

UNDERWRITTEN & ADMINISTERED BY CIB (PTY) LTD & GUARDRISK INSURANCE COMPANY LIMITED

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his/her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the Insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the Insured. Any incomplete proposals will not be accepted by CIB.

Broker

PERSONAL DETAILS

Title	Full names		
Surname			
ID No.	Marital Status		
Tel No. (W)	Fax No.		
(H)	Email		
(C)	Preferred Communication Method		
Postal Address	Risk Address (where goods are kept at night)		
Code	Code		
Are you a South African citizen?	<input type="checkbox"/>	YES	<input type="checkbox"/>
			NO
If NO, which country are you a citizen of?			
Occupation	Nature of Business or Industry		
COMMENCEMENT DATE OF POLICY			

BANKING DETAILS

Please note that the Debit order instruction in respect of Short Term Insurance has to accompany this proposal.

Bank	Branch	Branch Code
Account Holder	Account No.	
Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque <input type="checkbox"/> Current <input type="checkbox"/> Transmission
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Collection Date	<input type="checkbox"/> 1 st of Month	<input type="checkbox"/> 7 th of Month <input type="checkbox"/> 15 th of Month

Have you as the Insured; or your spouse, or any person that may be living with you, or any other person that may at any time drive any of the vehicles stated in this policy in any capacity:

a) Been declared insolvent	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b) Had any judgements, sequestration or financial administration orders made against YOU/any person mentioned on this policy	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c) Are there any pending judgements, sequestration or financial administration orders made against You/any person mentioned in this policy	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d) Have a criminal record	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e) Are there any pending criminal investigations against You/any person mentioned on this policy	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f) Have a physical defect i.e. vision, hearing, epilepsy etc?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
g) Has any insurance company ever cancelled or applied any special conditions to a policy of yours or your spouse / any person mentioned on this policy	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If YES, to any of the above, please provide further details

DOMESTIC BUILDINGS SECTION

Sum insured R:

Type of Residence

<input type="checkbox"/>	House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Cluster	<input type="checkbox"/>	Estate
<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>	Flat - Above Ground	<input type="checkbox"/>	Other		

If OTHER, please specify

Construction

Roof- e.g. Tile

Walls - e.g. Brick

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Physical address

Code

Do you currently have insurance on your buildings?

YES NO

Current/previous insurer and policy no.

Bondholder

Do you require extended subsidence and landslip cover?
(If YES, separate questionnaire to be completed)

YES NO

Do you require White Goods cover?

YES NO

Sum insured

R

Do you require Matching Building Material cover?

YES NO

INITIAL

Sum insured	<input type="checkbox"/> R50 000	<input type="checkbox"/> R100 000
Do you require Power Surge cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> R10 000	<input type="checkbox"/> R20 000
	<input type="checkbox"/> R30 000	<input type="checkbox"/> R40 000
	<input type="checkbox"/> R50 000	<input type="checkbox"/> R100 000
	<input type="checkbox"/> R250 000	
Is the residence occupied during working hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		
Is the residence occupied by anyone other than the insured or insured's family?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		
Will the residence be unoccupied for 4 consecutive days in the next 60 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		
Will the residence be unoccupied for more than 60 days a year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		
Is the residence in an established built-up area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any new building developments nearby?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the residence on a small holding, farm or plot?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		
Is the residence next to a vacant piece of land?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the residence currently vacant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		
Is the residence being lent, let or sublet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details		

Please provide any details of any claims or losses suffered by you during the past five years, whether insured or not.

DATE	DESCRIPTION	AMOUNT	SETTLED

HOUSEHOLD CONTENTS SECTION

Sum insured R:	
Risk Address	Code

INITIAL

Type of Residence	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Cluster
	<input type="checkbox"/> Flat - Ground Floor	<input type="checkbox"/> Flat - Above Ground	<input type="checkbox"/> Estate
	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> Other	

If OTHER, please specify

If the residence is a holiday home, how long will it be unoccupied for?

Please provide further details as to when the holiday home will be occupied and by whom.

Are there security and caretaking\housekeeping measures in place at the holiday home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If, yes, please provide further details.

Construction	Roof- e.g. Tile	Walls - e.g. Brick
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If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Do you require a Value at Risk survey to be conducted on your main residence's contents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require extended subsidence and landslip cover? (If YES, separate questionnaire to be completed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all opening windows protected by burglar bars?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all external doors protected by security gates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any sliding doors at the residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the sliding doors protected by security gates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the sliding doors fitted with an additional locking mechanism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide details of the additional locking mechanism fitted to sliding door/s

Is there a burglar alarm system installed at your residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, is the alarm linked to an armed response company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the alarm in working order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the alarm activated when the residence is unoccupied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all opening windows and external doors protected by the alarm / sensor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name the armed response company	<input type="text"/>	
Is the residence situated in an estate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INITIAL

Does the estate have 24 hour access control?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the estate enclosed with electric fencing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there 24 hour guards stationed at the estate?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any factors not mentioned above that may adversely affect the security risk of your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Are there any additional security features not mentioned above, that may improve the security of your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence occupied during working hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence occupied by anyone other than the insured or insured's family?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Will it be unoccupied for 4 consecutive days within the next 60 days?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Will the residence be unoccupied for more than 60 days a year?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Do you conduct any business from the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, what type of business				
Do clients have access to the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you store any stock for the business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is any money kept on the premises with regard to the business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please specify amount R				
Is the residence in an established built-up area?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any new building developments nearby?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence on a small holding, farm or plot?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				

INITIAL

Is the residence near a park, a sports field or golf course?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details (km distance)				
Is the residence next to a vacant piece of land?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence being lent, let or sublet?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Do you currently have insurance for your contents?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Current/previous insurer and policy no.	<input type="text"/>			
Have there been any burglaries at this risk address?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED
<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"/>

PERSONAL BELONGINGS OF PARENTS/GRANDPARENTS IN NURSING HOMES

Sum insured R:				
Risk Address				
				Code
Type of Residence	<input type="checkbox"/>	House	<input type="checkbox"/>	Townhouse
	<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>	Flat - Above Ground
	<input type="checkbox"/>		<input type="checkbox"/>	Cluster
	<input type="checkbox"/>		<input type="checkbox"/>	Other
If OTHER, please specify				
Construction	Roof- e.g. Tile		Walls - e.g. Brick	
If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal				
Are all opening windows protected by burglar bars?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all external doors protected by security gates?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any sliding doors at the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are the sliding doors fitted with an additional locking mechanism?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Please provide details of the additional locking mechanism fitted to sliding door/s				

INITIAL

Is there a burglar alarm system installed at your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, is the alarm linked to an armed response company?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm in working order?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm activated when the residence is unoccupied?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all opening windows and external doors protected by the alarm / sensor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Name the armed response company	<input type="text"/>			
Current/previous insurer and policy no.	<input type="text"/>			
Have there been any burglaries at this risk address?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

PERSONAL BELONGINGS OF FULL TIME STUDENTS

Sum insured R:

Risk Address

Code

Type of Residence	<input type="checkbox"/>	House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Cluster
	<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>	Flat - Above Ground	<input type="checkbox"/>	Other

If OTHER, please specify

Construction	<input type="text"/>	Roof- e.g. Tile	<input type="text"/>	Walls - e.g. Brick	<input type="text"/>
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If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Are all opening windows protected by burglar bars?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all external doors protected by security gates?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any sliding doors at the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are the sliding doors fitted with an additional locking mechanism?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide details of the additional locking mechanism fitted to sliding door/s

INITIAL

Is there a burglar alarm system installed at your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, is the alarm linked to an armed response company?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm in working order?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm activated when the residence is unoccupied?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all opening windows and external doors protected by the alarm / sensor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Name the armed response company	<input type="text"/>			
Current/previous insurer and policy no.	<input type="text"/>			
Have there been any burglaries at this risk address?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

EXTENDED BASIC COVER

Assets outside and/or removed from the private residence limited to a maximum of 25% of the Household Contents sum insured limited to the item limit noted in the schedule. This cover excludes assets/personal belongings of full time students not residing with You and parents/grandparents in nursing homes.

Extended Basic Cover Sum Insured	<input type="text"/>
Item Limit	<input type="text"/>

PLEASE NOTE:

- The item limit selected cannot exceed the Extended Basic Cover sum insured.
- Kindly ensure that the above Extended Basic cover is sufficient. Should this cover not be sufficient, items can be specified under the All Risk section.

PERSONAL LIABILITY SECTION

Limit of Liability is R3 000 000 (three million rand) which is automatically added to your policy

Do you require Supplementary Liability at an additional premium?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
R10 000 000 (ten million rand)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
or				
R20 000 000 (twenty million rand)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

INITIAL

ALL RISKS SECTION

Please itemise any item that should be specified under the all risk section

DESCRIPTION	MAKE	MODEL	SERIAL NO.	VALUE

Special instructions

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

VEHICLE INSURANCE SECTION (Cars, Trailers, Caravans, Boats)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year			
Make			
Model			
Engine No.			
VIN No.			
Registration No.			
Vehicle Code			
Registered Owner			
Registered Owner's ID & relationship to Insured			
Regular Driver			
Regular Driver's ID & relationship to Insured			
Occupation of Driver			
Marital Status of Driver			
Year drivers license obtained			
License code			

Have you attended any defensive driving course?

YES

NO

Will anyone else drive the vehicle
(If YES, complete the following questions)

YES

NO

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Name of Driver			
Driver's ID & relationship to Insured			
Occupation of Driver			
Marital Status of Driver			
Year drivers license obtained			
License code			

Have you attended any defensive driving course?

YES

NO

Type of Use		Strictly Private		Strictly Private		Strictly Private		
		Social (Inc to work & back)		Social (Inc to work & back)		Social (Inc to work & back)		
		Business		Business		Business		
		Professional Business		Professional Business		Professional Business		
Average kilometers travelled per month								
Type of Cover		Comprehensive		Comprehensive		Comprehensive		
		3rd Party, Fire & Theft		3rd Party, Fire & Theft		3rd Party, Fire & Theft		
		3rd Party Only		3rd Party Only		3rd Party Only		
Security fitted in vehicle		Anti-Hijack		Anti-Hijack		Anti-Hijack		
		Immobiliser		Immobiliser		Immobiliser		
		Tracking		Tracking		Tracking		
		Alarm		Alarm		Alarm		
		Transponder Key		Transponder Key		Transponder Key		
Any extras fitted & value								
Do you require these extras to be insured		YES		NO		YES		NO
Car radio cover required		YES		NO		YES		NO
If YES, please provide further details		Make		Make		Make		
		Model		Model		Model		
		Insured Value		Insured Value		Insured Value		
Is the vehicle modified or converted		YES		NO		YES		NO
If YES, please specify								
Address where the vehicle is kept at night								

INITIAL

	VEHICLE 1				VEHICLE 2				VEHICLE 3			
Is the vehicle in a locked garage or behind locked gates at night		YES		NO		YES		NO		YES		NO
Address where the vehicle is kept during the day												
What security is in place at the risk address during the day												
Credit Shortfall (Purchase invoice required)		YES		NO		YES		NO		YES		NO
	Amount R				Amount R				Amount R			
Do you require car hire		YES		NO		YES		NO		YES		NO
If MANUAL		30 days		60 days		30 days		60 days		30 days		60 days
If AUTOMATIC		30 days		60 days		30 days		60 days		30 days		60 days
If EXECUTIVE		30 days		60 days		30 days		60 days		30 days		60 days
Excess Structure		STANDARD				STANDARD				STANDARD		
		EXCESS BUSTER (No excess buster applies to under 30's)				EXCESS BUSTER (No excess buster applies to under 30's)				EXCESS BUSTER (No excess buster applies to under 30's)		
		FLAT EXCESS (No flat excess applies to under 30's)				FLAT EXCESS (No flat excess applies to under 30's)				FLAT EXCESS (No flat excess applies to under 30's)		
Has the vehicle been purchased through		Dealership				Dealership				Dealership		
		Privately				Privately				Privately		
		Finance House				Finance House				Finance House		
Interest of Financial Institutions (purchase invoice required)												

Are you insured on any other vehicle insurance at the moment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Please advise the cancellation date of the above policy	<input type="text"/>			
Have you had continuous insurance in the last 5 years?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If NO, please provide further details				
Current/Previous insurer	<input type="text"/>			
Policy No.	<input type="text"/>			
Reason for cancellation	<input type="text"/>			
Have you or any other driver of the vehicle/s ever had their drivers license endorsed or cancelled.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				

INITIAL

Please provide details of any claims or losses suffered by you or any other person that may drive any of the vehicles during the past five years, whether insured on any policy or not.

DATE	DESCRIPTION	AMOUNT	SETTLED

Special instructions

PERSONAL ACCIDENT SECTION

Do you require the insurance? YES NO

The age limits for acceptance under this section are 18 to 75 years

PERSONS TO BE INSURED			
	1	2	3
Name & Surname			
Occupation			
ID Number			
Relationship to insured			
Death (Compulsory Benefit)	R	R	R
Permanent Disablement (Maximum not to exceed Death Benefit)	R	R	R
Temporary Total Disablement (Maximum 52 weeks) (Maximum R10 000 per week)	R	R	R
Medical Expenses (Maximum R10 000)	R	R	R

In respect of persons to be insured (PLEASE ANSWER ALL QUESTIONS FULLY)

Please give full details of all injuries which any of the persons to be insured have incurred (giving dates and duration)

DATE	DESCRIPTION

Is there any other additional Personal Accident cover in force? YES NO

If YES, please provide further details

Please provide any details of any claims or losses suffered by you during the past five years, whether insured or not

DATE	DESCRIPTION	AMOUNT	SETTLED

Do any of the persons to be insured suffer from defective vision or hearing or from any physical or mental condition? YES NO

If YES, please provide further details

INITIAL

Has the insured persons undergone any operation of any sort in the past?

YES

NO

If YES, please provide further details

Current status of health

The Beneficiary - In respect of any claim consequent upon your death, we will pay the benefit to the beneficiary nominated by you and named in the schedule.

NAME

ID NO.

SPECIAL RISK

Do you require Emergency Home Assist cover?

YES

NO

Do you require Motor Assistance cover?

YES

NO

DECLARATION

INFORMATION SHARING

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between Insurers is in the public's interest as it enables Insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, thereby minimising premium increases.

On my behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognised sources or databases.

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 CIB. I have never been refused insurance for risks I now wish to insure, nor have I had any policy in which I have or had an interest in, cancelled or restricted.

I agree that this proposal shall be the basis of the contract between the Insurer and myself. I understand that CIB may disclose my claims information to other parties. I will accept the Insurer's standard policy.

I declare and agree that all items insured by this Policy comply with and are maintained in accordance with all the relevant laws and regulations of the Republic of South Africa.

I understand that this insurance will not start until this proposal has been accepted by the Insurers. If you are unable to sign this declaration, please give your reasons here:

Signature

Date

We remind you not to initial any blank or partially completed forms. The signing of blank or partially completed forms by a policyholder whereby someone else fills in the details at a later stage, is an offence in terms of the policyholder protection legislation.

SASRIA cover is automatically included where applicable. Remember, no liability will attach to the Insured until this proposal has been accepted by CIB.