

**PERSONAL PROTECTOR
PROPOSAL FORM FOR INSURANCE**



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

BROKER			
Name:		FSP No:	
Tel. Number:		Fax Number:	
Do you require a Broker Fee?		YES	NO
If yes, state Rand per month or percentage		R	%
PROPOSER DETAILS			
Title		First Names:	
Surname:			
Email Address:			
Postal address:			Code:
ID. Number:		Marital Status:	
Age:		Occupation:	
Tel. Number:		Cell number:	
COMMENCEMENT DATE:			

PAYMENT DETAILS				
Payment method (tick block):	<input type="checkbox"/> Monthly debit order	<input type="checkbox"/> Annual Cash	<input type="checkbox"/> Annual debit order	<input type="checkbox"/>
BANK	_____	BRANCH	_____	
BRANCH CODE	_____	PAYMENT DATE	1st <input type="text"/>	Or 7th <input type="text"/>
ACCOUNT NUMBER	_____	ACCOUNT TYPE	_____	
ACCOUNT HOLDER	_____			

*** Please be advised that the debit order will be presented to you with the prefix "FRONTLINE"**

SIGNED BY ACCOUNT HOLDER (In accordance with your bank's mandate)	
DATE	

COMPULSORY PROOF OF BANKING DETAILS REQUIRED (To be dated within current 3 months)

- Bank stamped bank statement reflecting clear account holder name and number, OR
- ATM Bank statement reflecting clear account holder name and number, OR
- Letter from Financial Institute confirming banking details

COVER SELECTED			
BUILDING	<input type="checkbox"/>	HOUSEHOLD GOODS	<input type="checkbox"/>
PERSONAL LIABILITY	<input type="checkbox"/>	MOTOR/MOTORCYCLE	<input type="checkbox"/>
PERSONAL ACCIDENT	<input type="checkbox"/>	PLEASURE CRAFT	<input type="checkbox"/>
		ALL RISKS	<input type="checkbox"/>
		CARAVAN/TRAILER	<input type="checkbox"/>
		PERSONAL COMPUTERS	<input type="checkbox"/>

1. BUILDING AND / OR HOUSEHOLD GOODS SECTIONS

1.1 Physical address of the private dwelling/s:

RESIDENCE 1:	RESIDENCE 2:
Code:	Code:

1.2 Type of residence:

Detached House/Cottage
Ground Floor Flat
Above Ground Floor Flat
Townhouse
Holiday Home
Retirement Village
Other (please define)

RESIDENCE 1	
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

RESIDENCE 2	
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

1.3 Construction:

Roof
Walls
Size of Lapa (if applicable)

RESIDENCE 1

RESIDENCE 2

1.4 Security precautions:

Burglar bars on all opening windows
Security gates on all external doors
Alarm system
Alarm linked to armed response
Is the alarm extended to outbuildings

RESIDENCE 1	
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

RESIDENCE 2	
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

1.5 Sums insured:

RESIDENCE 1:		RESIDENCE 2:	
Building	R	Building	R
Bondholder		Bondholder	
Subsidence cover		Subsidence cover	
Contents	R	Contents	R
Accidental damage	R	Accidental damage	R
Mechanical / Electrical Breakdown	R	Mechanical / Electrical Breakdown	R

1.6 Information regarding the residence		RESIDENCE 1		RESIDENCE 2	
1.	Will the residence be left unoccupied during the day?	YES	NO	YES	NO
2.	Will the residence be left unoccupied for more than 60 consecutive days?	YES	NO	YES	NO
3.	Is the residence occupied by anyone other than the Insured and members of his/her immediate family? If yes, provide details: _____	YES	NO	YES	NO
4.	Is the residence a commune?	YES	NO	YES	NO
5.	Is there any business conducted at the residence? If yes, provide details: _____	YES	NO	YES	NO
6.	Are there any glass panels in or next to exterior doors?	YES	NO	YES	NO
7.	Are the glass panels protected?	YES	NO	YES	NO
8.	Is the residence in an established built up area?	YES	NO	YES	NO
9.	Is the residence near a park / sports field / golf course / vacant stand? If yes, provide details: _____	YES	NO	YES	NO
10.	Is the residence near a school / shopping centre? If yes, provide details: _____	YES	NO	YES	NO
11.	Is the residence within 5 kilometres of an informal settlement?	YES	NO	YES	NO
12.	Are there any new buildings being built in your immediate neighbourhood?	YES	NO	YES	NO
13.	Do you employ garden service?	YES	NO	YES	NO

The sum insured of Buildings must include the full replacement value of the property as well as the costs of professional fees and debris removal, otherwise average will apply.

2. PERSONAL ACCIDENT SECTION

NAME OF INSURED	OCCUPATION	DATE OF BIRTH	BENEFIT	SUM INSURED

3. PERSONAL LIABILITY SECTION

Sum Insured:	R 5 000 000.00	Compulsory when selecting Building and/or Household Goods Sections
--------------	----------------	--

4. ALL RISKS SECTION

INSURED ITEM	SUM INSURED
Unspecified All Risks: (Minimum sum insured: R5 000.00) Clothing, personal effects, normally worn or designed to be carried on or by a person. Personal equipment normally worn or used by the person participating in sport belonging to you.	R _____
CELLULAR TELEPHONE: Make & Model: _____ IMEI Number: _____	R _____ R _____
VEHICLE SOUND SYSTEM: Make & Model: _____ Serial Number: _____ Make & Model: _____ Serial Number: _____	R _____ R _____
OTHER SPECIFIED ITEMS	

Valuation certificates are required for jewellery valued at R 25,000 and over.

There is no cover until they are received.

