



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

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

PLEASE ATTACH COPY OF QUOTATION FOR EASY REFERENCE

BROKER										
Name of Insured:										
Postal address:								Code:		
Tel. Number:		Fax Number:								
Email address:		VAT Number:								
Bank name where bond is held:										
Bond Account Number:										
Insured's ID Number / Company Registration / CC number:										
Risk address:								Code:		
PERIOD OF INSURANCE From ____/____/____ to ____/____/____										
May we perform a credit rating check, to assist with rating for underwriting and claims?							YES		NO	
SUM INSURED		R								
QUESTIONNAIRE										
1.	Are the premises occupied as a holiday home?						YES	NO		
2.	Are the premises left unoccupied for more than 30 days at any one time?						YES	NO		
3.	Are any of the residences to be hired or let or used as a commune?						YES	NO		
4.	Is the residence situated on a smallholding / plot?						YES	NO		
5.	Is your residence undergoing building renovations						YES	NO		
6.	Are there any of the following within approximately 1km radius of the residence?						YES	NO		
	Tick applicable boxes:	Taxi Rank		Vacant Ground		Park		Highway		
		Railway Line		Railway Station		Shops/ cafe		Mine Dumps		
		Building Construction				Informal Settlements				
7.	Do you wish to select cover for geyser maintenance?						YES	NO		
	Please advise us of number of geysers on the property						No. of Geysers: _____			
8.	Do you operate a business from home?						YES	NO		
	If yes, please state type of business:									
9.	Is subsidence and landslip required?						YES	NO		
10.	Please tick applicable construction of walls and roof of risk address:									
Construction of walls	STD / BRICK	WOODEN STRUCTURE	PRE-FABRICATED	ASBESTOS	CORROGATED IRON					
Construction of Roof	STD / BRICK	THATCH	ASBESTOS	WOODEN	SLATE					

REMEMBER THAT IT IS IN YOUR BEST INTERESTS TO ENSURE THAT THE CURRENT BUILDING COST APPLICABLE TO THE TYPE OF CONSTRUCTION OF YOUR BUILDING IS USED WHEN CALCULATING THE SUMS INSURED TO PREVENT THE APPLICATION OF AVERAGE.

Please advise us of any NON-STANDARD CONSTRUCTION units and values you may have on your property e.g. Wendy Huts and/or Thatch Lapas:		
Description	Type of Construction	Value
		R
		R
		R
		R

Please note that any NON-STANDARD BUILDINGS are subject to additional premiums.
IMPORTANT: PLEASE NOTE THAT COVER FOR RETAINING WALL IS SUBJECT TO STANDARD BUILDING REGULATIONS AND A COPY OF THE ENGINEERS CERTIFICATE WILL BE REQUESTED SHOULD A CLAIM OCCUR.

ALL RISK ITEMS – (Applies to buildings only e.g. Gate Motors, CCTV Cameras, Airconditioners)

Please supply All Risk Items:

Description	Serial Number	Value
		R
		R
		R
		R
		R

PREVIOUS INSURANCE

1.	Has any other insurer ever turned down an application of insurance, cancelled any policy or part thereof, imposed special conditions, refused to renew any policy, or part thereof, or refused to continue any part of your insurance?	YES	NO
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If yes, please supply the details on a separate sheet.

2.	History of previous losses / claims. Please supply the details of all losses you sustained during the past three years, including all claims that were paid out and not paid out.
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Type of loss	Year	Insurer	Amount
			R
			R
			R
			R

3.	Name of Insurer	INSURER:
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PREMIUM PAYMENT DETAILS / DEBIT ORDER AUTHORITY

Name of Policyholder							
Policy Number (if existing policy)	Not yet issued / Quote status						
Company Reg. Number (if applicable)							
Vat Reg. Number (if applicable)							
Bank Account Holder – Name in full							
Name of Financial Institute / Bank							
Bank Account Number							
Bank Branch code / Type of Account							
PREMIUM TO BE DEBITED	R						
Payment method premium collection		MONTHLY		ANNUAL		HALF YEARLY	QUARTERLY
Date of Monthly Debit Order	1 st		7 th			15 th	

The Debit order reference will reflect on the bank statement with the prefix **“FRONTLINE”** followed by the policy number as a suffix, once issued on our system (example **“FRONTLINE****12345****”**).

DECLARATION

I hereby authorise Frontline Underwriting Managers (Pty) Ltd to present their debit order in respect of the accepted Non-Life Insurance premium (including VAT) to the above account.
 I confirm that the Financial Service Provider (known as the Broker), will be act on my behalf.
 All information, so obtained, must be treated as confidential by the Financial Service Provider and may not be made public in any way without written consent in compliance with the POPI Act.
 Premium will be deducted as per accepted proposal / quote.
 I acknowledge that premium might change subject to amendments to the policy as per prior consent.
 Should the debit order detail change, resubmission of our DEBIT AUTHORITY form is necessary to remain compliant.

Bank Account Holder Name / Surname	
Date of Signature	
Bank Account Holder Signature	
Policy Holder Signature	
Policy Holder Name and Surname	NAME AND SURNAME:

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
- Letter from Financial Institute confirming banking details

COMPULSORY DOCUMENTATION

- Copy of your ID Document
- Copy of your Registration Document if paid-up with a Finance House
- Copy of CK Documents / Business Registration Documents

COVER REQUIRED

SECTION	CLASS	TICK APPLICABLE BOX	ANNUAL PREMIUM
1.	House Owners _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
2.	All Risks _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
3.	Accidental Damage _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
4.	Personal Legal Liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
5.	Machinery Breakdown _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
6.	Geyser Maintenance _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
7.	Personal Umbrella Liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
Total Annual Premium (payable in advance)			R _____
Brokers Fee			R _____
SASRIA (Riot) Annual			R _____
TOTAL ANNUAL PREMIUM			R _____

To calculate Monthly premium divide Annual premium by 12

Monthly Premium

Brokers Fee

SASRIA (Riot) Annual R _____ ÷ 10

R _____

R _____

R _____

TOTAL MONTHLY PREMIUM

R _____

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this proposal form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this proposal form together with any other information supplied by me/us from the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

POLICY HOLDER SIGNATURE

DATE

NAME IN PRINT: _____

PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

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.

YOUR rights

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.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>