

The allsure Policy can only be issued in the name of an individual and not in a company or a CC

Excess Payable – See Annexure for details of the Excesses

All fields marked with * are mandatory

INTERMEDIARY / INSURANCE ADVISER INFORMATION

*Broker Name: *Tel. No.: (code) Contact Person:
 Intermediary / Insurance Adviser Code: Email Address:
 Do you require a Broker fee on this Policy: Y N If Yes, state amount: % or R

THE PROPOSER - Wherever the word YOU appears, it means the Proposer

*Title: *First Names: *Surname:
 *Date of Birth: Y Y M M D D *Marital Status: Married Unmarried Living Together Widower Divorced
 *ID Type: SA Bar Coded ID SA Non Bar Coded ID Namibian ID Foreign Passport *Gender M F
 *ID Number: *Passport Number (if non SA resident):
 *Postal Address: *Occupation:
 *Contact Numbers: Mobile No.:
 Work No.: (code) Home No.: (code)
 Postal Code: *Email Address: Fax No.: (code)
 Can we perform a credit rating check to assist with rating, underwriting and claims? Y N

THE CO-POLICYHOLDER DETAILS

*Initials: *Surname: *Date of Birth: Y Y M M D D
 *ID Type: SA Bar Coded ID SA Non Bar Coded ID Namibian ID Foreign Passport *Gender M F
 *ID Number: *Passport Number (if non SA resident)

PAYMENT OPTIONS AND BANKING DETAILS - Please (✓) the appropriate blocks

Premium payment method: Annual Monthly Debit Order Monthly Credit Card
 If paying monthly, please indicate the date for the debiting of premiums: D D

MONTHLY DEBIT ORDER ACCOUNTS
 Bank: Branch: Branch Code:
 Account Number: Type of Account: Cheque Transmission Savings

MONTHLY CREDIT CARD ACCOUNTS
 Card Number: CVV / CVC Number: Expiry Date: /
 Type of Card: Visa Mastercard Diners Club American Express **Debit cards cannot be accepted**

Accountholder Name: Accountholder Signature:
 Date: Y Y M M D D Start date of this insurance: Y Y M M D D Language preferred: E A
 Are you 55 years and older and not gainfully employed: Y N If Yes, the policy will be "Excess Free"

SASRIA cover included where applicable

COMMUNICATION - Preferred method of communication

How would you like to receive correspondence from us? Please (✓) the appropriate option:

Your Policy: By e-mail: By postage: Your Policy Wording: By e-mail: By postage:

Or would you prefer to view this document on our Website? Y N

Your Policy Schedule and Endorsements: By e-mail: By postage:

Or would you prefer to view this document on our Website? Y N

GENERAL INFORMATION - Please complete (applicable to all sections)

Physical address of your private home:

PRIVATE HOME (1)

Postal Code:

PRIVATE HOME (2)

Postal Code:

This section is compulsory if cover is required for Household Goods, Houseowners and / or the All Risks Section.

Private homes occupied as communes are not acceptable. Please (✓) the appropriate option:

ADDITIONAL INFORMATION

Private Home (1)

Private Home (2)

Is this your main home: Y N

Is the roof constructed of:
 Tile Slate
 Concrete Metal
 Shingles Thatch
 Fibre Cement Sheet
 Other

Y N
 Tile Slate
 Concrete Metal
 Shingles Thatch
 Fibre Cement Sheet
 Other

If Thatch - an SABS approved Lightning Certificate is required.

Are the main walls constructed of:
 Brick / Stone or Concrete
 Asbestos or Timber Clad
 Metal Frame and Fibreglass
 Timber / Part Timber Framed Metal
 Prefabricated Sandwich Panels

Brick / Stone or Concrete
 Asbestos or Timber Clad
 Metal Frame and Fibreglass
 Timber / Part Timber Framed Metal
 Prefabricated Sandwich Panels

Where is your private home situated:
 Smallholding, Plot or Farm
 Security Village / Complex
 Retirement Complex
 Enclosed Access Controlled Area
 Residential Area, No Access Control

Smallholding, Plot or Farm
 Security Village / Complex
 Retirement Complex
 Enclosed Access Controlled Area
 Residential Area, No Access Control

Is your private home situated within 500m of a Shoreline/River/Lake or Dam: Y N

From which date have you lived at your private home: Y Y Y Y - M M

Y N
 Y Y Y Y - M M

What type of private home do you have:
 Detached House/Cottage
 Semi-detached House/Cottage
 Flat above 1st Floor
 Flat Ground Floor/1st Floor

