

COMMERCIAL PROTECTOR APPLICATION QUOTATION AND PROPOSAL FOR INSURANCE

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)

(Subject to the Terms and Conditions of the Commercial Protector Policy Wording)

BROKER					
Name:					
Tel. Number:		Fax Number:			
CLIENT DETAILS					
Name:					
Postal address:					
Email :					
Tel. Number:		Fax Number:			
VAT Number:		Company Reg. No:			
May we perform a credit rating check, to assist with rating for underwriting and claims?				YES	NO

RISK DETAILS		INCEPTION DATE	
Business Description (full details is required):			
Tenants that occupy the premises			
Are you currently insured?		Name of Current Insurer	Policy Number
Has your insurance ever been interrupted?		Reason for interruption	
Are the assets that you want to insure, owned by the company and registered as company assets?			

PREMIUM PAYMENT DETAILS / DEBIT ORDER AUTHORITY				
Name of Policy Holder				
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.	Fire _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
2.	Buildings Combined _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
3.	Office Contents _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
4.	Business Interruption _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
5.	Accounts Receivable _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
6.	Theft _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
7.	Money _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
8.	Glass _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
9.	Fidelity _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
10.	Goods in Transit _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
11.	Business All Risks _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
12.	Accidental Damage _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
13.	Public Liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
14.	Employers Liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____

- | | | | | | |
|---------|---|--|-----|----|---------|
| 15. | Stated Benefits _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 16. | Group Personal Accident _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 17. | Motor _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 18. | Electronic Equipment _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 19 (a). | Machinery Breakdown _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 19 (b). | Machinery Breakdown Business Interruption _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 20. | Motors Traders Internal _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 21. | Motor Traders External _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 22. | Commercial Umbrella Liability _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 23. | HouseOwners _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 24. | HouseHolders _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 25. | Personal All Risks _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 26. | Personal Accident _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 27. | Personal Liability _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 28. | Personal Umbrella Liability _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 29. | Frontline Assist – Commercial _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |
| 30. | Frontline Assist – Personal _____ | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO | R _____ |
| YES | NO | | | | |

Total Annual Premium (payable in advance)

Brokers Fee

SASRIA (Riot) Annual

TOTAL ANNUAL PREMIUM

R _____
R _____
R _____

R _____

To calculate Monthly premium divide Annual premium by 12

Monthly Premium

Brokers Fee

SASRIA (Riot) Annual R _____ ÷ 10

TOTAL MONTHLY PREMIUM

R _____
R _____
R _____

R _____

DETAILS OF INSURANCE CLASS

SECTION 1.	FIRE
RISK ADDRESS:	

COLUMN	DESCRIPTION	SUM INSURED
1.	Buildings constructed of brick, stone or concrete and metal on metal framework and roofed with slate tiles, metal, concrete or asbestos unless otherwise stated in the schedules including landlord's fixtures and fittings therein or thereon walls (except dam walls) gates, posts and fences.	R
2.	The number of months rent / rental value stated in the schedule.	R
3.	Plant, machinery, landlord's fixtures and fittings for which the insured is responsible and all other contents excluding property more specifically insured.	R
4.	Stock and material in trade.	R
5.	Sundries (Specify)	R

ADDITIONAL PERILS (Tick applicable box)

- Earthquake _____
- Special Perils (Storm, wind, water, hail) _____
- Leakage / First loss Limit R _____
- Leakage / Full value R _____
- Subsidence and Landslip (Complete questionnaire) _____
- Malicious Damage _____
- Riot and Strike (Except RSA and Namibia) _____
- Stock declaration _____
- Additional claims preparation costs R _____
- Disposal of Salvage _____
- Escalation – specify percentage _____
- Construction – Standard (If No, Specify _____)
- Geysers up to R 5 000. Number _____

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

SECTION 2.	BUILDINGS COMBINED
RISK ADDRESS:	

ITEM NO.	DETAILS OF OCCUPATION - Usage of building	SUM INSURED
		R
		R
		R
		R
		R

TOTAL R _____

EXTENSIONS (Tick applicable box)

- Subsidence and Landslip (Complete questionnaire) _____
- Prevention of access _____
- Escalation – specify percentage _____
- Riot and Strike (Except RSA and Namibia) _____
- Additional claims preparation costs R _____
- Construction – Standard (If No, Specify _____)
- Geysers up to R 5 000. Number _____

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

SECTION 3.	OFFICE CONTENTS
RISK ADDRESS:	

