

# PROPOSAL FORM

## DOMESTIC

UNIT 11, FERNDALE MEWS NORTH, 355 OAK AVENUE, RANDBURG 2194  
 PO BOX 257, RANDBURG 2125 / PHONE 011 326 1001 / FACSIMILE 011 326 1076  
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## JOHN ROE | BROKERS

JOHN ROE BROKERS CC  
 CK2003/038839/23 VAT NO. 4710220130 / FSB LICENCE NO. 3803  
 DIRECTORS - JONATHAN ROSEN



### IMPORTANT INFORMATION

COVER UNDER THIS POLICY WILL ONLY COMMENCE AFTER THE PROPOSAL HAS BEEN APPROVED AND A POLICY NUMBER HAS BEEN ISSUED

POLICY NUMBER	BROKER
AGENT NUMBER	INCEPTION DATE
HOME LANGUAGE	INSURER

### PERSONAL DETAILS

TITLE	INITIALS	SURNAME
ID NUMBER	DATE OF BIRTH	
OCCUPATION	MARITAL STATUS	
POSTAL ADDRESS	POSTAL CODE	
RESIDENTIAL ADDRESS	POSTAL CODE	
TEL NUMBER	FAX NUMBER	
CELL NUMBER	E-MAIL	

### BANKING DETAILS

BANK NAME
BRANCH
BRANCH CODE
ACCOUNT HOLDER
ACCOUNT TYPE
ACCOUNT NUMBER

### DECLARATION

I HEREBY AUTHORIZE THE MONTHLY PREMIUMS TO BE DEBITED FROM MY BANK ACCOUNT STATED ABOVE AND TO ADJUST DEBITS AS NECESSARY DUE TO CHANGES IN COVER. SUMS INSURED OR PREMIUMS, BY THE SPECIALIZED PREMIUM COLLECTION COMPANY APPOINTED BY JOHN ROE BROKERS.

SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_ DATE \_\_\_\_\_

**GENERAL**

HAS ANY INSURER EVER REFUSED ANY PROPOSAL OF YOURS, CANCELLED ANY POLICY (OR SECTION THEREOF) REFUSED TO RENEW OR IMPOSED ANY SPECIAL CONDITIONS?

YES	NO	REASON
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**PREVIOUS & CURRENT INSURANCE DETAILS FOR THE PAST THREE YEARS**

1. INSURER	BROKER	
POLICY NUMBER		
PERIOD INSURED	FROM	UNTIL
2. INSURER	BROKER	
POLICY NUMBER		
PERIOD INSURED	FROM	UNTIL
3. INSURER	BROKER	
POLICY NUMBER		
PERIOD INSURED	FROM	UNTIL

**PREVIOUS & CURRENT CLAIMS / LOSSES WETHER INSURED OR NOT DURING THE PAST THREE YEARS**

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT CLAIMED	INSURER

**DECLARATION**

I/WE HEREBY DECLARE THAT ALL THE PARTICULARS AND STATEMENTS DISCLOSED IN RESPECT OF THIS PROPOSAL IS TRUE AND THAT ALL INFORMATION IS DISCLOSED TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND AND ACCEPT THAT THIS INFORMATION SUPPLIED BY ME/US WILL HAVE A DIRECT INFLUENCE ON WHETHER THE INSURANCE APPLIED FOR WILL BE ACCEPTED OR BE DECLINED BY THE COMPANY. NON-DISCLOSURE MAY RESULT IN THE REPUDIATION OF A CLAIM OR THE POLICY OR ANY PART THEREOF CAN BE DECLARED NULL AND VOID. I/WE HEREWITH AGREE THAT THE MONTHLY PREMIUMS MUST BE PAID IN ADVANCE AND THAT IT IS MY/OUR RESPONSIBILITY TO MAKE SURE THAT THE PREMIUMS ARE PAID IN TIME.