Detached House/Cottage
 Semi-detached House/Cottage
 Flat above 1st Floor
 Flat Ground Floor/1st Floor

Private Home (1)

Private Home (2)

How many bedrooms in your private home:

How many bathrooms in your private home:

Will your private home be left unoccupied:

- During working hours:
- For more than a total of 60 days per year:
- Is the private home unoccupied for the first 7 days in the first 30 days of cover:

Is the private home a holiday home:

Will your private home be hired or let out:

If Yes, provide details

Are all opening windows burglar barred:

Are all fixed windows burglar barred:

Does any outbuilding or garage adjoining to the private home have an adjoining door:

Are all access doors fitted with security gates:

Is the perimeter of your private home walled/fenced with a wall or steel fence of at least 1.8m height:

Is there razor/barbed wire/fence on the perimeter wall/fence:

If Yes, please indicate as follows:

- Some perimeter walls/fence have razor/barbed wire/electric fencing:
- All perimeter walls/fence have razor/barbed wire/electric fencing

Are there full time security guards on your property:

Is there 24 hour access control to your property:

Is your private home protected with an alarm system:

If Yes, is the alarm system an approved ***SAIDSA** alarm system linked to a 24 hour control room with armed response:

If Yes, who is the Service Provider:

(Please attach documentary proof from the Service Provider)

If No, please provide details:

***South African Intruder Detection Services Association**

HOUSEHOLD GOODS SECTION

Do you require this insurance?

Y N

Householders Liability is automatically included

The Inventory Form included in page 17 of this proposal can assist you in determining the value of your Household Goods. Subsidence cover is automatically included and is subject to the underwriter's approval.

Private Home (1)

Private Home (2)

Compensation Limit (Insure for New Replacement Value):

R

R

Cover Option:

Full Cover

Limited Cover

Full Cover

Limited Cover

Have you suffered any losses under this section in the last 5 years:

Y N

Y N

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. Of claims
Year	No. Of claims
Year	No. Of claims
Year	No. Of claims
Year	No. Of claims
Year	No. Of claims

Year	No. Of claims
Year	No. Of claims
Year	No. Of claims
Year	No. Of claims
Year	No. Of claims
Year	No. Of claims

Do you have a credit or similar agreement on any items of your Household Goods:

Private Home (1)

Private Home (2)

Y N

Y N

If Yes, please provide details:

Household Goods Item

Households Good Item

Credit Provider

Credit Provider

Do you wish to reduce your premium by choosing a ***Selectable Excess:**

Y N

Y N

If Yes, state the amount selected:

R

R

Extended Accidental Damage including Power Surge -

If you require this cover please (✓) the limit required:

R 10,000
 R 25,000
 R 50,000
 R 100,000

R 10,000
 R 25,000
 R 50,000
 R 100,000

Retired Persons (Excess Free): Do you wish to reduce your premium by choosing a ***Selectable Excess:**

Y N

Y N

If Yes, state the amount selected

R

R

** Selectable Excess Option - See the attached Annexure for details.*

PERSONAL LIABILITY SECTION - Cover is automatically included with Household Goods cover

HOUSEOWNERS SECTION

Do you require this insurance?

Y N

Houseowners Liability is automatically included.

Subsidence cover is automatically included and is subject to the underwriter's approval.

Private Home (1)

Private Home (2)

Compensation Limit (Insure Buildings and Outbuildings for New Replacement Value):

R

R

Do you have a registered bond on you property:

Y N

Y N

If Yes, please state the Financial Institution's Name:

Do you wish to reduce your premium by choosing a ***Selectable Excess:**

Y N

Y N

If Yes, state the amount selected:

R

R

Accidental Damage to fixed machinery used in your home -

If you require this cover please (✓) the limit required:

R 10,000
 R 25,000
 R 50,000
 R 100,000

R 10,000
 R 25,000
 R 50,000
 R 100,000

Power Surge -

If you require this cover please (✓) the limit required:

R 10,000
 R 25,000
 R 50,000
 R 100,000

R 10,000
 R 25,000
 R 50,000
 R 100,000

Retired Persons (Excess Free): Do you wish to reduce your premium by choosing a ***Selectable Excess:**

Y N

Y N

If Yes, state the amount selected:

R

R

** Selectable Excess Option - See the attached Annexure for details*

PERSONAL ACCIDENT SECTION

Do you require this insurance?

