

## PROPOSAL FORM

This proposal must be completed in full, no liability will attach until underwriters accept this proposal.

### PERSONAL DETAILS

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ I.D./Passport No. \_\_\_\_\_  
 Language: (✓ applicable box) English  Afrikaans  Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contact No./s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Spouse's ID No. \_\_\_\_\_  
 Inception Date: \_\_\_\_\_

Rating Group: \_\_\_\_\_ Broker Code: \_\_\_\_\_ Marketers Code: \_\_\_\_\_

### INSURANCE AND LOSS HISTORY

(✓ applicable box)

1. Has any insurer ever declined a proposal of yours or cancelled any policy or any section thereof?
2. Are you currently insured on all sections for which cover is known or requested by this proposal?
3. Current insurance company name: \_\_\_\_\_ Policy no.: \_\_\_\_\_
4. State inception date: \_\_\_\_\_ and expiry date \_\_\_\_\_ of previous/current policy
5. Have you or any member of your family ever been granted an insurance policy via a CCIRC agent?  
If yes please supply policy number here: \_\_\_\_\_
6. **During the past 5 years have you, any member of your household or any regular driver suffered any loss/claim of any kind under any section of cover?**
7. Describe what happened, also give the names of the insurance companies if you were insured at the time.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

**CLAIMS REPUDIATED MUST BE MENTIONED – ALSO LOSSES EVEN IF YOU HAD NO INSURANCE AT THE TIME.  
NB! LOSSES SUFFERED FROM NOW ON MUST BE REPORTED.**

D	D	M	M	Y	Y	AMOUNT	TYPE OF LOSS	INSURER	POLICY NO.	DESCRIPTION

### A) BUILDING INSURANCE

1. Insure my dwelling for the amount of (replacement value) R \_\_\_\_\_ Bond Holder: \_\_\_\_\_  
 Address where my dwelling is situated \_\_\_\_\_  
 \_\_\_\_\_  
 Roof of dwelling: Standard  Non Standard  Thatch   
 Walls of dwelling: Standard  Non Standard  Number of days unoccupied per annum \_\_\_\_\_  
 Subsidence and landslip cover required? (✓ applicable box)  Y  N (If Yes, prior authorisation required)
2. Insure my dwelling for the amount of (replacement value) R \_\_\_\_\_ Bond Holder: \_\_\_\_\_  
 Address where my dwelling is situated \_\_\_\_\_  
 \_\_\_\_\_  
 Roof of dwelling: Standard  Non Standard  Thatch   
 Walls of dwelling: Standard  Non Standard  Number of days unoccupied per annum \_\_\_\_\_  
 Subsidence and landslip cover required? (✓ applicable box)  Y  N (If Yes, prior authorisation required)

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

**B) CONTENTS**

*Replacement value of contents*

1. Residential address: \_\_\_\_\_ R \_\_\_\_\_

Roof of dwelling: Standard  Non Standard  Thatch  Number of days unoccupied per annum \_\_\_\_\_

Walls of dwelling: Standard  Non Standard  Use of dwelling eg. Residential/Business/Holiday Home, etc \_\_\_\_\_

*Replacement value of contents*

2. Residential address: \_\_\_\_\_ R \_\_\_\_\_

Roof of dwelling: Standard  Non Standard  Thatch  Number of days unoccupied per annum \_\_\_\_\_

Walls of dwelling: Standard  Non Standard  Use of dwelling eg. Residential/Business/Holiday Home, etc \_\_\_\_\_

**C) CONTENTS (DWELLINGS, HOLIDAY HOMES AND FLATS)** (✓ applicable box) 'Y' for YES, 'N' for NO

	1		2		REMARKS
	Y	N	Y	N	
1. Is your home situated on a plot or smallholding?					
2. Is your home situated in a secure complex with electric fencing and 24 hour access control?					
3. Is there any construction/renovation/alteration being conducted on your premises? Please provide details.					
4. Are there new houses under construction in your nearby area etc.? Please provide details.					
5. Is your home near an open veld/park/industrial area/high density area etc.? Please provide details.					
6. For what period have you occupied the dwelling Y = years, M = months, W = weeks, D = days.					
7. Is your property surrounded by walls of 1.8 metres or higher?					
8. Are all the windows that can open protected by burglar bars (including all outbuildings)?					
9. Is your home fitted with a burglar alarm system linked to a SAIDSA approved armed response alarm company (excluding SAPS response)?					
10. Are all the rooms in the residence protected by this alarm? (including all outbuildings)					
11. Name of armed response company?					
12. Are there glass panels in or directly next to the doors leading to the outside?					
13. Are these glass panels protected by security gates? (including all outbuildings)					
14. Are there security gates fitted to all doors leading outside (including all outbuildings)?					
15. Are there sliding doors leading outside?					
16. Are these sliding doors protected by security gates? (including all outbuildings)					
17. Will the dwelling be left unoccupied during the first 30 days of this insurance?					
18. Are your premises occupied during normal working hours?					
19. If so, by whom?					
20. If not spouse, dependent children or domestic worker please state reason for occupancy:					
21. Are you in possession of a safe bolted to the floor or a structural wall?					
22. If you live in a flat, is it above ground floor?					
23. Does your flat have burglar proofing at the passage-way side?					
24. If roof is thatched is it protected by a SABS lightning conductor (including lapas attached to or within 4 metres from main dwelling)?					
25. Is thatch roof treated to restrict the spread of fire (including lapas attached to or within 4 metres from main dwelling)?					