ITEM	SUM INSURED
Contents	R
Documents	R
Legal Liability documents	R

EXTENSIONS (Tick applicable box)

Riot and Strike (Except RSA and Namibia)

Theft by forcible entry / exit

Theft without forcible entry / exit

Subsidence and Landslip (Complete questionnaire)

Additional claims preparation costs R _____

Construction – Standard (If No, Specify _____)

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

N.B. COMPUTER EQUIPMENT IS EXCLUDED UNDER THIS SECTION

SECTION 4.	BUSINESS INTERRUPTION
RISK ADDRESS:	

ITEM NO.	DETAILS OF OCCUPATION - Usage of building	SUM INSURED
1.	Gross Profit (Difference Basis)	R
2.	Gross Profit (Additions Basis)	R
3.	Gross Rental	R
4.	Revenue	R
5.	Additional Increased Cost of Working	R
6.	Wages Number of weeks _____	R
7.	Fines and Penalties	R
8.	Additional claims preparation costs	R

INDEMNITY PERIOD

_____ Number of months

In respect of DIFFERENCE BASIS (specify uninsured costs)

In respect of ADDITIONS BASIS (specify standing costs)

EXTENSIONS (Tick applicable box)

EXTENSIONS AND CLAUSES	YES	NO	
Suppliers / Sub contractors Specify _____			_____ % of sum insured according to items, 1,2 or 4
Suppliers / Sub contracts (unspecified)	YES	NO	_____ % of sum insured according to items, 1,2 or 4
Clients Specify _____	YES	NO	_____ % of sum insured according to items, 1,2 or 4
Prevention of access – Extended cover	YES	NO	
Public Utilities			
- Insured perils	YES	NO	
- Extended cover	YES	NO	
Public telecommunication			
- Insured perils	YES	NO	
- Extended cover	YES	NO	
Accidental damage	YES	NO	Maximum sum insured is Accidental damage sum insured and Business Interruption sum insured

(Standing charges or working expenses. List of costs / expenses must be provided)

SECTION 5.	ACCOUNTS RECEIVABLE
RISK ADDRESS:	

ITEM	SUM INSURED
Outstanding Debit balance	R _____
Additional Claims preparation costs	R _____
TOTAL	R _____

EXTENSIONS (Tick applicable box)

Transit extension	YES	NO
Riot and Strike (Except RSA and Namibia)	YES	NO

SECTION 6.	THEFT
RISK ADDRESS:	

	FIRST LOSS
	R _____
	R _____
	R _____
	R _____
Additional claims preparation costs	R _____
TOTAL	R _____

EXTENSIONS (Tick applicable box)

Damage to buildings following theft – In excess of R 5000	YES	NO	R _____
Replacement of Locks and Keys in excess of R 2 000	YES	NO	R _____

SECTION 7.	MONEY
RISK ADDRESS:	

	Major limit	R _____
	Major limit	R _____
	Major limit	R _____
TOTAL		R _____

Seasonal increase (Period _____ to _____)	R _____
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EXTENSIONS (Tick applicable box)

While on insured premises in custody of one or more petrol attendants	YES	NO	R _____
While in custody of one or more collectors or delivery people	YES	NO	R _____
Receptacles	YES	NO	R _____
Additional claims preparation costs	YES	NO	R _____

Personal Accident

Number of persons	_____
Capital amount (Death)	R _____
Weekly income (Per week)	R _____
Medical costs	R _____
Riot and Strike (Except RSA and Namibia)	YES NO
Type of safe and grading	_____

SECTION 8.	GLASS
RISK ADDRESS:	

Additional claims preparation costs	R
Neon signs	R

TOTAL R _____

EXTENSIONS (Tick applicable box)

Special replacement
Riot and Strike (Except RSA and Namibia)

YES	NO
YES	NO

SECTION 9.	FIDELITY
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BASIS OF COVER		SUM INSURED
a)	Blanket Basis Number of employees _____	R _____
b)	Name Basis Names: 1) _____ 2) _____ 3) _____	R _____ R _____ R _____
c)	Positions Basis 1) _____ 2) _____ 3) _____	R _____ R _____ R _____

EXTENSIONS (Tick applicable box)

Retroactive cover
Superceded cover:

YES	NO
YES	NO

INSURANCE COMPANY	POLICY NO	SUM INSURED

Voluntary First amount payable R _____
Reinstatement of insured amount
Cost of recover R _____
Computer losses
Extension of losses discovered over 24 months – 36 months
Additional claims preparation costs R _____

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

COVER SUBJECT TO ACCEPTABLE FIDELITY PROPOSAL FORM.

