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CHANGE OF ADDRESS/ ADDITIONAL HOUSEHOLD/HOUSEOWNERS

POLICY NO:

In terms of the Policy holder Protection Legislation, it is an offence for any body other than the Proposer to complete and/or sign this Proposal Form.

PERSONAL PARTICULARS

| | | | | | | |
|--|-----|-----------|------|-------------|---------|---------------------------|
| TITLE | Mr. | Mrs. | Miss | Dr. | Other: | SURNAME: |
| FIRST NAMES: | | | | | | ID NUMBER: |
| If you require cover for any non-family members normally resident with you, please state name/s: | | | | | | |
| COMPANY: | | | | OCCUPATION: | | |
| TELEPHONE: | (H) | (W) | (F) | (C) | | |
| POSTAL ADDRESS: | | | | | | CODE <input type="text"/> |
| RESIDENTIAL ADDRESS: | | | | | | CODE <input type="text"/> |
| E-MAIL ADDRESS: | | | | | | |
| INCEPTION DATE: | | FREQUENCY | | Annual | Monthly | |

HOUSEOWNERS (Building)

The sum insured for each dwelling should represent the full rebuilding cost of your residence, including outbuildings, tennis courts, swimming pools, walls, gates, paving and fences. The cost of rubble removal, architect's fees and other incidental charges required for rebuilding should also be included.

| | | | | | | | |
|--|---|---|----------|--------------|----------|----------|----------------------|
| PHYSICAL ADDRESS 1 | | | | | | CODE | <input type="text"/> |
| PHYSICAL ADDRESS 2 | | | | | | CODE | <input type="text"/> |
| SUM INSURED: | 1 | | | 2 | | | |
| TYPE OF RESIDENCE | | Private House | | Holiday Home | Other: | | |
| | | Flat: Ground Floor Flat / Above Ground Level Flat | | | | | |
| CONSTRUCTION: WALLS | | Brick | Concrete | Other: | | | |
| ROOF | | Tile | Metal | Concrete | Thatch | Other: | |
| If Thatch: Has the roof been treated with fire retardant material? | | | | | | YES | NO |
| Is there a SABS Approved Lightning Conductor? | | | | | | YES | NO |
| Is there a Lapa on the Property? If yes, how far from main residence? | | | | 0 to 5m | 5 to 10m | Over 10m | |
| NAME OF MORTGAGEE/BONDHOLDER: | | | | | | | |
| Will the residence be left unoccupied for more than 60 consecutive days in any one year? | | | | | | YES | NO |
| If YES please provide full details | | | | | | | |
| Do you wish to bear any of the following voluntary excesses? | | | | | | YES | NO |
| If YES, which amount? | | | | R 1 000 | R 2 500 | R 5 000 | |

HOUSEHOLDERS (Contents)

This section provides cover for items lost, stolen or damaged inside your home.

| | | | |
|-------------------------|---|---|-------------------------|
| TYPE OF COVER REQUIRED: | | Comprehensive-Including Theft | Limited-Excluding Theft |
| PHYSICAL ADDRESS 1 | | CODE <input type="text"/> | |
| PHYSICAL ADDRESS 2 | | CODE <input type="text"/> | |
| SUM INSURED: | 1 | | 2 |
| TYPE OF RESIDENCE | | Private House | Holiday Home Other: |
| | | Flat: Ground Floor Flat / Above Ground Level Flat | |



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| | | | |
|--|--------|---------|----------|
| Name: | | | |
| Concrete | Thatch | Other: | |
| Is there a SABS Approved Lightning Conductor? | | YES | NO |
| Is there a Lapa on the Property? If yes, how far from main residence? | | 0 to 5m | 5 to 10m |
| Is the building less than 300 metres from the ocean or other flood prone areas, including rivers, lakes and vleis areas? | | YES | NO |
| If YES please give details: | | | |
| How high/far above sea level is the building situated? | | | |
| Will the residence be left unoccupied for more than 60 consecutive days in any one year? | | YES | NO |
| Will the residence be left unoccupied for more than 10 days in the next 30 days? | | YES | NO |
| Are all opening windows protected by burglar bars? | | YES | NO |
| If NO please provide details of additional security measures: | | | |
| Are all non-opening windows protected by Burglar Bars? | | YES | NO |
| Are all exterior doors fitted with security gates? | | YES | NO |
| Are all sliding doors fitted with security gates/frame locks? | | YES | NO |
| If NO please provide details of additional security measures: | | | |
| Is the dwelling/complex surrounded by a 1,8m perimeter wall? | | YES | NO |
| Have all building operations been completed? | | YES | NO |
| Is the residence situated in a security complex? | | YES | NO |
| If YES, are there 24 hour guards employed? | | YES | NO |
| Is the property surrounded by electric fencing? | | YES | NO |
| Does the residence and outbuildings have a burglar alarm connected to 24 hour armed response company? | | YES | NO |
| If YES, State name of armed response service provider: | | | |
| Is the alarm maintained under a maintenance contract? | | YES | NO |
| Is the alarm activated when you retire at night? | | YES | NO |
| Is the alarm activated when the residence is unoccupied? | | YES | NO |
| Is any trade or business carried out at the Premises? | | YES | NO |
| If YES please give details: | | | |
| Is the private residence occupied during the day (other than domestic servants)? | | YES | NO |
| If YES, please provide full details: | | | |
| Is the residence situated near any open / industrial area / informal settlement etc.? | | YES | NO |
| If YES, please provide full details: | | | |
| Is the building located within 14 metres of any commercial structure? | | YES | NO |
| If YES, please provide full details: | | | |
| Is the residence situated on a plot / farm / small holding etc.? | | YES | NO |
| If YES, please provide full details: | | | |
| Do you wish to bear any of the following voluntary excesses? | | YES | NO |
| If YES, which amount? | | R 1 000 | R 2 500 |
| Optional extension - Accidental damage cover? | | YES | NO |
| DECLARATION (MUST BE COMPLETED) | | | |
| Have you had previous insurance? | | YES | NO |
| If YES, please provide full details (Company name, policy no., proof from previous insurer) | | | |



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| | | |
|---|----------|----|
| last 5 years? | YES | NO |
| Amount: | Insurer: | |
| Amount: | Insurer: | |
| ses/endorsed or cancelled your policy? | YES | NO |
| If YES, please provide full details | | |
| Has your drivers license ever been endorsed, suspended or cancelled? | YES | NO |
| If YES, please provide full details | | |
| I warrant that the answers given are true and I do not know of any material facts (any facts which influence the acceptance/ assessment of your proposal) even though specified questions about them have not been asked, which should be communicated to my Insurer/Broker. | | |
| I agree that this proposal form shall be the basis of the contract between the Insurer and myself. | | |
| I will accept the Insurer's group scheme policy. | | |
| I understand that this insurance will not start until this proposal has been accepted by the Insurer/Broker and that the Insurer/Broker reserves the right to decline any proposal. | | |
| SIGNATURE | DATE: | |