**D) ALL RISKS INSURANCE**

Insure the following valuables or articles which may be at risk away from your home separately: Contact lenses, pedal cycles and any item exceeding R1250. Sound reproduction equipment in vehicles must be specified, Copy of valuation certificates or proof of purchase not older than 2 years required for jewellery.

*Replacement Value*

1. Clothing and personal effects normally worn or carried by the person away from home R \_\_\_\_\_

2. \_\_\_\_\_ R \_\_\_\_\_

3. \_\_\_\_\_ R \_\_\_\_\_

4. \_\_\_\_\_ R \_\_\_\_\_

**E) BOATS UP TO R70 000**

Hull: Make and/or class of manufacture	Year of manufacture	Sum Insured		Total Hull:	(✓ applicable box)
		Hull	Engine	Engine	
		R	R	R	Motorboat with a maximum speed of 40kph. <input type="checkbox"/>
Engine: Make and Model	Year of manufacture	Horsepower KW			Motorboat with a maximum speed between 40kph and 80kph. <input type="checkbox"/>
					Motorboat exceeding speed of 80kph. <input type="checkbox"/>

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_\_ **11**

**F) VEHICLES/MOTOR CYCLES/CARAVAN/TRAILER**

(COVER: C = Comprehensive; TPFT = Third Party, Fire & Theft; T = Third Party only  
(Use: B = Business; P = Professional; Pr = Private) (Security: I = VESA Immobiliser; G = VESA Gearlock, T = Tracking Device)

Make and Model	Year	Reg. No.	Vin No.	Cover	Use	Security	Vesa Cert No.	Value
1.								R
2.								R
3.								R
4.								R
5.								R

Regular and <25 Drivers (compulsory on all LDV/s, Kombi type vehicles, 4 x 4's & vehicles from R300 000)	Date of Birth						Relation to proposer	NCB	Reg. No.
	D	D	M	M	Y	Y			
1.									
2.									
3.									
4.									
5.									

G) MOTOR VEHICLES (✓ applicable box) 'Y' for YES, 'N' for NO	1		2		3		4		5		REMARKS
	Y	N	Y	N	Y	N	Y	N	Y	N	
1. Are all the vehicles to be insured registered either in your or your spouse's name? (If not, provide details.)											
2. Has any regular driver had their licence endorsed/suspended? (If not declared, no cover.)											
3. Are the drivers of all vehicles to be insured, in possession of a valid South African drivers licence?											
4. Are any vehicles used for purposes other than private use? (Please provide details.)											
5. Are any vehicles driven by any person under the age of 25? (Please provide initial, surname & date of birth.)											
6. Are any of the vehicles fitted with a tracking device?											
7. Are any of the vehicles fitted with an ABS gearlock installed by a VESA approved dealer?											
8. Are all the vehicles kept in a locked garage/ a lockable carport overnight?											
9. Are the driveway gates locked at night and when premises left unoccupied?											
10. Are any vehicles used for carrying any type of goods? (Please provide details & for what purpose?)											
11. Are any vehicles displayed with signwriting? (If not declared, no cover.)											

**H) THE FOLLOWING COVERS ARE COMPULSORY UNDER THE POLICY NAMELY:** Personal Liability, Special Risks and PLIP.

I) ADDITIONAL PRODUCTS REQUIRED (VARIOUS UNDERWRITERS) (✓ applicable box)	YES	NO
Small Business Policy – (No cover unless separate proposal completed)		
Personal Accident (Maximum R25 000 per person) Proposer or Spouse only up to 74 years of age		
Reduced Excesses		
Household Maintenance Repairs		
Funeral Services – (Proposer and spouse up to age 64 and dependent children up to age 20) – (No cover unless separate proposal completed)		
Cellular Telephone Cover – (No cover unless separate proposal completed)		
Accidental Damage of audio-visual equipment		
Financial Top-up Cover – (No cover unless separate proposal completed)		
Car Hire		
Domestic Employees Personal Accident		
Road Accident and Assistance Covers (Proposer only up to age 74)		
Roadside Assistance		