Y

N

This cover cannot be offered to persons over the age of 70 at start date of cover

Note: There are Statutory Limitations applicable to policy benefits in the event of the death of a minor.

- Persons under the age of 6 years maximum **DEATH** benefit applicable is R10 000
- Persons 6 years and over but under the age of 14 years maximum **DEATH** benefit applicable is R30 000

There are no Statutory Limitations applicable to policy benefits in the event of **Permanent Disability** of a minor.

Please (✓) the appropriate option:

Insured Person (1)

Insured Person (2)

Cover Type:

- Full Cover
 Motor Accident Limitation cover

- Full Cover
 Motor Accident Limitation cover

Name and Surname;

Gender:

Male Female

Male Female

Date of Birth:

Y Y M M D D

Y Y M M D D

ID Number:

Occupation of insured person:

Relationship of insured person to you:

- Policy Owner
 Spouse
 Child
 Parent
 Co-Policholder
 Domestic Worker

- Policy Owner
 Spouse
 Child
 Parent
 Co-Policholder
 Domestic Worker

Benefits required:

Death (Compulsory Benefit)

 R

 R

(Maximum Benefit: R1 500 000)

Permanent Disability

 R

 R

(Maximum Benefit may not exceed R1 500 000)

Temporary Disability

 R

 R

(Maximum Benefit: R5 000 per week)

Medical Expenses

 R

 R

(Maximum Benefit: R20 000)

Has the insured person sustained previous injuries:

Y N

Y N

If Yes, provide details:

Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity:

Y N

Y N

If Yes, provide details:

Does the person insured have cover with another insurer:

Y N

Y N

If Yes, please provide details:

Do you wish to nominate a Beneficiary:

Y N

If Yes, state Name, ID Number and percentage amount to be allocated:

Name
Name
Name

ID Number
ID Number
ID Number

%
%
%

ALL RISKS SECTION

Do you require this insurance?

 Y N

GENERAL ITEMS - clothing and personal items normally worn or carried by you, subject to each item being limited to 25% of the General Item limit of compensation.

SPECIFIED ITEMS – the following items must be specified: Any Mobile Communication devices, any Audio Visual devices such as Car Radio, MP3 players, Gaming devices and Cameras, Global positioning equipment (GPS's), Bicycles, Surf Boards, Kite Boards, Paddle Skis, Kayaks, Canoe's, Surf Ski's, Windsurfers and Sailboards, Tools, Stamp and coin collections, Money and Documents, Locks, Keys and Remotes, Furs and Leather jackets, Wheelchairs and Firearms must be specified regardless of value. Articles kept permanently in a bank safe deposit must be specified (✓) appropriate box to indicate that the item is kept in a bank safe.

Invoices or valuation certificates for each item specified must be attached.

1 **GENERAL ITEMS** (minimum compensation limit R5 000)

R

At which Private home will these items be kept:

Address:

SPECIFIED ITEMS:

1

Serial Number

R

Bank Safe

 Y N

At which Private home will this item be kept:

Address:

2

Serial Number

R

Bank Safe

 Y N

At which Private home will this item be kept:

Address:

3

Serial Number

R

Bank Safe

 Y N

At which Private home will this item be kept:

Address:

4

Serial Number

R

Bank Safe

 Y N

At which Private home will this item be kept:

Address:

5

Serial Number

R

Bank Safe

 Y N

At which Private home will this item be kept:

Address:

Do you require cover for Money, Cheques or similar documents (R1 000 compensation limit):

 Y N

Retired Person (Excess Free): If you wish to pay an Excess for a premium discount (✓)

 Y**MOTOR SECTION**

This section must be completed if cover is required for Motor Car, Motorcycle or Trailer/Caravan.

A copy of the Licence / Registration papers must be attached for each Vehicle for which cover is required.

LDV's (Light Delivery Vehicles) used for business use cannot be insured in terms of your personal policy.

This cover cannot be offered to persons over the age of 79 at start date of cover.

Please (✓) the appropriate option.

MOTOR VEHICLE SECTION

Do you require this insurance?