SECTION 10.	GOODS IN TRANSIT
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BASIS OF COVER

- a) Fire, explosion, collision, derailment, overturning
- b) All Risks
 - Do you want cover per vehicle load?
If Yes: Number of vehicles _____
Load limit per vehicle R _____
 - Do you want cover on annual carry?
If Yes:
State your annual carry R _____

YES	NO
YES	NO
YES	NO
YES	NO

Additional claims preparation costs R _____

EXTENSIONS (Tick applicable box)

- Debris removal
- Riot and Strike (Except RSA and Namibia)
- Additional fire extinguishing charges
- Type of goods that are transported _____

YES	NO
YES	NO
YES	NO

SECTION 11.	BUSINESS ALL RISKS
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ITEM NO.	DESCRIPTION OF ITEMS	MODEL / SERIAL NO	SUM INSURED
			R _____
			R _____
			R _____
			R _____
			R _____
			R _____
			R _____
			R _____
			R _____

TOTAL R _____

EXTENSIONS (Tick applicable box)

- Replacement value condition
- Increased cost of working
- Riot and Strike (Except RSA and Namibia)
- Additional claims preparation costs R _____

YES	NO
YES	NO
YES	NO
YES	NO

SECTION 12.	ACCIDENTAL DAMAGE
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RISK ADDRESS:	

SUM INSURED

- 1. Accidental Damage: Total value of all the insured property R _____
- OR**
- 2. Accidental Damage: First Loss R _____
- 3. Power Surge
Level 2 Surge Protection device to be installed in all DB Boards R _____

Requirements:

Limit under R10,000 – No mandatory Surge Arrester
 Limit over R10,000 – Type 2 Surge Arrester to be installed in all DB Boards

It is a condition that Type 2 Surge Protectors, lightning arrestors or other surge protection devices must be installed on the main electrical distribution boards of the home / business and installed to SANS 10142 specifications.

EXTENSIONS (Tick applicable box)

Leakage of oil / chemicals / fumes
 Reinstatement
 Additional claims preparation costs

YES	NO
YES	NO
YES	NO

SECTION 13.	PUBLIC LIABILITY
BASIS OF COVER: Claims made	

Retroactive date: _____

	LIMIT OF INDEMNITY
General and Tenants	R _____

EXTENSIONS (Tick applicable box)

** Products liability
 Defective Workmanship
 Legal defense costs – Limit R 50 000
 Wrongful arrest / Defamation – Limit R 50 000
 EC Liability
 Additional claims preparation costs
 Property owners liability
 Work away from premises

YES	NO	Limit	R _____
YES	NO	Limit	R _____
YES	NO		R _____
YES	NO		R _____
YES	NO	Limit	R _____
YES	NO		R _____
YES	NO	Limit	R _____
YES	NO		R _____

**** (Products liability is subject to completion of questionnaire)**

SECTION 14.	EMPLOYERS LIABILITY (only claims made basis)
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Retroactive date: _____

	LIMIT OF INDEMNITY
General and Tenants	R _____

SECTION 15.	STATED BENEFITS
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INSURED PERSONS

OCCUPATIONS

Benefits

1. Death _____ times annual earnings (1x, 2x, 3x, 4x)
2. Permanent Disability 100% of death benefits
3. Temporary Total Disability Number of weeks _____
4. Medical costs R _____

EXTENSIONS (Tick applicable box)

Burns disfigurement
 Business hours limitation
 Additional claims preparation costs R _____

YES	NO
YES	NO
YES	NO

SECTION 16.	GROUP PERSONAL ACCIDENT
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INSURED PERSON	OCCUPATION	SUM INSURED
		R
		R
		R

Benefits

Death
 Permanent Disability 100% of death benefits
 Temporary Total Disability Weekly income R _____
 Number of weeks required _____
 Medical costs R _____ per week

YES	NO
YES	NO

EXTENSIONS (Tick applicable box)

Burns disfigurement
 Business hours limitation
 Additional claims preparation costs R _____

YES	NO
YES	NO
YES	NO

SECTION 17.	MOTOR
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Make & Model	Year	Reg no	Cover*	NCB/CFG	Definition of vehicle #	Retail Value
						R
						R
						R
						R
						R
						R
						R
						R
						R
						R

