

**Home and Personal Proposal**

	<i>For Office/Broker use</i>	Policy Number	<input type="text"/>
Name of Broker	<input type="text"/>	Broker Code	<input type="text"/>
Contact Person	<input type="text"/>	Telephone no.	<input type="text"/>

**1. General Information – Please complete this proposal in “BLOCK” capitals**

Tick (✓) applicable boxes coloured thus  Print where coloured thus

Your title (e.g. Dr, Mr, Mrs, Miss)  Gender  Male  Female

Surname

First names  Nationality

I.D. No.  Date of birth

Postal Address

*Phone numbers*

Home

Work

Your business or occupation  Cell

Highest educational qualification  Fax

Start date of the insurance  E-mail

**Debit Order Details – Please complete and sign this section.**

Name of Bank

*See top right hand corner of cheque*

Bank Branch Code  Branch Name

Account Number  Account Type  Cheque  Savings

Account Holder's Name

Account Holder's Signature  Date

**Address of property to be insured – only complete if different from your postal address.**

How long have you lived at this address?

Years  Months

Post code

**2. General**

1. Is your dwelling a  House  Ground floor Flat  Above ground floor Flat  Townhouse  Holiday home

2. Is your dwelling situated in/on a  Security village/complex  Townhouse complex  Established residential area  Plot/Smallholding/Farm

3. Is your dwelling occupied during normal business hours?  Yes  No  
If “Yes”, by whom?

4. Will your dwelling be left unoccupied for more than 30 days during any annual period?  Yes  No

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

Please answer questions 6 to 14 below on the basis that the word “dwelling” includes domestic outbuildings and garages. If you tick the block which includes an asterisk (\*), please provide details in the space after the questions below, making reference to the question number.

- |     |  |                               |                              |
|-----|--|-------------------------------|------------------------------|
| 6.  | Are there any building activities taking place in your area?   | <input type="checkbox"/> Yes* | <input type="checkbox"/> No  |
| 7.  | Is any form of business conducted on or from the dwelling?   | <input type="checkbox"/> Yes* | <input type="checkbox"/> No  |
| 8.  | Is the dwelling situated near an informal settlement, open ground, golf course or a park?                | <input type="checkbox"/> Yes* | <input type="checkbox"/> No  |
| 9.  | Is your dwelling roofed with thatch?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
|     | If “Yes”, is a SABS lightning conductor installed?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| 10. | Are the walls constructed of brick, stone or concrete?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No* |
| 11. | Is the roof constructed of slate, tile, concrete, asbestos or metal?                                     | <input type="checkbox"/> Yes  | <input type="checkbox"/> No* |
| 12. | Are all opening windows, louvre windows and fan light windows of the dwelling barred?                    | <input type="checkbox"/> Yes  | <input type="checkbox"/> No* |
| 13. | Are security gates fitted to all external doors (excluding the main garage doors)?                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No* |
| 14. | If you live in an above ground floor flat, are all accessible opening windows protected by burglar bars? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No* |
| 15. | If you live in a freestanding house, is it protected by electric fencing?                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |

Details in respect of questions 6 to 8 and 10 to 14 above, if appropriate.

- |      |  |                              |                             |
|------|--|------------------------------|-----------------------------|
| 16.  | Is your dwelling protected by an automatic burglar alarm which has a radio link to a SAIDSA approved security organisation with whom you have a valid contract for armed response in the event of the alarm being triggered? <i>If “Yes”, please answer questions 16.1 to 16.4</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16.1 | Does your security organisation keep records for at least two months which will enable you to prove when you last tested the alarm and when it was triggered?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16.2 | Do you test your alarm at least twice a month and after every thunderstorm near your home?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16.3 | Do you arm (set) your alarm whenever your dwelling (other than the domestic’s quarters) is left unoccupied?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16.4 | Does your alarm extend to detect unauthorised entry into your garage and outbuildings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17.  | Is your dwelling situated in a security village or complex? If “Yes”, answer questions 17.1 to 17.8.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17.1 | Approximately how many houses are there in the complex? <input style="width: 50px;" type="text"/>  |                              |                             |
| 17.2 | Are building operations still taking place in the complex?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17.3 | What type of walls/fences surround the complex? <input style="width: 100%; height: 20px;" type="text"/>  |                              |                             |
| 17.4 | What is their height? <input style="width: 50px;" type="text"/> Are the walls/fences electrified?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17.5 | What are the access control measures to gain entry or exit from the complex? <input style="width: 100%; height: 20px;" type="text"/>   |                              |                             |
| 17.6 | Do guards patrol the grounds of the complex?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17.7 | If “Yes”, do they do this 24 hours a day?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17.8 | Have there been any thefts in the complex in the last 12 months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### 3. Houseowners (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 and spa rooms and baths, borehole equipment, gates, walls, fences (excluding hedges), and driveways, paths and patios constructed of brick, concrete, pavers, asphalt or stone (not gravel).