 Y N**INFORMATION ABOUT THE DRIVER****Motor Vehicle (1)****Motor Vehicle (2)**

Licence/Registration Number of the vehicle:

Are you or your spouse the registered owner:

 Y N Y N

If No, state the name of the registered owner:

Name of the regular driver:

Type of ID of the regular driver

SA ID (non Bar Coded)

SA ID (non Bar Coded)

SA ID (Bar Coded)

SA ID (Bar Coded)

Namibian ID

Namibian ID

Foreign Passport

Foreign Passport

ID / Passport Number of regular driver:

Gender of the regular driver:

Male

Female

Male

Female

Motor Vehicle (1)

Motor Vehicle (2)

Marital status of the regular driver:

Married Unmarried
 Divorced Widow
 Widower
 Living Together

Married Unmarried
 Divorced Widow
 Widower
 Living Together

What is the regular driver's occupation:

Date of birth of the regular driver:

Y Y M M D D

Y Y M M D D

Relationship of regular driver to you:

Self Parent
 Spouse Other
 Child

Self Parent
 Spouse Other
 Child

Have you previously been insured for this section:

Y N

Y N

If Yes, please advise the number of years you have been insured for this section:

Have you suffered any losses under this section in the last 5 years excluding Window glass claims:

Y N

Y N

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. Of claims

Year	No. Of claims

When did the regular driver obtain his/her driver's licence:

Y E A R

Y E A R

What is the regular driver's licence code:

B C C1
 EB EC EC1

B C C1
 EB EC EC1

Are there any restrictions imposed on the licence:

Y N

Y N

If Yes, is it:

Electrically Powered
 Automatic Transmission
 Physically Disabled

Electrically Powered
 Automatic Transmission
 Physically Disabled

Does the regular driver or any person who may drive the vehicle:

- suffer from defective vision, hearing or from any physical or mental infirmity:

Y N

Y N

If Yes, provide details

- have a conviction or paid an admission of guilt fine for a driving offence in the past 5 years or is there prosecution pending:

Y N

Y N

If Yes, provide details

INFORMATION ABOUT THE VEHICLE

Motor Vehicle (1)

Motor Vehicle (2)

Which option would you like to insure your vehicle for:

- Option 1** - Reasonable Retail Value (with specified accessories, spare parts and Credit Shortfall)

Y N

Y N

- Option 2** - *Agreed Value Basis

Y N R

Y N R

* Agreed value means the average value that up to 3 (three) independant motor industry sources will in writing determine as the value of the vehicle and you specify at the time of your application for this policy, or any subsequent update.

Make and Model of your vehicle:

Year of Manufacture:

Y E A R

Y E A R

Motor Vehicle (1)

Motor Vehicle (2)

Engine Number:

VIN Number:

NATIS Number:

Is there any modification done on the vehicle:
 None
 Cosmetic Modification
 Performance Modification
 Performance and Cosmetic Modification

None
 Cosmetic Modification
 Performance Modification
 Performance and Cosmetic Modification

What is the colour of the vehicle:

Is it metallic: Y N

Y N

What cover do you require for the vehicle:
 Comprehensive
 Third Party Fire & Theft
 Third Party Only

Comprehensive
 Third Party Fire & Theft
 Third Party Only

What is the vehicle used for:
 Domestic Use
 Business Use

Domestic Use
 Business Use

Is the vehicle VSS compliant: Y N

Y N

Is the vehicle fitted with:
▪ an immobiliser: Y N
▪ a gearlock: Y N
▪ a tracking and recovery device: Y N

Y N
 Y N
 Y N

If Yes, provide Service Provider's details:

Please attach a copy of the Certificate from the service Provider

What is the suburb where the vehicle is parked during the day:

What is the security of the location where the vehicle is parked during the day:

▪ Access controlled and Security Guards: Y N
▪ Access controlled and no Security Guards: Y N
▪ Security Guards with no access controlled: Y N
▪ No Access controlled and no Security Guards: Y N

Y N
 Y N
 Y N
 Y N

Is the vehicle kept in a locked garage/enclosed carport overnight: Y N

Y N

What is the suburb and postal code where the vehicle is parked overnight:

Is the vehicle fitted with a soft top: Y N

Y N

What is the status of the vehicle:
 New
 Second-hand
 Built-up

New
 Second-hand
 Built-up

Does the vehicle or the windscreen have existing damage: Y N

Y N

If Yes, provide details:

Is the vehicle subject to credit or similar agreement: Y N

Y N

Motor Vehicle (1)**Motor Vehicle (2)**

If Yes, state the Registered Credit Provider and Account Number:

Registered Credit Provider

Account Number

Registered Credit Provider

Account Number

Do you wish to reduce your premium by choosing a ***Selectable Excess:** Y N

If Yes, state the amount selected: R

R

Retired Persons (Excess Free): Do you wish to reduce your premium by choosing a ***Selectable Excess:** Y N

If Yes, state the amount selected: R

R

** Selectable Excess Option - See the attached Annexure for details.*

OPTIONAL COVERS APPLICABLE TO COMPREHENSIVE INSURANCE

Optional Covers - Please (✓) the appropriate option

Motor Vehicle (1)**Motor Vehicle (2)**

Waiver of Excess (including windscreen) not for persons under 30 years of age or for vehicles with values in excess of R500 000: Y N

Y N

Named Driver (in addition to the regular driver): Y N

Y N

▪ Name of second driver:

▪ ID Number:

Car Hire:

▪ 1st Option - 30 days: 1300cc 1600cc 2000cc

▪ 2nd Option - 60 days: 1300cc 1600cc 2000cc

▪ 3rd Option - 90 days: 1300cc 1600cc 2000cc

1300cc 1600cc 2000cc

1300cc 1600cc 2000cc

1300cc 1600cc 2000cc

Credit Shortfall: Y N

Y N

Spare Parts and Accessories: Y N

Y N

▪ R

R

▪ R

R

▪ R

R

▪ R

R

MOTORCYCLE SECTION

Do you require this insurance?

Y

N

INFORMATION ABOUT THE DRIVER**Motorcycle (1)****Motorcycle (2)**

Licence/Registration Number of the motorcycle:

Are you or your spouse the registered owner: Y N

Y N

If No, state the name of the registered owner:

Name of the regular driver:

Type of ID of the regular driver: SA ID (non Bar Coded)

SA ID (non Bar Coded)

SA ID (Bar Coded)

SA ID (Bar Coded)

Namibian ID

Namibian ID

Foreign Passport

Foreign Passport

ID / Passport Number of regular driver:

Gender of the regular driver: Male Female

Male Female

Date of birth of the regular driver: Y Y M M D D

Y Y M M D D

Motorcycle (1)

Motorcycle (2)

Marital status of the regular driver:

Married Unmarried
 Divorced Widow
 Widower
 Living Together

Married Unmarried
 Divorced Widow
 Widower
 Living Together

Relationship of regular driver to you:

Self Parent
 Spouse Other
 Child

Self Parent
 Spouse Other
 Child

Have you suffered any losses under this section in the last 5 years excluding Window glass claims:

Y N

Y N

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. Of claims

Year	No. Of claims

Does the regular driver have a Learner's Licence:

Y N

Y N

If No, when did the regular driver obtain his/her driver's Licence:

Y E A R

Y E A R

Are there any restrictions imposed on the licence:

Y N

Y N

If Yes, is it:

Automatic
 Electrically Powered
 Physically Disabled

Automatic
 Electrically Powered
 Physically Disabled

What is the regular driver's licence code:

A A1

A A1

Does the regular driver or any person who may drive the motorcycle:

- suffer from defective vision, hearing or from any physical or mental infirmity:

Y N

Y N

If Yes, provide details:

- have a conviction or paid an admission of guilt fine for a driving offence in the past 5 years or is there prosecution pending:

Y N

Y N

If Yes, provide details:

INFORMATION ABOUT THE MOTORCYCLE

Motorcycle (1)

Motorcycle (2)

Limit of Compensation (Include finance costs):

Make and Model of your motorcycle:

Year of Manufacture:

Y E A R

Y E A R

Engine Number:

VIN Number:

NATIS Number:

Is there any modification done on the motorcycle:

None
 Cosmetic Modification
 Performance Modification
 Performance and Cosmetic Modification

None
 Cosmetic Modification
 Performance Modification
 Performance and Cosmetic Modification

What is the motorcycle used for:

Domestic Use
 Business Use

Domestic Use
 Business Use

Motorcycle (1)

Motorcycle (2)

What cover do you require for the motorcycle:

- Comprehensive
- Third Party Fire & Theft
- Third Party Only
- Own Damage (Applicable to quad bikes, ATV's and golf cars only)

- Comprehensive
- Third Party Fire & Theft
- Third Party Only
- Own Damage (Applicable to quad bikes, ATV's and golf cars only)

Is the motorcycle kept in a locked garage/enclosed carport overnight: Y N

Y N

What is the suburb and postal code where the motorcycle is parked overnight:

Suburb

Code

Suburb

Code

Is the motorcycle a:

- Standard Road Two Wheeler
- Three Wheeler
- Quad
- Off Road Scrambler
- Scooter
- All Terrain Motorcycle (ATV, 4x4 motorcycle)

- Standard Road Two Wheeler
- Three Wheeler
- Quad
- Off Road Scrambler
- Scooter
- All Terrain Motorcycle (ATV, 4x4 motorcycle)

Is there any existing existing damage to the motorcycle: Y N

Y N

If Yes, provide details:

Is the motorcycle subject to credit or similar agreement: Y N

Y N

If Yes, state the Registered Credit Provider and Account Number:

Registered Credit Provider

Account Number

Registered Credit Provider

Account Number

Do you wish to reduce your premium by choosing a ***Selectable Excess:** Y N

Y N

If Yes, state the amount selected:

R

R

Retired Persons (Excess Free): Do you wish to reduce your premium by choosing a ***Selectable Excess:**

Y N

Y N

If Yes, state the amount selected

R

R

** Selectable Excess Option - See the attached Annexure for details.*

TRAILER / CARAVAN SECTION Do you require this insurance? Y N

Contents of the Caravan that do not form part of the Caravan can be specified under the All Risks Section.

Limit of Compensation (include finance costs): R

Licence / Registration Number: VIN Number:

What type of trailer/caravan do you wish to insure: Trailer Boat Trailer Horse Trailer

Caravan Bakkie mate Tent Trailer Collapse Caravan

Make and Model: Year of Manufacture: Y E A R

Is the trailer/caravan usually kept undercover: Y N If No, provide details:

Is the trailer/caravan subject to a credit of similar agreement: Y N

If Yes, state the Registered Credit Provider and Account Number:

Registered Credit Provider

Account Number

Retired Person (Excess Free): If you wish to pay an Excess for a premium discount (✓) Y

** Selectable Excess Option - See the attached Annexure for details.*

WATERCRAFT SECTION

Do you require this insurance?

 Y N**INFORMATION ABOUT THE WATERCRAFT**Name of Watercraft: Make and Model: Description of the Watercraft: Type of Watercraft (Please (✓) the appropriate option: Jetski / Wetbike Windsurfer Sailing Craft Motor Boat (max speed 60kph) Rubber Duck Motor Boat over (60kph - max 100kph) Self BuiltMaterial of Hull: Rubber Steel Fibreglass Wood Canvas ConcreteYear of Manufacture: Y E A R Length of Watercraft: Maximum Speed: HIN Number: Serial Number: Gross Ton: In what waters will the watercraft be used: Inland Coastal BothDoes the watercraft have a Certificate of Fitness: Y N Name of usual skipper: Does the usual skipper have a Skipper's Certificate of Competence: Y N Year Certificate first obtained: Y E A RState the address where the watercraft is normally kept: Limit of Compensation: R **Hulls up to 4 years old are covered for Replacement Value**Is the watercraft subject to a credit of similar agreement: Y N

If Yes, state the Registered Credit Provider and Account Number:

 Registered Credit Provider Account Number**Retired Person (Excess Free):** If you wish to pay an Excess for a premium discount (✓) Y**INFORMATION ABOUT THE ENGINES****Engine (1)****Engine (2)****The engines cannot be insured on their own, they must be insured with the Hull**Hull Name: Make of Engine: Year of Manufacture: Y E A RType of Engine: Inboard OutboardSerial Number: Maximum speed of the engine: Horse power of the engine: Limit of Compensation RIs the engines insured subject to credit or similar agreement: Y N

If Yes, state the Registered Credit Provider and Account Number:

 Registered Credit Provider Account Number Registered Credit Provider Account Number**INFORMATION ABOUT THE ACCESSORIES / SPECIAL EQUIPMENT****These items cannot be insured on their own, they must be insured with the Hull.****Serial numbers for all Global Positioning systems (GPS) and Two-way Radio system including Electronic Equipment must be supplied**

	HULL NAME	DESCRIPTION OF ITEM	SERIAL NUMBER	COMPENSATION LIMIT
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R

Is the property insured subject to a credit of similar agreement: Y N

If Yes, state the Item, Credit Provider and Account Number:

Accessories / Special Equipment
Credit Provider
Account Number

Compensation Limit: **Hull, Engine and Accessories (Maximum Sum Insured R250 000)**

Have you had any accidents or losses in connection with any watercrafts you have sailed or owned:

If Yes, please provide details:

No of claims in the past 5 years:

Retired Person (Excess Free): If you wish to pay an Excess for a premium discount (✓)

** Selectable Excess Option - See the attached Annexure for details.*

PERSONAL COMPUTER SECTION	Do you require this insurance? <input type="text" value="Y"/> <input type="text" value="N"/>
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HARDWARE

	MAKE AND MODEL	SERIAL NUMBER	COMPENSATION LIMIT
1	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
4	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
5	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>

SOFTWARE

	MAKE AND MODEL	SERIAL NUMBER	COMPENSATION LIMIT
1	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
4	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
5	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>

Is the property insured subject to a credit or similar agreement:

If yes, state the Registered Credit Provider and Account Number:

Retired Person (Excess Free): If you wish to pay an Excess for a premium discount (✓)

** Selectable Excess Option - See the attached Annexure for details.*

LEGAL COSTS SECTION	Do you require this insurance? <input type="text" value="Y"/> <input type="text" value="N"/>
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Indicate the Limit of Compensation you require by (✓) the appropriate amount:

Have you or to your knowledge has any other person to be covered by this insurance been involved in any civil or criminal litigation in the past 3 years:

If Yes, provide details:

Are you aware of the existence of any circumstances likely to give rise to the payment of legal fees or expenses:

If Yes, provide details:

Retired Person (Excess Free): If you wish to pay an Excess for a premium discount (✓)

** Selectable Excess Option - See the attached Annexure for details.*

EXTENDED LIABILITY SECTION	Do you require this insurance? <input type="text" value="Y"/> <input type="text" value="N"/>
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Indicate the Limit of Compensation you require by (✓) the appropriate amount:

Note: Household Goods, Houseowners, Motor or Watercraft must be insured for this cover to operate

BEREAVEMENT EXPENSES

Do you require this insurance?

Y N

This cover cannot be offered to persons over the age 69 at start date of cover.

Please (✓) the appropriate Plan that you require: Only 1 Plan per family may be selected	PLAN A <input type="checkbox"/> Death as a result of:		PLAN B <input type="checkbox"/> Death as a result of:		PLAN C <input type="checkbox"/> Death as a result of:	
	Natural Causes	Accident	Natural Causes	Accident	Natural Causes	Accident
Insured	R 5,000	R 10,000	R 10,000	R 20,000	R 20,000	R 40,000
Spouse	R 5,000	R 10,000	R 10,000	R 20,000	R 20,000	R 40,000
Parent	R 5,000	R 10,000	R 10,000	R 20,000	R 20,000	R 40,000
Children under 6 years	R 1,250	R 2,250	R 2,250	R 3,500	R 5,000	R 6,000
Children over 6 years	R 5,000	R 7,500	R 7,500	R 10,000	R 10,000	R 12,500
Domestic Staff	R 5,000	R 7,500	R 7,500	R 10,000	R 10,000	R 12,500

Cover is only provided for persons named below:

NAME (Initials & Surname)	DATE OF BIRTH						AGE	GENDER		*ID TYPE	RELATIONSHIP
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		

*ID Type: 1 SA ID (non-bar Coded) 2 SA ID (Bar Coded) 3 Namibian ID 4 Foreign Passport

In respect of persons to be insured:

Are you aware of any pre-existing ailments which could result in your death or the death of any persons stated hereon within 6 months of date cover under this section:

Y N

If Yes, provide details:

BENEFICIARY

Do you wish to nominate Beneficiary/ies to whom the Benefits must be paid:

Y N

If Yes, state Name, ID Number and Percentage to be allocated:

NAME	ID NUMBER	%

HOSPITAL CASH PLAN SECTION

Do you require this insurance?

Y N

This cover cannot be offered to persons over the age of 64 at start date of cover.

Please (✓) the appropriate Plan that you require:

PLAN: A Insured B Insured & Spouse C Insured & Children D Entire Family E Entire Family & Paren

Daily Benefits: R 200 R 400 R 600 R 800 R1 000

Complete the following in respect of person in accordance with the Plan selected:

	NAME (Initials & Surname)	DATE OF BIRTH						GENDER		ID NUMBER
Insured		Y	Y	M	M	D	D	M	F	
Spouse		Y	Y	M	M	D	D	M	F	
Child 1		Y	Y	M	M	D	D	M	F	
Child 2		Y	Y	M	M	D	D	M	F	
Parent		Y	Y	M	M	D	D	M	F	

MECHANICAL AND ELECTRICAL BREAKDOWN SECTION

Do you require this insurance?