SIGNED AT	ON THE	DAY OF	20
SIGNATURE OF INSURED	DATE		

**HOUSE HOLDERS (BUILDING)**

RISK ADDRESS #1				
			POSTAL CODE	
SUM INSURED		PREMIUM		
WALL CONSTRUCTION		ROOF STRUCTURE		
SUBSIDENCE & LANDSLIDE	YES	NO	OCCUPIED BY WHOM	
TYPE OF DWELLING	PRIVATE HOUSE	TOWN HOUSE	FLAT	
WILL THE RESIDENCE BE UNOCCUPIED FOR A PERIOD LONGER THAN 60 DAYS IN ANY ONE CALENDAR YEAR?				
IF YES, PLEASE STATE NUMBER OF DAYS.				
RISK ADDRESS #2				
			POSTAL CODE	
SUM INSURED		PREMIUM		
WALL CONSTRUCTION		ROOF STRUCTURE		
SUBSIDENCE & LANDSLIDE	YES	NO	OCCUPIED BY WHOM	
TYPE OF DWELLING	PRIVATE HOUSE	TOWN HOUSE	FLAT	
WILL THE RESIDENCE BE UNOCCUPIED FOR A PERIOD LONGER THAN 60 DAYS IN ANY ONE CALENDAR YEAR?				
IF YES, PLEASE STATE NUMBER OF DAYS.				
<b>TOTAL PREMIUM</b>				<b>R</b>

**HOUSE HOLDERS (CONTENTS)**

RISK ADDRESS #1				
			POSTAL CODE	
NO CLAIM BONUS	SUM INSURED		PREMIUM	
WALL CONSTRUCTION		ROOF STRUCTURE		
TYPE OF DWELLING	PRIVATE HOUSE	TOWN HOUSE	FLAT	
WILL THE RESIDENCE BE UNOCCUPIED FOR A PERIOD LONGER THAN 60 DAYS IN ANY ONE CALENDAR YEAR?				
IF YES, PLEASE STATE NUMBER OF DAYS.				
RISK ADDRESS #1				
			POSTAL CODE	
NO CLAIM BONUS	SUM INSURED		PREMIUM	
WALL CONSTRUCTION		ROOF STRUCTURE		
TYPE OF DWELLING	PRIVATE HOUSE	TOWN HOUSE	FLAT	
WILL THE RESIDENCE BE UNOCCUPIED FOR A PERIOD LONGER THAN 60 DAYS IN ANY ONE CALENDAR YEAR?				
IF YES, PLEASE STATE NUMBER OF DAYS.				
<b>TOTAL PREMIUM</b>				<b>R</b>
<b>ACCIDENTAL DAMAGE</b>				
R20 000.00 COVER INCLUDED		LIMITED TO R5 000.00 PER ITEM		
<b>TOTAL PREMIUM</b>				<b>R</b> <b>FREE</b>

**QUESTIONS TO BE ANSWERED BY THE PROPOSER (HOUSE CONTENTS & BUILDING SECTIONS)**

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

1. WILL YOU BE GOING ON HOLIDAY WITHIN THE NEXT 30 DAYS? YES | NO |

2. IS ANYBODY ELSE EXCEPT YOUR IMMEDIATE FAMILY RESIDING WITH YOU? IF YES, PLEASE DESCRIBE. YES | NO |

3. IN THE CASE OF A THATCH ROOF, DO YOU MAKE USE OF ANY FIRE RETARDING METHOD I.E. LIGHTNING CONDUCTER OR IS THE THATCH TREATED IN ACCORDANCE WITH SABS FIRE SAFETY REGULATIONS? IF SO, PLEASE PROVIDE DETAILS. YES | NO |

4. WHERE IS THE DWELLING SITUATED?

PLOT | NEW EXTENSION | FARM | ESTABLISHED AREA |

5. IS THERE ANY OF THE FOLLOWING IN THE IMMEDIATE AREA OF THE HOME?

OPEN PREMISES | SQUATTER CAMPS | OPEN FIELD | GOLF COURSE | PARKS |

HIGHWAY | RAILWAY LINE | SHOPS | BUILDINGS UNDER CONSTRUCTION |

6. IS THERE BURGLAR PROOFING AND SECURITY GATES IN FRONT OF? IF NOT, PLEASE GIVE DETAILS.

ALL OPENING WINDOWS | ALL WINDOWS | ALL OUTSIDE DOORS | PARTIALLY OUTSIDE DOORS |

7. IN THE CASE OF SLIDING DOORS, FRENCH DOORS OR SWIVEL DOORS, ARE THESE PROTECTED BY ADDITIONAL SECURITY OTHER THAN THE NORMAL LOCKING MECHANISM? IF SO, PLEASE PROVIDE DETAILS. YES | NO |

8. IS THERE A BURGLAR ALARM SYSTEM WITH 24 HR ARMED RESPONSE INSTALLED IN THE HOUSE AND IS IT IN A WORKING CONDITION? IF SO, PLEASE PROVIDE DETAILS. YES | NO |