Minimum sum insured R100 000

R

(Should you wish to insure a second house, please complete another proposal)

(Whole Rands please)

#### 4. Householders (Contents)

This section caters for household goods and personal effects in your dwelling and domestic outbuildings which belong 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.

*Minimum sum insured R100 000*

Sum insured required R

*(Whole Rands please)*

Are you entitled to a No-Claim Bonus/Claim-free Discount?

Claim-free years

*(Please attach proof from your previous insurer)*

*(Tick the appropriate box)*

0  1  2  3

The premium for this section will be reduced if you elect to bear a voluntary excess in addition to the standard policy excesses – *Please tick the appropriate block.*

Voluntary excess required

NIL  R500  R1 000  R2 000  R3 000  R5 000

Optional Accidental Damage Extensions – *If required enter a sum insured for the option chosen.*

4.1 Excluding mechanical, electrical or electronic breakdown – *Minimum R2 000* R

4.2 Including mechanical, electrical or electronic breakdown – *Minimum R2 000* R

*(Should you wish to insure the contents of a second house, please complete another proposal)*

#### 5. All Risks

5.1 Clothing and personal effects normally worn or designed to be carried on or by a person (excluding furs, cellphones, contact lenses, tools, money and documents) but limited to 25% of the sum insured for any one article, pair or set.

*Minimum sum insured R5 000*

Sum insured R

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

		Valuation attached		
		Yes	No	R
5.2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.6	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.7	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.8	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.9	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

*(Should you have more articles to insure, please continue on a further proposal)*

- NOTES:**
1. A valuation certificate or invoice should be provided for articles described above with a sum insured over R1 500.
  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.

## 6. Personal Liability

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 R3 000 000 will automatically be included unless this is a Motor only proposal.**

## 7. Personal Accident

Full names of person(s) to be insured **(First person)**

**(Second person)**

*(If you wish to insure more than two people, please continue on another proposal)*

7.1 Occupation

Occupation

7.2 I.D. No.

I.D. No

*(Whole Rands please)*

*(Whole Rands please)*

7.3 Death **R**

*Maximum R50 000* **R**

7.4 Permanent Total Disablement **R**

*Maximum R50 000* **R**

7.5 Temporary Total Disablement **R**  per week  
(for a maximum of 104 weeks)

*Maximum R500 per week* **R**  per week

7.6 Medical Expenses **R**  per accident

*Maximum R10 000* **R**  per accident

## 8. Vehicle Insurance (including Motor Cycles)

**Vehicle 1**

**Vehicle 2**

8.1 Make

8.2 Model

8.3 Engine capacity  cc

cc

8.4 Registration number

8.5 Date of first registration (Manufacture)

8.6 Indicate the type of cover required

**Comprehensive**

**Comprehensive**

*(Please tick the appropriate block)*

**Third Party, Fire and Theft**

**Third Party, Fire and Theft**

**Third Party only**

**Third Party only**

8.7 Indicate the class of Use of the vehicle *(Please tick the appropriate block)*

• Social, domestic and pleasure, EXCLUDING travel to and from work **Use 0**

**Use 0**

• Social, domestic and pleasure, including travel to and from work but EXCLUDING any professional or business use **Use 1**

**Use 1**

• Social, domestic, pleasure, professional and business use EXCLUDING hiring, carriage of fare-paying passengers, driving instruction for reward **Use 2**

**Use 2**

**NOTE: LDVs, Bakkies and other vehicles designed to carry goods may only be insured with Class of use 0 or 1.**

8.8 Is the vehicle entitled to a No Claim/ Claim-free discount? **Attach proof**

**Years of claim-free driving**  
**0 1 2 3 4 5**

**Years of claim-free driving**  
**0 1 2 3 4 5**

8.9 Sum insured **R**

**R**

**This should be adequate to cover your vehicle AND accessories PLUS Credit Shortfall if you require this cover.**

8.10 The premium for a comprehensively insured vehicle will be reduced if you elect to bear a voluntary excess in addition to the standard policy excesses. **Please tick the appropriate block**

**NIL R500 R1 000 R2 000 R3 000 R5 000**

**Voluntary excess you require for second vehicle** **R**

**8. continued**

*Vehicle 1*

*Vehicle 2*

8.11	Chassis number	<input type="text"/>		<input type="text"/>	
8.12	Engine number	<input type="text"/>		<input type="text"/>	
8.13	VIN – Vehicle identification number	<input type="text"/>		<input type="text"/>	
8.14	Is the vehicle fitted with any of the following? <i>Give details or tick as appropriate.</i>				
	• VESA approved Tracking Device	<input type="text"/>	<input type="button" value="No"/>	<input type="text"/>	
	• VESA Key Confirmation Gearlock	<input type="text"/>	<input type="button" value="No"/>	<input type="text"/>	
	• Factory-fitted Immobiliser	<input type="text"/> <input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="text"/> <input type="button" value="Yes"/>	
	• VESA approved level 3 or 4 immobiliser	<input type="text"/>	<input type="button" value="No"/>	<input type="text"/>	
	• VESA approved Gearlock	<input type="text"/>	<input type="button" value="No"/>	<input type="text"/>	
	• Something else	<input type="text"/>	<input type="button" value="No"/>	<input type="text"/>	
8.15	The basic excess for a vehicle is 5% of a claim with a minimum in Rands. You can have this basic excess reduced to NIL by paying a slightly higher premium. Do you require <b>Basic Excess Waiver</b> ?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
8.16	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 (a manual 1600cc with air-conditioning and radio/tape) at our cost for up to 30 days. Do you require <b>Car Hire Cover</b> ?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
8.17	Usual driver's name	<input type="text"/>		<input type="text"/>	
8.18	Usual driver's gender	<input type="button" value="Male"/>	<input type="button" value="Female"/>	<input type="button" value="Male"/>	<input type="button" value="Female"/>
8.19	Usual driver's date of birth	<input type="text"/> d d m m c c y y		<input type="text"/> d d m m c c y y	
8.20	Date of issue of Driver's License of usual driver	<input type="text"/> d d m m c c y y		<input type="text"/> d d m m c c y y	
8.21	Name of registered owner	<input type="text"/>		<input type="text"/>	
	<i>Note that only vehicles owned by you or your spouse may be insured.</i>				
8.22	Is the vehicle subject to a credit sale or similar agreement?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
8.23	Where is the vehicle parked at night:	<input type="text"/>		<input type="text"/>	

**Multiple vehicle insurance** *In respect of a third and subsequent vehicles, please complete pages 4 and 5 of a further proposal form and attach them to this form.*

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

Have you completed pages 4 and 5 of a further proposal form in respect of the additional vehicles?

**Please answer the following questions.**

1.	Do you or any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical or mental infirmity?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
2.	Have you or any person who you know will drive, been convicted of or paid an admission for guilt fine for any motoring offence (other than parking fines) during the past 3 years or is any prosecution pending?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
3.	Has your driver's licence, or that of any other person who you know will drive, ever been endorsed, suspended or cancelled?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
4.	Are any of the vehicles used on a full time basis by a person who is not a member of your family?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
5.	Are any of the vehicles used for commercial purposes?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
6.	Have any of the vehicles been:		
	6.1 modified in any way after leaving the manufacturer?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	6.2 rebuilt or previously been deregistered?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
7.	When not in use at night, are the vehicles parked in a place where they are not under lock and key?	<input type="button" value="Yes"/>	<input type="button" value="No"/>

**If you have ticked the  block for any of questions 1 to 7 above, please give full details in the space below, using the question numbers as a reference.**

## 9. Caravan and Trailer Insurance

Caravan/Trailer 1

Caravan/Trailer 2

9.1	Make	<input type="text"/>	<input type="text"/>
9.2	Model	<input type="text"/>	<input type="text"/>
9.3	Registration number	<input type="text"/>	<input type="text"/>
9.4	Date of first registration/Year of Manufacture	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/>
9.5	Sum insured	<b>R</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>R</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>This should be adequate to cover your caravan and any accessories supplied as part of a new caravan.</i>			
9.6	Name of registered owner	<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.*

## 10. Small Craft

10.1	Type of craft	<input type="checkbox"/> Yacht	<input type="checkbox"/> Outboard Motor Boat	<input type="checkbox"/> Inboard Motor Boat	<input type="checkbox"/> Ski Boat	<input type="checkbox"/> Jet Ski	<input type="checkbox"/> Rubber Duck
10.2	Serial numbers of boat and motor(s)	<input type="text"/>					
10.3	Number of motors	<input type="text"/>	Their horsepower individually		<input type="text"/>	<input type="text"/>	
10.4	Year of manufacture: of craft	<input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/>	of the motors		<input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/>	
10.5	Make and model of the craft	<input type="text"/>				Sum insured	<b>R</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.6	Make and model of the motors	<input type="text"/>				Sum insured	<b>R</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.7	<b>Total sum insured for the craft, motors and accessories normally sold with the vessel</b>					<b>R</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 11. 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 you require.*

<input type="checkbox"/> <b>R10 000 000</b>	<i>(Premium = R10.00 per month)</i>	<input type="checkbox"/> <b>R20 000 000</b>	<i>(Premium = R20.00 per month)</i>
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## 12. 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.

## 13. Add-on Products

The following services are provided by Europ Assistance but for your convenience and to save you bank charges, the monthly fees for these services are collected together with the premium for your policy and we remit them to Europ Assistance with your relevant details. Your broker has pamphlets with full details of the services.

*Please tick the appropriate block.*

Emergency Medical Assistance	<i>(Monthly fee = R8.55)</i>	<input type="checkbox"/> Yes please	<input type="checkbox"/> No thank you
Roadside Assistance Service	<i>Please give the registration of each vehicle for which this service is required.</i>		
<i>(Monthly fee = R13.00 per vehicle)</i>	<input type="text"/>	<input type="text"/>	

**14. 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.***

14.1 Have your possessions been insured previously?  Yes  No

If "Yes", please state the names of your previous insurers, the policy numbers and the date cover expired.

14.2 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?  Yes  No

If "Yes", details please.

14.3 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 give the date of loss, brief details of what happened, the driver's name (if applicable), the cost and the insurers if you were insured. A repudiated claim must also be mentioned.

<i>The date</i>	<i>What happened</i>	<i>The driver, if a motor claim</i>	<i>The cost</i>	<i>The insurer</i>

14.4 Are there any other facts that may affect the likelihood of a claim?  Yes  No

If "Yes", details please.

**15. 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 utilise the records of one or more of the registered Credit Bureaux to: Perform a credit search when assessing my application for insurance; monitor my payment behaviour; record the existence of my policy and transmit details of my claims and of how my premium payments are conducted.

Proposer's Signature  Date

**NOTES** *On this page you may add any additional information which you consider will help us understand your risk/situation.*

# HOUSEHOLD CONTENTS INVENTORY

*When completing this inventory:*

1. Do not include the value of any article individually insured under the All Risks section.
2. Calculate the values using current replacement costs.

Description	Lounge	Dining Room	Family Room	Hall & Stairs	Bed-room 1	Bed-room 2	Bed-room 3	Other Rooms	Bath-rooms	Kitchen	Laundry	Garage & Outbuildings	Patio & Poolside	TOTALS
Pictures and Paintings														
Vases, Clocks and Ornaments														
Curtains, Loose carpets and rugs														
TV's, VCR's and Hi-Fi's														
Tapes and Compact Discs														
PC and Printer														
Furniture														
Heaters, Fans, etc.														
Crockery and Cutlery														
Food and Drink														
Household Linen														
Clothing and Footwear														
Jewellery, Cameras and Watches														
Books														
Toiletries														
Kitchen Utensils and Equipment														
Domestic Appliances														
Hobby and Sports Equipment														
Children's Toys														
Any other contents														
Lawnmower and Gardening Tools														
Garage Tools														
Garden Furniture														
Sub-totals														
<b>GRAND TOTAL</b>														

Signature

Date

d	d	m	m	c	c	y	y
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