5. MOTOR SECTION

Details of Vehicles, including Motorcycles, Caravans and Trailers:

DETAILS		VEHICLE 1				VEHICLE 2							
1.	Risk address where parked overnight												
2.	Class of use	Domestic				Domestic							
		Private / Business				Private / Business							
3.	Year of manufacture												
4.	Make & Model												
5.	Paint Colour												
6.	Type of Cover	Comp		TPFT		TPO		Comp		TPFT		TPO	
7.	Registration Number												
8.	Engine Number												
9.	VIN Number												
10.	Sum insured	R				R							
11.	Extra's included in above Sum Insured			R				R					
				R				R					
12.	Is vehicle imported / modified / turbo charged?	YES		NO		YES		NO					
13.	Is vehicle registered as a Code 3 (rebuilt)	YES		NO		YES		NO					
14.	Parking at night												
15.	Claim Free Group (Attach Proof)												
16.	Gearlock	YES		NO		YES		NO					
17.	Immobiliser	YES		NO		YES		NO					
18.	Tracking device	YES		NO		YES		NO					
19.	HP/lease company												
20.	Registered owner												
21.	Regular driver & ID NUMBER												
22.	Licence code & Date of First issue												
23.	Date of birth regular driver												
24.	Car Hire	YES		NO		YES		NO					
25.	Waiver of Basic Excess	YES		NO		YES		NO					
26.	Extended Waiver of Excess	YES		NO		YES		NO					

6. PLEASURE CRAFT SECTION

VESSEL DETAILS

Name of Vessel											
Make & Model											
Type of Vessel	Windsurfer			Sailing Craft			Motor Boat				
If Motor Boat, indicate the maximum speed											
HULL											
Sum Insured				R							
Material of Hull											
Year of Manufacture											

Serial/HIN No.'s			
Is the vessel self built?			
ENGINE			
Sum Insured	R _____		
Number of Engines			
Year of Manufacture			
Type of Engine	INBOARD		OUTBOARD
Serial No.'s of Engines			
ACCESSORIES & SPECIAL EQUIPMENT			
Description	Serial No.	Sum Insured	
Total Sum Insured (Hull, Engine & Accessories)		R _____	

NB! Our maximum acceptance limit is R 300 000

State the address where the Vessel is normally kept			
Indicate in what waters the Vessel will be used	COASTAL		INLAND
Is the Vessel subject to a credit or similar agreement?	YES	NO	YES NO
If yes, state the Bank & Account Number	Bank	Acc No.	

7. PERSONAL COMPUTERS SECTION	
Make & Model: _____ Serial Number: _____	R _____
Make & Model: _____ Serial Number: _____	R _____

Make & Model: _____ Serial Number: _____	R _____
Make & Model: _____ Serial Number: _____	R _____
Make & Model: _____ Serial Number: _____	R _____
Make & Model: _____ Serial Number: _____	R _____

8. EXTENDED PERSONAL LIABILITY SECTION

R20 000 000.00	YES	NO
----------------	-----	----

9. SECTION B – CONTENTS SPECIFIC CONDITION IS AMENDED TO READ:

Specific Condition

1. In the event of loss or damage, you must provide us with:
 - 1.1 acceptable proof of ownership.
 - 1.2 A professional valuation certificate (in South African Rand) that precedes the date of loss or damage in respect of all items of jewellery, watches, precious metals or stones (or articles manufactured therefrom).
 - 1.3 If we have requested documentation as set out in 1.1 & 1.2 above and the insured is unable to provide acceptable proof of ownership or valuation certificates (in South African Rand), the loss will be restricted to R5,000 per item or 10% of the sum insured, whichever is the lesser.

2. It is a requirement for all items of jewellery, watches, precious metals or stones (or articles manufactured therefrom) with a proven value of more than R5000 as at date of loss, to be kept in a locked wall or floor mounted safe (SABS approved) when not worn by the insured.

3. Where the items of jewellery, watches, precious metals or stones (or articles manufactured therefrom) with a proven value (valuation certificate) of more than R5000 as at date of loss, are not contained in a locked safe as described above, the following condition will apply:
 - 3.1 Loss or damage restricted to actual proven value or R10,000 per item, whichever is the lesser but subject to a limit of R50,000 in total for all items.

10. ADDITIONAL INFORMATION / DETAILS

DECLARATION

Questions to be fully answered and signed by the Insured:

1.	Has any Insurer / Underwriter ever cancelled / declined / refused to renew / impose special terms or conditions on any policy held by you or any member of your household? If yes, give details:	YES	NO
2.	Name and policy number of previous Insurer / Underwriter	Policy Number:	
3.	Have you or any member of your household been insolvent or been under any judicial management? If yes, give details:	YES	NO
4.	Have you or any member of your household had any civil judgments against your or their name in the last five years? If yes, give details:	YES	NO
5.	Have you or any member of your household been convicted of any criminal offence / pending cases? If yes, give details	YES	NO
6.	Are you or any member of your household, that will drive any of the insured vehicles, in possession of a valid South African driver's licence? If yes, give details:	YES	NO
7.	Drivers Licence Code:	First Issue:	
8.	Has your or any member of your household driver's licence ever been endorsed / cancelled / suspended? If yes, give details:	YES	NO
9.	Have you or any member of your household suffered any losses / claims during the past three years (whether insured or not)? If yes, provide details below:	YES	NO

DETAILS OF LOSS:	DATE OF LOSS:	NAME OF INSURER:	COST (Approx):

INFORMATION SHARING

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between Insurers is in the public interest as it enables Insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

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

I hereby warrant that all the answers given in this proposal form are true and correct. I accept that the proposal form and declaration shall be the basis of the contract between Frontline Underwriting Managers (Pty) Ltd and myself.

SIGNATURE OF PROPOSER

DATE

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za