 Y N**This section covers you for Mechanical and Electrical Breakdown on any household appliance.**

Specify each item to be insured:

	MAKE AND MODEL	SERIAL NUMBER	LIMIT OF COMPENSATION
1			R
2			R
3			R
4			R
5			R

PREMIUM WAIVER FOR RETRENCHMENT & REDUNDANCY COVER

Do you require this insurance?

 Y N**This cover is only available for Monthly Policies**This cover provides premium waiver of your **allsure** policy premium in the event of you and/or your spouse's retrenchment.***This cover cannot be offered to person over the age of 65 at start date.***

Please complete the undernoted should the cover be required.

TITLE	INITIALS	SURNAME	FIRST NAME	ID NUMBER	*ID TYPE	RELATIONSHIP

ID Type: 1 SA ID (non-bar Coded) 2 SA ID (Bar Coded) 3 Namibian ID 4 Foreign PassportWhere are you currently employed: How long have you been employed by this company: Where is your spouse employed: How long has your spouse been employed by this company: **IDENTITY THEFT SECTION**

Do you require this insurance?

 Y N

This section covers you and/or your spouse for the expenses incurred as a result of unauthorised and/or illegal use of your personal information such as your name or your identity number, credit cards and debit cards with the intention of fraudulent use.

Limits Available: A R 10,000 B R 20,000 C R 30,000 D R 40,000 E R 50,000

Please complete the undernoted and (✓) the appropriate Limit you require:

TITLE	INITIALS	SURNAME	FIRST NAME	ID NUMBER	*ID TYPE	RELATIONSHIP	LIMIT OF COMPENSATION			
							1	2	3	4
							1	2	3	4

ID Type: 1 SA ID (non-bar Coded) 2 SA ID (Bar Coded) 3 Namibian ID 4 Foreign Passport**HOME EMPLOYERS LABOUR DISPUTE INSURANCE SECTION**

Do you require this insurance?

 Y N

This section covers you for expenses arising from unfair labour practices which you might become legally liable to pay.

Limit: R30 000

Please complete the undernoted should you require this cover:

	NAME AND SURNAME	ID NUMBER	*ID TYPE	EMPLOYMENT CAPACITY
1				
2				
3				

ID Type: 1 SA ID (non-bar Coded) 2 SA ID (Bar Coded) 3 Namibian ID

DECLARATION - You must complete and sign this section

Are you currently insured? Y N

If Yes, please provide details:

INSURANCE COMPANY	PERIOD OF INSURANCE	INSURANCE POLICY NUMBERS

Have you previously been insured: Y N

If Yes, please provide details:

INSURANCE COMPANY	PERIOD OF INSURANCE	INSURANCE POLICY NUMBERS

Have you or has any member of your household:

had any application for insurance declined or insurance cancelled or renewal refused or not invited or has special conditions imposed: Y N

If Yes, please provide details:

during the past 5 years have you or any member of your household been involved in a motor accident or suffered any other losses (for example - a burglary, or a lost camera, etc): Y N

If Yes, please provide details:

TYPE OF LOSS	AMOUNT	YEAR	INSURER	POLICY NUMBER

been involved in any civil or criminal litigation in the past 5 years or have you had a civil judgement against you? Y N

If Yes, please provide details:

been convicted of any offence, other than as stated in the Motor Section of this proposal form? Y N

If Yes, please provide details:

Sharing of insurance information

I acknowledge that sharing of insurance information about me, including credit information, for underwriting and claims purposes between insurers is in the public interest. It enables insurers to underwrite policies and assess risks fairly and to reduce fraudulent claims so that premiums can be limited.

I waive my right to privacy and those of any person that I represent regarding the information that I or another person on my behalf provides. I acknowledge that the information that I provide may be stored in the shared database and used as set out above. It can also be used for any decision about my policy or the meeting of any claim.

I consent to the information being given to another insurance company or its agents. I acknowledge that the information about me may be verified against legally recognised sources or databases.

I AGREE THAT this proposal shall be the basis of the contract between the insured and myself

I WILL ACCEPT the insurer's standard **allsure** policy.

I UNDERSTAND THAT this insurance will not commence until this proposal has been accepted by the **insurer**.

If you are unable to sign this declaration without qualification, please give your reason here:

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 Mutual & Federal Insurance Company Limited (the insurer)

Signature:

DATE: Y Y M M D D