9. IS THE PROPERTY FULLY FENCED? IF YES, PLEASE DESCRIBE TYPE AND THE HEIGHT OF FENCING. YES | NO |

**UNSPECIFIED ALL RISK**

DESCRIPTION	SUM INSURED	PREMIUM
UNSPECIFIED ALL RISK	R	R

**SPECIFIED ALL RISK**

ITEM	DESCRIPTION	SUM INSURED	PREMIUM
CAR RADIO		R	R
CAR RADIO		R	R
CELLPHONE		R	R
CELLPHONE		R	R
		R	R

**SPECIFIED ALL RISK CONTINUED**

ITEM	DESCRIPTION	SUM INSURED	PREMIUM
		R	R
		R	R
		R	R
		R	R
		R	R
		R	R
		R	R
		R	R
<b>TOTAL PREMIUM</b>			R

**IMPORTANT**

CELLPHONES, CAR SOUND EQUIPMENT AND NON-STANDARD CARAVAN CONTENTS HAVE TO BE SPECIFIED TO ENJOY COVER.  
 VALUATION CERTIFICATES ARE REQUIRED FOR JEWELLERY ITEMS AND OTHER ITEMS, THE MAKE, MODEL AND SERIAL NUMBERS ARE REQUIRED.

**MOTOR VEHICLE, MOTORCYCLE, TRAILER & CARAVAN**

1. TYPE (CARAVAN, MOTORCYCLE, SEDAN ETC.)			
2. MAKE			
3. MODEL & CUBIC CAPACITY			
4. ENGINE NO			
5. CHASSIS NO			
6. YEAR MANUFACTURED			
7. REGISTRATION NO			
8. INSURED AMOUNT (INCL. ACCESSORIES AS LISTED IN 9)			
9. NON STANDARD ACCESSORIES (MAGS ETC.)			
10. COVER: COMPREHENSIVE			
3RD PARTY, FIRE & THEFT			
3RD PARTY ONLY			
11. NO CLAIM BONUS			
12. REGISTERED OWNER			
DATE OF BIRTH			
13. PRINCIPAL DRIVER			
14. OCCUPATION			
15. REGULAR DRIVER: AGE			
DATE OF BIRTH			
INITIALS & SURNAME			
MALE / FEMALE			

**MOTOR VEHICLE, MOTORCYCLE, TRAILER & CARAVAN CONTINUED**

16. LICENCE LONGER THAN 2 YEARS? YES / NO			
17. EVER BEEN CONFLICTED OF ANY DRIVING OFFENCES			
18. SUFFER FROM ANY DEFECTIVE VISION, HEARING, PHYSICAL OR MENTAL INFIRMITY?			
19. PRIVATE USE			
BUSINESS USE			
20. IS VEHICLE KEPT IN A LOCKED GARAGE AT NIGHT? IF NOT, PLEASE PROVIDE DETAILS.			
21. MAKE AND TYPE OF ANTI-THEFT DEVICE			
22. IS VEHICLE IMPORTED?			
TURBO CHARGED?			
MODIFIED?			
SPECIALLY ADAPTED?			
SUBJECT TO A FINANCE AGREEMENT?			

IS THERE ANY INFORMATION WHICH MAY EFFECT THE RISK OR EFFECT THE ACCEPTANCE OF THE RISK PROPOSED FOR? YES | NO |

IF YES, PLEASE DESCRIBE.

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<b>TOTAL PREMIUM</b>	<b>R</b>	<b>R</b>	<b>R</b>
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**IMPORTANT**

NON STANDARD CARAVAN CONTENTS MUST BE SPECIFIED UNDER THE ALL RISK SECTION TO ENJOY COVER.  
THE INSURER WILL NOT BE LIABLE FOR THE LOSS OR DAMAGE TO MOTOR VEHICLE OR SOUND EQUIPMENT FITTED TO THE VEHICLE IF THE INSURED CAN NOT PROVIDE A COPY OF THE COMPULSORY VEHICLE INSPECTION REPORT DONE BY AN APPROVED INSPECTION CENTRE.  
A PURCHASE INVOICE FOR VEHICLE REGISTERED AS NEW WOULD ALSO SUFFICE.