***Cover:** C (Comprehensive), **TPFT** (Third Party, Fire and Theft), T (Third Party only)
Definition of vehicle:
A (Private type vehicles, **B** (Commercial / Special Type Vehicles, **C** (Motorcycles), **D** (Busses), **E** (Trailers/ caravans)

EXTENSIONS (Tick applicable box)

Contingency liability	YES	NO	
Passengers liability	YES	NO	
Unauthorized passengers liability	YES	NO	
Parking facilities	YES	NO	
Windscreen	YES	NO	*
Loss of keys	YES	NO	*
Radio's and Tape decks (not standard in vehicle)	YES	NO	*
Credit shortfall	YES	NO	*
Riot and Strike (Except in RSA and Namibia)	YES	NO	*
Wreckage removal	YES	NO	
Loss of use	YES	NO	*
Vehicle Hire	YES	NO	
Additional claims preparation costs	YES	NO	

*** = Only Comprehensive Cover**

SECTION 18.	ELECTRONIC EQUIPMENT
RISK ADDRESS:	

DESCRIPTION OF EQUIPMENT	SERIAL NO	SUM INSURED
1.		R
2.		R
3.		R
4.		R
5.		R

EXTENSIONS (Tick applicable box)

Increased cost of working	YES	NO	R
Reinstatement of data	YES	NO	R
Telkom access lines	YES	NO	R
Incompatibility (maximum 20% of sum insured)	YES	NO	R
Currency fluctuations	YES	NO	
Escalation _____%	YES	NO	
Additional claims preparation costs R _____	YES	NO	R
Construction loading – Standard (If No, specify _____)	YES	NO	

SECTION 19 (a).	MACHINERY BREAKDOWN
RISK ADDRESS:	

ITEM NO	SERIAL NO	SUM INSURED
1.		R
2.		R
3.		R
4.		R
5.		R

EXTENSIONS (Tick applicable box)

Additional claims preparation costs	YES	NO	R
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SECTION 19 (b).	MACHINERY BREAKDOWN BUSINESS INTERRUPTION
RISK ADDRESS:	

GROSS PROFIT		R
Claims preparation costs	YES	NO
Indemnity period	3 months	R
Time excess	48 hours	
Specified working expenses (submit please)		

Deterioration of stock	YES	NO
		R

SECTION 20.	MOTOR TRADERS INTERNAL RISK
RISK ADDRESS:	

Own vehicles and Third party vehicles	R
Highest single value of vehicle	R

COVER

Comprehensive
Third Party Only

YES	NO
YES	NO

EXTENSIONS (Tick applicable box)

Use of car hoists (maximum 2 metres)
Windscreen
Work away from premises
Additional claims preparation costs R _____

YES	NO
YES	NO
YES	NO
YES	NO

EXCLUSIONS

Own vehicles

SECTION 21.	MOTOR TRADERS EXTERNAL RISK
BASIS OF COVER: (Select one of the following)	

- a) Wages basis

YES	NO
YES	NO

 Wages: R _____
- b) Named driver basis

YES	NO
YES	NO

 Drivers: _____
- c) Number Plate basis

YES	NO
YES	NO

 Plate Numbers: _____

Own damage limit R _____

Cover:	Comprehensive	YES	NO
	Third party Fire and Theft	YES	NO
	Third party only	YES	NO

EXTENSIONS (Tick applicable box)

Social, domestic, pleasure use
Name: _____
Name: _____
Loss of use of customers vehicles
i) R 250 per day
ii) Maximum 30 days
Unauthorised use by employees
Negligent behaviour of passengers
Legal Liability in respect of passengers (motorcycles)
Unaccompanied motorcycles
Claims preparation costs R _____

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

EXCLUSIONS (Tick applicable box)

Demonstration
Own Vehicles
Passengers liability

YES	NO
YES	
YES	NO

SECTION 22.	COMMERCIAL UMBRELLA LIABILITY - CULP
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Item No.	Indemnity Limit	Umbrella Limit	YES	NO	Limit of indemnity
		R20 000 000			R
Number of premises					R
Number of self-propelled vehicles					R
Total					

SECTION 23 / 24.	HOUSEOWNERS / HOUSEHOLDERS
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1.1 Physical address of the private dwelling/s:	
RESIDENCE 1:	RESIDENCE 2:
Code:	Code:

