIPLE VEHICLE INSURANCE

In respect of a third and subsequent vehicles, please complete Section 7 (Motor Insurance) for each additional vehicle on a new proposal form. Please attach it to this form.

Excluding caravans and trailers, how many vehicles do you wish to insure in total?

Have you had a motor claim within the last three years? (If yes, please give details below)  Yes  No

1. Do you (or will any person who will drive) suffer from defective vision/hearing or any physical/mental infirmity?  Yes  No

2. Have you (or any person who will drive) been convicted of, or paid an admission of guilt fine for any motoring offence (other than parking fines) during the past 3 years or is there any prosecution pending?  Yes  No

3. Has your (or any person that will drive) driver's license ever been endorsed, suspended or cancelled?  Yes  No

4. Are any of the vehicles used on a full time basis by a person who is not a member of your family?  Yes  No

5. Are any of the vehicles used for commercial purposes?  Yes  No

6. Have any of the vehicles been modified in any way after leaving the manufacturer?  Yes  No

7. Have any of the vehicles been re-built or previously been deregistered?  Yes  No

8. When not in use at night, are the vehicles parked in a place where they are not under lock & key?

Yes	No
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If you have answered "Yes" for any of the questions above – please give full details in the space below, indicating the question numbers.

## 8. CARAVAN AND TRAILERS

	Caravan/Trailer 1	Caravan/Trailer 2
Sum insured:	<input type="text"/>	<input type="text"/>
Make:	<input type="text"/>	<input type="text"/>
Model:	<input type="text"/>	<input type="text"/>
Registration no:	<input type="text"/>	<input type="text"/>
Date of first registration:	<input type="text"/>	<input type="text"/>
Registered owner name:	<input type="text"/>	<input type="text"/>
VIN no:	<input type="text"/>	<input type="text"/>

### Caravan Contents:

Caravan contents should be insured under the All Risks section as a separate specified item with a sum insured adequate to cover the total caravan contents except those articles which were supplied as part of the new caravan.

## 9. SMALL CRAFT

Type of craft:	<input type="checkbox"/> Canoe	<input type="checkbox"/> Yacht	<input type="checkbox"/> Ski boat	<input type="checkbox"/> Jet Ski	<input type="checkbox"/> Rubber duck	<input type="checkbox"/> Inboard motor	<input type="checkbox"/> Outboard motor
Make & model:	<input type="text"/>			Sum insured:	R <input type="text"/>		
Serial no:	<input type="text"/>			Year of manufacture:	<input type="text"/>		
Length (Max 8m):	<input type="text"/>	Max speed (Max 70km/h)	<input type="text"/>	No of motors:	<input type="text"/>		
Motor(s) horsepower:	<input type="text"/>		Motor(s) year of manufacture:	<input type="text"/>			
Motor(s) make & model:	<input type="text"/>						
Motor(s) serial no:	<input type="text"/>						
Total sum insured for the craft, motors and accessories normally sold with the vessel:	R <input type="text"/>						

## 10. LEGAL COSTS AND LEGAL EXPENSES

This section covers you for legal costs and legal expenses you may incur in a civil matter in your private capacity, defending a criminal charge, a labour court action, family legal actions resulting from identify theft. The terms, conditions, exclusions and waiting periods are set out in the detail in the wording. Three cover packages are offered as follows: (Please select the appropriate block to indicate which you require)

- |  |     |    |
|--|-----|----|
| 1. Cover up to R30 000 with sub-limits for family legal actions of R6 000 and R3 000 for a spouse    | Yes | No |
| 2. Cover up to R60 000 with sub-limits for family legal actions of R12 000 and R6 000 for a spouse   | Yes | No |
| 3. Cover up to R100 000 with sub-limits for family legal actions of R20 000 and R10 000 for a spouse | Yes | No |

## 11. RIOT INSURANCE

SASRIA insurance (generally known as unrest, riot, strike or public disorder cover) is automatically included in respect of the property insured under the above sections.

## 12. EMERGENCY MEDICAL ASSISTANCE

This service is provided by Europ Assistance but for your convenience and to save you bank charges, the monthly fee for this service is collected together with the premium for your policy which we remit to Europ Assistance with your relevant details.

Your broker will be able to provide you with detailed information about the service. Note that the service is in respect of you, your spouse and dependent children only. (Monthly fee = R8.55)

Do you require the Emergency Medical Assistance?

Yes	No
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### 13. HOME MEDICAL ASSISTANCE

This service is provided by Europe Assistance but for convenience and to save you bank charges, the monthly fee for this service is collected together with the premium for your policy which we remit to Europe Assistance with your relevant details. Your broker will be able to provide you with detailed information about the service. (Monthly fee = R8.55)

Do you require the Home Medical Assistance?

Yes	No
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### 14. BROLINK ASSIST

This service is provided by Customer Loyalty Consultants and in one product includes Roadside Assistance (see point 9.32), Emergency Medical Assistance (see point 14) and Home Assistance Services (see point 15) as well as Claims Assist and Safe 'n Sound, a take you home service for after the party. For your convenience and to save you bank charges, the monthly fee for this service is collected together with the premium for your policy which we remit to Customer Loyalty Consultants with your relevant details. Your broker will be able to provide you with detailed information about the service and will be able to advise which of the Europ Assistance or Customer Loyalty Consultants offerings best suits your needs. (Monthly fee = R30.00)

Do you require the Brolink Assist Service?

Yes	No
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### 15. EFS CAR HIRE

This service is provided by EFS Car Hire through Empire Insurance Administrators and underwritten by Hollard Insurance Company Limited. Please complete the blocks below if you require this EFS Car Hire cover.

Number of vehicles (excl motorcycles, trailers & caravans) comprehensively insured per this proposal

Choose the maximum car hire period (days)

30	60
----	----

Group B/C – 5 Door - Compact – manual

Yes	No
-----	----

Group D – 4 door - Standard – automatic

Yes	No
-----	----

Group E/M/K/G/Z – Luxury - automatic

Yes	No
-----	----

Group H – LDV

Yes	No
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### 16. PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS

*It is important that your answers are accurate and truthful, failing which the insurer will be entitled to cancel your policy from inception on the grounds of misrepresentation or decline your claim.*

Have your possessions been insured previously?

If yes, please state the name(s) of your previous insurers, the policy numbers and the date cover expired.

Yes	No
-----	----

Has any insurer ever cancelled, or refused to insure or continue insurance, or imposed special terms or restrictions, for any risks you now wish to insure? If yes – please state details:

Yes	No
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Have you or any person be insured, had any accidents or suffered losses during the last three years which, would have been insured, had the insurance for which you are now proposing been in force?

If yes, please give the date of loss, brief details below:

Date:	Incident details:	Driver name (if motor claim):	Cost:	Insurer name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any other facts that may affect the likelihood of a claim? If yes – please state details below:

Yes	No
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**17. PLEASE SIGN THE FOLLOWING DECLARATION:**

I warrant that the answers on this proposal 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 filled in on my behalf, the person doing so is acting as my agent.

I will accept the standard Brolink Personal Policy wording and schedule.

I know that this insurance will not commence until this proposal has been accepted by the Insurer.

I agree that Brolink may utilize the records of one or more of the registered Credit Bureau to:

- Perform a credit search when assessing my application for insurance;
- Monitor my payment behavior;
- Record the existence of my policy and transmit details of my claims and of how my premium payments are conducted.

Proposer's signature:

Date: