

Underwritten by:



A member of the  OLDMUTUAL Group

PROPOSAL FORM

The *Secure* Policy can only be issued in the name of an Individual or Trust and not in a Company or a CC

INTERMEDIARY/INSURANCE ADVISER INFORMATION

Broker Name	<input type="text"/>	Telephone No	<input type="text"/>
E-Mail Address	<input type="text"/>	Fax No	<input type="text"/>
Inception Date of <i>Secure</i> Policy	<input type="text"/>		

THE PROPOSER

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
ID No	<input type="text"/>		E-Mail Address	<input type="text"/>	
Postal Address	<input type="text"/>		Residential Address	<input type="text"/>	
	<input type="text"/>			<input type="text"/>	
	<input type="text"/>			<input type="text"/>	
	<input type="text"/>			<input type="text"/>	
Work Nr	<input type="text"/>	Mobile Nr	<input type="text"/>	Fax Nr	<input type="text"/>

DISCLOSURE (If "Yes" kindly supply detail)

Have you ever been criminally convicted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been declared insolvent or been sequestrated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has any insurer ever cancelled your insurance or imposed special conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please disclose any additional information relevant to this proposal, and which information might influence the insurer's decision to accept and underwrite this risk

COMMUNICATION METHOD

How would you like to receive correspondence from us?

E-Mail Postage Fax

RISK ADDRESSES INFORMATION

Residential Address (A)

Residential Address (B)

Residential Address (C)

Please complete this section as comprehensively as possible:

Residential Address (A)	Residential Address (B)	Residential Address (C)
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Tell us more about your home

Is it occupied	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will it be unoccupied				
• for more than 60 days a year	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• for more than 7 consecutive days in the first 30 days of cover	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is it a Holiday Home	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it Hired or Let out	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof – Standard Construction	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Standard Construction	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall – Standard Construction	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall – Non-Standard Construction	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Non-Standard Construction Outbuildings/structures such as Thatched Lapas, Wendy House, Shade or hail netting, Tents or Wooden Storerooms	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK ADDRESSES INFORMATION (continued)

What security measures do you have at your premises?

Burglar Bars →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Gates →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour access control →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm - Linked →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siren only →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time Security Guards on premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter wall - 1.8 high with:			
• Razor/Barbed Wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Electric Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a registered Bond on the property?

Credit Provider / Bond Holder →

HOUSEHOLD CONTENTS

<input type="text"/> Residential Address (A)	<input type="text"/> Residential Address (B)	<input type="text"/> Residential Address (C)
<u>Sum Insured</u>	<u>Sum Insured</u>	<u>Sum Insured</u>
Standard Construction	Standard Construction	Standard Construction
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(New Replacement Value)</i>	<i>(New Replacement Value)</i>	<i>(New Replacement Value)</i>
Non-Standard Construction	Non-Standard Construction	Non-Standard Construction
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(New Replacement Value)</i>	<i>(New Replacement Value)</i>	<i>(New Replacement Value)</i>
<u>Type of Cover</u>	<u>Type of Cover</u>	<u>Type of Cover</u>
Full Cover <input type="checkbox"/>	Full Cover <input type="checkbox"/>	Full Cover <input type="checkbox"/>
Limited (excluding Burglary/Theft) <input type="checkbox"/>	Limited (excluding Burglary/Theft) <input type="checkbox"/>	Limited (excluding Burglary/Theft) <input type="checkbox"/>

Would you like to waive your excess at an additional premium? Yes No

HOUSEOWNERS (BUILDINGS / STRUCTURES)

Residential Address (A)

Residential Address (B)

Residential Address (C)

Sum Insured

Standard Construction

(New Replacement Value)

Non-Standard Construction

(New Replacement Value)

Sum Insured

Standard Construction

(New Replacement Value)

Non-Standard Construction

(New Replacement Value)

Sum Insured

Standard Construction

(New Replacement Value)

Non-Standard Construction

(New Replacement Value)

Would you like to waive your excess at an additional premium? Yes No

ALL RISKS

Unspecified Limit (Single item limited to 25% of sum insured on this item)

Specified Items

Serial number/IMEI number

Proof of purchase/valuation received?

Would you like to waive your excess at an additional premium? Yes No

(Only available for items of values less than R50 000)

VEHICLES AND MOTORCYCLES

Our Policy specifically excludes any form of racing. This exclusion does not mean that intent to race or involvement in any form of racing is not relevant. Any racing must still be disclosed.

Vehicle 1	Vehicle 2	Vehicle 3
Year <input style="width: 80px;" type="text"/>	Year <input style="width: 80px;" type="text"/>	Year <input style="width: 80px;" type="text"/>
Make <input style="width: 200px;" type="text"/>	Make <input style="width: 200px;" type="text"/>	Make <input style="width: 200px;" type="text"/>
Model <input style="width: 200px;" type="text"/>	Model <input style="width: 200px;" type="text"/>	Model <input style="width: 200px;" type="text"/>
Reg Nr <input style="width: 200px;" type="text"/>	Reg Nr <input style="width: 200px;" type="text"/>	Reg Nr <input style="width: 200px;" type="text"/>
VIN Nr <input style="width: 200px;" type="text"/>	VIN Nr <input style="width: 200px;" type="text"/>	VIN Nr <input style="width: 200px;" type="text"/>
Engine Nr <input style="width: 180px;" type="text"/>	Engine Nr <input style="width: 180px;" type="text"/>	Engine Nr <input style="width: 180px;" type="text"/>

Applicable to motorcycles only

Type <input style="width: 180px;" type="text"/>	Type <input style="width: 180px;" type="text"/>	Type <input style="width: 180px;" type="text"/>
Engine capacity cc <input style="width: 70px;" type="text"/>	Engine capacity cc <input style="width: 70px;" type="text"/>	Engine capacity cc <input style="width: 70px;" type="text"/>

Registered Owner

Insured <input style="width: 180px;" type="text"/>	Insured <input style="width: 180px;" type="text"/>	Insured <input style="width: 180px;" type="text"/>
Other <input style="width: 180px;" type="text"/>	Other <input style="width: 180px;" type="text"/>	Other <input style="width: 180px;" type="text"/>

Who drives the vehicle/motorcycle?

Regular Driver <input style="width: 160px;" type="text"/>	Regular Driver <input style="width: 160px;" type="text"/>	Regular Driver <input style="width: 160px;" type="text"/>
Age <input style="width: 40px;" type="text"/>	Age <input style="width: 40px;" type="text"/>	Age <input style="width: 40px;" type="text"/>

Drivers Licences of Regular Driver Code Date of first issue

Licence 1	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Licence 2	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

Who finances your vehicle/motorcycle?

<input style="width: 200px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 200px;" type="text"/>
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Is the insured vehicle a "Rebuilt?"

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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VEHICLES AND MOTORCYCLES (continued)

Vehicle 1

Vehicle 2

Vehicle 3

Extras

Radio – Factory fitted
 Own radio

Radio – Factory fitted
 Own radio

Radio – Factory fitted
 Own radio

Type of Cover

Comprehensive
 Limited
 3rd Party Only

Comprehensive
 Limited
 3rd Party Only

Comprehensive
 Limited
 3rd Party Only

Limit of Compensation

Retail Value

Retail Value

Retail Value

Security on your vehicle

Tracking Device
 Tracking Co.
 Immobiliser
 Other

Tracking Device
 Tracking Co.
 Immobiliser
 Other

Tracking Device
 Tracking Co.
 Immobiliser
 Other

Car Hire

Days

Days

Days

Standard - Manual
 Automatic
 LDV
 LDV with Canopy
 BMW 320i

Standard - Manual
 Automatic
 LDV
 LDV with Canopy
 BMW 320i

Standard - Manual
 Automatic
 LDV
 LDV with Canopy
 BMW 320i

VEHICLES AND MOTORCYCLES (continued)

Vehicle 1

Vehicle 2

Vehicle 3

For what purpose is your vehicle used

Private

Business

Private

Business

Private

Business

Description of Business use

Would you like to waive your BASIC and WINDSCREEN excess at an additional premium? Yes No

(NOT AVAILABLE FOR MOTORCYCLES)

TRAILERS/CARAVANS/BOATS

Description 1

Description of 2

Description of BOAT

Trailer Caravan

Trailer Caravan

Boat

Year

Year

Year

Make

Make

Make

Model

Model

Model

Registration Nr

Registration Nr

Registration Nr

VIN Nr

VIN Nr

VIN Nr

Applicable to Boats only

Address where the vessel is kept

Waters in which vessel will be used: Inland Open seas

Number of engines: Serial no of engine: No 1 No 2

Type of Cover

Comprehensive

Comprehensive

Comprehensive

Limited

Limited

Limited

3rd Party Only

3rd Party Only

3rd Party Only

TRAILERS/CARAVANS/BOATS (continued)

Description 1

Description of 2

Description of BOAT

Limit of Compensation

Retail Value Retail Value Retail Value

Who finances your trailer/caravan/boat?

(NO excess waiver available for this section)

PREVIOUS INSURANCE DETAILS

Who were you previously insured with?

Have you suffered any losses under any previous policy in the last 5 years?

DECLARATION

I warrant that the answers given are true, 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 have never been refused insurance for the risks I now wish to insure nor have I had any policy in which I have or had an interest, cancelled or restricted.

I agree that this proposal shall be the basis of the contract between the insurer and me.

Signature of the Insured Date

PAYMENT METHOD AND BANKING DETAILS

Monthly by DEBIT ORDER

Account Holder

Bank/Institute

Account No.

Branch Name

Date of Deduction 1 5 7 15

 20 25 28

ANNUAL by Debit Note

Mutual & Federal Risk Financing Ltd / SIS Domestic Premium Trust
FNB Premium Bank Account
Account no: 6236 463 5428
Branch code: 255 005



Please send the proof of payment to your broker

I/We hereby request **STRATEGIC INSURANCE SYSTEMS (PTY) LTD** (in terms of the written agreement with **Mutual & Federal Risk Finance**) to draw against my/our account whichever it is or will be to debit my/our account with such amounts drawn against it by **STRATEGIC INSURANCE SYSTEMS (PTY) LTD** in terms of the request. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

Account Holder Signature

Date

A second signature will be required for joint accounts or when a minor is assisted by a legal guardian.