1.2 Type of residence:	RESIDENCE 1	RESIDENCE 2
Detached House/Cottage	YES NO	YES NO
Ground Floor Flat	YES NO	YES NO
Above Ground Floor Flat	YES NO	YES NO
Townhouse	YES NO	YES NO
Holiday Home	YES NO	YES NO
Retirement Vilage	YES NO	YES NO
Other (please define) e.g. Wendy House	YES NO	YES NO

1.3 Construction:	RESIDENCE 1	RESIDENCE 2
Roof		
Walls		
Retaining Walls (if applicable)		
Size of Lapa (if applicable)		
Size of Wendy House (if applicable)		

1.4 Security precautions:	RESIDENCE 1	RESIDENCE 2
Burglar bars on all opening windows	YES NO	YES NO
Security gates on all external doors	YES NO	YES NO
Alarm system	YES NO	YES NO
Alarm linked to armed response	YES NO	YES NO
Is the alarm extended to outbuildings	YES NO	YES NO

1.5 Sums insured:					
RESIDENCE 1:			RESIDENCE 2:		
Building	R		Building	R	
Bondholder			Bondholder		
Subsidence cover	YES	NO	Subsidence cover	YES	NO
Contents	R		Contents	R	
Accidental damage	R		Accidental damage	R	
Mechanical / Electrical Breakdown	R		Mechanical / Electrical Breakdown	R	
Power Surge	R		Power Surge	R	

1.6 Information regarding the residence	
1.	Will the residence be left unoccupied during the day?
2.	Will the residence be left unoccupied for more than 60 consecutive days?
3.	Is the residence occupied by anyone other than the Insured and members of his/her immediate family? If yes, provide details: _____
4.	Is the residence a commune?
5.	Is there any business conducted at the residence? If yes, provide details: _____
6.	Are there any glass panels in or next to exterior doors?
7.	Are the glass panels protected?
8.	Is the residence in an established built up area?
9.	Is the residence near a park / sports field / golf course / vacant stand? If yes, provide details: _____
10.	Is the residence near a school / shopping centre? If yes, provide details: _____
11.	Is the residence within 5 kilometres of an informal settlement?
12.	Are there any new buildings being built in your immediate neighbourhood?
13.	Do you employ garden service?

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

SECTION 25.	PERSONAL ALL RISKS
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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.

SECTION 26.	PERSONAL ACCIDENT
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NAME OF INSURED	OCCUPATION	DATE OF BIRTH	BENEFIT	SUM INSURED

SECTION 27.	PERSONAL LIABILITY
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Sum Insured:	R 5 000 000.00	Compulsory when selecting Building and/or Household Goods Sections
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SECTION 28.	PERSONAL UMBRELLA LIABILITY - PULP
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Item No.	Indemnity Limit	Umbrella Limit	YES	NO	Limit of indemnity
		R20 000 000	YES	NO	R
Total					

SECTION 29. VALUE ADDED PRODUCT – Roadside Assist
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COMMERCIAL

Roadside Assist: Includes up to 5 Vehicles **under 3.5 Ton**

YES	NO
-----	----

Premium:

Number:

Premium:

Total

Roadside Assist: Number of ADDITIONAL Vehicles **under 3.5 Ton**

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 partner or any business registered in your or any partners names? If yes, give details:	YES	NO
2.	Name and policy number of previous Insurer / Underwriter		
3.	Have you or any partner or any business registered in your or any partners names been insolvent or been under any judicial management? If yes, give details:	YES	NO
4.	Have you or any partner or any business registered in your or any partners names had any civil judgments against you or their name in the last five years? If yes, give details:	YES	NO
5.	Do you check the Validity / Category / PrDP / Expiry of all employees South African driver’s licences, and do you have a system in place to record and update this information on an annual basis? If no, please state Country:	YES	NO
6.	Has your or any partner of the business or any staff member who may drive a company vehicle, driver’s licence ever been endorsed / cancelled / suspended? If yes, give details:	YES	NO
7.	Have you or any partner of the business, or the business (as described under Business Detail page 1) 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):

COMPLIANCE

8.	Fire Fighting Equipment – Installed and serviced in accordance with SANS 1475? If NO, give details:	YES	NO
9.	Certificate of Occupation – signed off? If NO, give details:	YES	NO
10.	Electrical Certificates in accordance with SANS 10142? If NO, give details:	YES	NO
11.	Surge Protection – Installed in accordance with SANS 10142? If NO, give details:	YES	NO

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/popii/>

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.

FOR AND ON BEHALF OF: _____

SIGNATURE

DESIGNATION: _____

NAME IN PRINT: _____

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.