Voluntary first amount payable. You can reduce your premium by paying the first portion of any claim yourself. This will be in addition to any compulsory first amount payable. If you want to bear an additional first amount payable, please indicate such amount and on which section:

R1000: Household Goods Section  Motor Section

R2500: Household Goods Section  Motor Section

R5000: Household Goods Section  Motor Section  and sign here: \_\_\_\_\_

**DECLARATION BY PROPOSER:**

**I, the undersigned, hereby authorise Corporate and Commercial Insurance Risk Consultants (Hereinafter referred to as "CCIRC") to:**

Act as my intermediary and authorise them, subject to the prescribed active period, to place, renew, amend, substitute, cede, assign, terminate and transfer my insurance to an insurer of their choice as if personally approved and signed by me, increase premiums on sections where I have claimed according to CCIRC's underwriting criteria and issue my policy on behalf of the Insurer. I understand that my application for insurance is dependent on the approval and acceptance thereof by the Insurer, who is selected by CCIRC. I undertake to fully accept the terms, conditions, specifications and limitations of the policy. I confirm this application is correct and complete in respect of the information required, in order to cover the risks which are to be insured and that this application is binding in respect of this and any other declaration which I may make or which may be made on my behalf, for the purposes of the required insurance. I also declare that should this application form be completed in handwriting other than my own, that same is completed with my knowledge and consent by my broker on my behalf to whom I have given my unconditional permission and that the information contained in this declaration will be binding on me in respect of the insurance which may be granted to me. I furthermore confirm that I do not suffer from any physical or mental impairment, and that my lifestyle is moderate and that I am not contemplating any dangerous ventures. I undertake to diligently study all notices, correspondence and requirements received from the Insurer via CCIRC, and to unconditionally comply strictly and promptly with these requirements. I confirm that I will not hold CCIRC liable for any of the above mentioned notices which do not reach me by ordinary post. I grant CCIRC permission to adjust the premium annually against the value of the motor and household contents. I confirm that I will not hold CCIRC liable for any misrepresentation, negligence, inaccurate valuations, or fraudulent action of any member of staff of my broker in respect of the sale, administration and maintenance of my insurance portfolio and policy. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts which are known to me and undertake to declare any material facts which might become known to me during the course of this insurance (NB: A material fact is one likely to influence acceptance of assessment of this application by Underwriters. If you are in any doubt as to whether a fact is material or not, you should disclose it).

To the best of your knowledge do you know of any additional information not mentioned above that could adversely affect the risk factor for the cover for which you are applying? (For example do you, any member of your household or any regular driver have any judgements/pending judgements/convictions against you?) (✓ applicable box)

YES	NO

If yes, please provide details here:

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**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 of limiting premiums.
  - On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.
  - I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or at the meeting of any claim I may submit.
  - I consent to such information being disclosed to any other insurance company or its agent.
  - I acknowledge that the information may be verified against legally recognised sources or databases.
- Herewith I confirm receipt of the POLICY WORDING and undertake to study it carefully. I will adhere strictly to the underwriting criteria and I agree that no cover will be in force until such time that I comply with all the underwriting criteria as laid down by the Underwriters.

\_\_\_\_\_  
Signature of proposer

\_\_\_\_\_  
Date

May a representative from CCIRC contact you regarding financial planning and advice or a commercial policy? (✓ applicable box)

Y	N
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**METHOD OF PAYMENT**

Please indicate, the method of premium payment required. (✓ applicable box) ANNUAL POLICY  MONTHLY DIRECT DEBIT   
Note: The onus rests with the proposer to ascertain that the below account is suitable for direct debit collection.

**DIRECT DEBIT INFORMATION AND AUTHORISATION**

(Type of bank account) TRANSMISSION  SAVINGS  CHEQUE  (Regrettably no credit cards)

SURNAME AND INITIALS OF ACCOUNT HOLDER: \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ CLEARING CODE

INSTITUTION/BANK NAME \_\_\_\_\_ ACCOUNT NUMBER

I hereby authorise Corporate and Commercial Insurance Risk Consultants (CCIRC) to draw against my account the premium and fees, including the once-off inception fee of R \_\_\_\_\_ payable for this insurance.

SIGNATURE OF ACCOUNT HOLDER: \_\_\_\_\_ Commencement Date of Deduction: \_\_\_\_\_

**COMMENTS:**

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CCIRC Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_