**OPTIONAL COVER IF REQUIRED**

CREDIT SHORTFALL			
VEHICLE			
SUM INSURED			
<b>TOTAL PREMIUM</b>	<b>R</b>	<b>R</b>	<b>R</b>

**LOSS OF USE (CAR HIRE)**

TOTAL LOSS ONLY			
FULL COVER			
<b>TOTAL PREMIUM</b>	<b>R</b>	<b>R</b>	<b>R</b>

**BASIC EXCESS WAIVER**

VEHICLE			
<b>TOTAL PREMIUM</b>	R	R	R

**WATERCRAFT (RECREATIONAL USE ONLY)**

MAKE	LENGTH OF HULL	SAIL	SKI	MOTOR
MAKE & MODEL OF OUTBOARD MOTOR		OUTBOARD ENGINE NO		
HORSE - POWER		MAXIMUM SPEED		
WHERE DO YOU KEEP THE BOAT?		WHERE DO YOU USE THE BOAT?		
REGISTERED OWNER		FINANCE COMPANY & BRANCH		
VALUE OF HULL & FIXED EQUIPMENT	R	VALUE OF OUTBOARD MOTORS	R	
VALUE OF THE SAIL, MAST & TACKLE	R	INSURED AMOUNT	R	
<b>TOTAL PREMIUM</b>			R	

**WATERCRAFT TRAILER**

MAKE & MODEL OF TRAILER	TRAILER REGISTRATION NO
	VALUE OF TRAILER
<b>TOTAL PREMIUM</b>	R

**PERSONAL ACCIDENT (INCLUDED)**

INSURED & SPOUSE	INSURED AMOUNT	R20 000.00
DEATH BENEFIT	R20 000.00	PERMANENT DISABLEMENT AS PER SCALE OF BENEFITS ( %)
<b>TOTAL PREMIUM</b>	R	FREE

**ADDITIONAL PERSONAL ACCIDENT COVER**

NAME		
DATE OF BIRTH		
OCCUPATION		

**BENEFITS REQUIRED**

ADDITIONAL DEATH & DISABILITY COVER		
<b>TOTAL PREMIUM</b>	R	R

MAXIMUM OF FURTHER R5 000 COVER AVAILABLE / LIMITED TO INSURED AGE OF 18 - 69 YEARS OLD

**PUBLIC LIABILITY**

STANDARD LIMIT	R2 500 000 (REGENT)	FREE
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**SASRIA COVER (POLITICAL RIOT)**

SASRIA COVER WILL AUTOMATICALLY BE ARRANGED

**JOHN ROE BROKERS ASSIST PRODUCTS (24 HOURS A DAY)**

MEDICAL ASSISTANCE	
ROADSIDE ASSISTANCE	
HOUSEHOLD ASSISTANCE	
LEGAL ASSISTANCE	
HIV PERSONAL PROTECTION	
<b>TOTAL PREMIUM</b>	<b>R 13.55</b>

**IMPORTANT**

THE ABOVE MENTIONED PRODUCTS ARE AUTOMATICALLY PART OF THE COMPREHENSIVE PACKAGE.  
 JOHN ROE BROKERS ASSIST OFFERS A 24 HOUR ASSISTANCE, 7 DAYS A WEEK.  
 THE COST OF SERVICE PROVIDERS FOR THE ABOVE PRODUCTS, MUST BE ARRANGED VIA THE CALL CENTRE AT 011 326 1010.

**TOTAL PREMIUM**

SUB TOTAL	R
ADMIN FEE	R
COMPUTER FEE	R 12.00
SASRIA	R
BROKER FEE	R
<b>TOTAL PREMIUM</b>	<b>R 13.55</b>

**DECLARATION**

I/WE HEREBY WARRANT THAT ALL THE ABOVE PARTICULARS AND STATEMENTS, REGARDING THIS PROPOSAL, ARE TRUE AND COMPLETE IN EVERY RESPECT AND CONTAIN ALL INFORMATION KNOWN TO ME/US AFFECTING THE RISKS UNDER THE SECTIONS TO BE INSURED, WHETHER COMPLETED IN MY HANDWRITING OR NOT, AND ANY OTHER WRITTEN STATEMENT MADE BY ME/US, OR ON MY/OUR BEHALF FOR THE PURPOSE OF THE INSURANCE PROPOSED FOR. THIS SHALL BE THE BASIS OF AND INCORPORATED IN THE CONTRACT BETWEEN ME/US AND THE INSURER AND NO MATERIAL FACT HAS BEEN WITHHELD. I/WE UNDERSTAND THAT NO COVER WILL BE IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY'S AUTHORIZED ASSIGNEE.

SIGNED AT	ON THE	DAY OF	20
SIGNATURE OF INSURED		DATE	