

**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:	
<b>COMMENCEMENT DATE:</b>			
May we perform a credit rating check, to assist with rating for underwriting and claims?			YES
			NO

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 <sup>st</sup>		7 <sup>th</sup>			15 <sup>th</sup>	

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
<p>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.</p> <p>I confirm that the Financial Service Provider (known as the Broker), will be act on my behalf.</p> <p>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.</p> <p>Premium will be deducted as per accepted proposal / quote.</p> <p>I acknowledge that premium might change subject to amendments to the policy as per prior consent.</p> <p>Should the debit order detail change, resubmission of our DEBIT AUTHORITY form is necessary to remain compliant.</p>

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 (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

**COVER REQUIRED**

SECTION	CLASS	TICK APPLICABLE BOX	ANNUAL PREMIUM
1.	Houseowners _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
2.	Householders _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
3.	Personal all risks _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
4.	Personal accident _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
5.	Personal liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
6.	Extended personal legal liability _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
7.	Motorboats, yachts and small craft _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
8.	Electronic Equipment _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
9.	Motor _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
10.	Personal Umbrella Liability (PULP) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
11.	Frontline Assist Personal _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	R _____
	<b>Total Annual Premium (payable in advance)</b>		R _____
	Brokers Fee		R _____
	<b>SASRIA (Riot) Annual</b>		R _____
	<b>TOTAL ANNUAL PREMIUM</b>		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 \_\_\_\_\_

**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) e.g. Wendy House

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
Retaining Walls (if applicable)
Size of Lapa (if applicable)
Size of Wendy House (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	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

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

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
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**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	Name:						Name:					
		ID:						ID:					
22.	Date of birth regular driver												
23.	Regular driver Licence Date of First issue												
24.	What is the regular driver's licence code:	B		C		C1		B		C		C1	
		EB		EC		EC1		EB		EC		EC1	
25.	Are there any restrictions imposed on the licence?	YES						NO					
26.	If Yes, is it:	Electrically Powered						Electrically Powered					
		Automatic Transmission						Automatic Transmission					
		Physically Disabled						Physically Disabled					
27.	Relationship of Regular driver to you	Self		Parent		Spouse		Child		Other			
28.	Does the regular driver or any person who may drive the vehicle suffer from defective vision, hearing or from any physical or mental infirmity?	YES						NO					
29.	If YES, provide details:												
30.	Car Hire	YES			NO			YES			NO		
31.	Waiver of Basic Excess	YES			NO			YES			NO		
32.	Extended Waiver of Excess	YES			NO			YES			NO		

6. PLEASURE CRAFT SECTION					
<b>VESSEL DETAILS</b>					
Name of Vessel					
Make & Model					
Type of Vessel	Windsurfer		Sailing Craft		Motor Boat
If Motor Boat, indicate the maximum speed					
<b>HULL</b>					
Sum Insured	R				
Material of Hull					
Year of Manufacture					
Serial/HIN No.'s					
Is the vessel self-built?					
<b>ENGINE</b>					
Sum Insured	R				
Number of Engines					
Year of Manufacture					
Type of Engine	INBOARD		OUTBOARD		
Serial No.'s of Engines					
<b>ACCESSORIES &amp; SPECIAL EQUIPMENT</b>					
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. PERSONAL UMBRELLA LIABILITY SECTION**

R20 000 000.00	YES	NO
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**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? <b>If yes, give details:</b>	YES	NO
2.	Name and policy number of previous Insurer / Underwriter		
3.	Have you or any member of your household been insolvent or been under any judicial management? <b>If yes, give details:</b>	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? <b>If yes, give details:</b>	YES	NO
5.	Have you or any member of your household been convicted of any criminal offence / pending cases? <b>If yes, give details</b>	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? <b>If yes, give details:</b>	YES	NO
7.	<b>Drivers Licence Code:</b>	<b>First Issue:</b>	
8.	Has your or any member of your household driver's licence ever been endorsed / cancelled / suspended? <b>If yes, give details:</b>	YES	NO
9.	Have you or any member of your household suffered any losses / claims during the past three years (whether insured or not)? <b>If yes, provide details below:</b>	YES	NO

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

**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: \_\_\_\_\_

**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.

**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/>