

PERSONAL LINES PROPOSAL FORM NEEDS ANALYSIS / QUOTE REQUEST



Authorised Financial Service Provider
FSP No: 13997

PERSONAL INFORMATION:	
FULL NAME	
ID NUMBER	
WORK TELEPHONE	
HOME TELEPHONE	
CELL NUMBER	
EMAIL ADDRESS	
OCCUPATION	
MARITAL STATUS	
LANGUAGE PREFERENCE	<input type="radio"/> English <input type="radio"/> Afrikaans
HAVE YOU EVER BEEN INSOLVANT OR HAVE YOU ANY JUDGEMENTS AGAINST YOUR NAME?	<input type="radio"/> YES <input type="radio"/> NO
SHOULD YOU NOT BE MARRIED BUT LIVE WITH ANOTHER PERSON, PLEASE ADVISE US OF THE FOLLOWING	
CO-INSURED'S NAME	
ID NUMBER	
OCCUPATION	

PREVIOUS INSURANCE DETAILS		
HAS AN INSURER EVER REFUSED ANY PROPOSAL OF YOURS, CANCELLED ANY POLICY (OR SECTION THEREOF) REFUSED TO RENEW ANY POLICY (OR SECTION THEREOF) OR IMPOSED ANY SPECIAL CONDITIONS?	<input type="radio"/> YES <input type="radio"/> NO	
ARE YOU CURRENTLY INSURED?	<input type="radio"/> YES <input type="radio"/> NO	
<ul style="list-style-type: none"> If yes, with whom are you currently insured? What is the Policy Number? 		
FOR HOW MANY YEARS HAVE YOU HAD UNINTERRUPTED INSURANCE?		
HAVE YOU HAD ANY CLAIMS / LOSSES OVER THE LAST 5 YEARS?	<input type="radio"/> YES <input type="radio"/> NO	
If Yes, Please advise us of the following information:		
DATE OF LOSS	SECTION OF COVER	AMOUNT OF CLAIM

POSTAL ADDRESS	PHYSICAL ADDRESS – MAIN RESIDENCE
SHOULD YOU HAVE ANY OTHER PROPERTIES THAT YOU WOULD LIKE TO INSURE, PLEASE ADVISE	
2 ND RISK ADDRESS	3 RD RISK ADDRESS

PHYSICAL ADDRESS	MAIN RESIDENCE	2 ND RESIDENCE	3 RD RESIDENCE
WHAT IS THE CONSTRUCTION OF THE ROOF? Tile / Zink / Thatch			
IF THE ROOF IS CONSTRUCTED OF THATCH, PLEASE ADVISE THE FOLLOWING:			
1. Location / Size: What is the total square meterage covered by thatch roof?			
2. When was the thatch roof last maintained, combed or replaced within the last 5 years	Date: _____ <input type="radio"/> Maintained <input type="radio"/> Combed <input type="radio"/> Replaced	Date: _____ <input type="radio"/> Maintained <input type="radio"/> Combed <input type="radio"/> Replaced	Date: _____ <input type="radio"/> Maintained <input type="radio"/> Combed <input type="radio"/> Replaced
3. Do you use LP Gas inside this residence	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4. Is the LP Gas bottle inside more than 19kg	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
5. Do you have a Fire Blanket on the entire thatch roof?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6. Do you have a Drencher system on the thatch roof?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
7. Do you have a sprinkler system on the thatch roof?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
8. Do you have a Brick chimney /s through the thatch roof? If Yes: Do you have spark arrestors inside the chimney?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO
9. Do you have a Metal chimney through the thatch roof? If Yes: Do you have a Flash Plate between the chimney and the thatch roof?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO
10. Do you have a SABS compliant lightning conductor?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
11. Do you have a fire hose?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
12. Do you have a fire extinguisher?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

PHYSICAL ADDRESS	MAIN RESIDENCE	2 ND RESIDENCE	3 RD RESIDENCE
IS THERE A LAPA?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IF YOU DO HAVE A LAPA IS THE ROOF A THATCH ROOF OR STD ROOF?	<input type="radio"/> Thatch <input type="radio"/> Std <input type="radio"/> N/A	<input type="radio"/> Thatch <input type="radio"/> Std <input type="radio"/> N/A	<input type="radio"/> Thatch <input type="radio"/> Std <input type="radio"/> N/A
IF THE LAPA'S ROOF IS CONSTRUCTED OF THATCH, WHAT IS THE DISTANCE BETWEEN THE MAIN RESIDENCE AND THE LAPA? <ul style="list-style-type: none"> • Less than 3 meters • More than 3 meters 	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
WHAT IS THE CONSTRUCTION OF THE WALLS? Brick / Wood / Other. If other, please specify.			
TYPE OF RESIDENCE? Residential / Small Holding / Farm or Other? If other please specify.			
NUMBER OF BEDROOMS?			
NUMBER OF BATHROOMS?			
HOW MANY GEYSERS DO YOU HAVE?			
HOW MANY GEYSERS ARE; <ul style="list-style-type: none"> • INSIDE THE HOUSE? • OUTSIDE THE HOUSE? 	_____ _____	_____ _____	_____ _____
DOES THE PRIVATE HOME HAVE A SOLAR GEYSER?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
USE OF DWELLING?			
Commune	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Hostel	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Hotel / Guest House	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Retirement Village	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Standard Residence	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Holiday Home	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
TYPE OF DWELLING?			
Private Dwelling	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Flat Above Ground Floor	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Flat on Ground Floor	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Town House	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Double Storey Dwelling / Townhouse	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Parkhome	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

PHYSICAL ADDRESS	MAIN RESIDENCE	2 ND RESIDENCE	3 RD RESIDENCE
Storage Facility	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS A PROFESSION OR BUSINESS CONDUCTED FROM THE PREMISES?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS THERE AN INTERLEADING DOOR BETWEEN THE GARAGE AND THE HOUSE?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS YOUR HOME SITUATED WITHIN 100M OR 500M FROM THE SEA?	<input type="radio"/> N/A <input type="radio"/> 100M <input type="radio"/> 500M	<input type="radio"/> N/A <input type="radio"/> 100M <input type="radio"/> 500M	<input type="radio"/> N/A <input type="radio"/> 100M <input type="radio"/> 500M
DO ALL WINDOWS INCLUDING LOUVERS, WHICH CAN OPEN, HAVE BURGLAR BARS?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
DO YOU HAVE SECURITY GATES IN FRONT OF ALL EXTERIOR DOORS AND / OR SLIDING DOORS?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
DOES THE RESIDENCE HAVE AN ALARM SYSTEM CONNECTED TO A 24 HOUR CONTROL ROOM OF A SECURITY FIRM?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
DO YOU HAVE ELECTRIC FENCING AROUND THE PROPOERTY?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
DO YOU LIVE IN A SECURITY COMPLEX? Definition of a security complex is: <ul style="list-style-type: none"> • You must have 24 hour Security Guard on duty • There must be access control at the gate. • The security complex must have a boundary wall of at least 1.8m high. • There must be electric fencing on the perimeter wall of the security complex. 	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS YOUR PROPERTY RENTED OUT? If your Property is rented out are you renting your property fully furnished?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO
IS THERE USUALLY SOMEONE AT HOME DURING THE DAY?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
ARE THE PREMISES UNOCCUPIED FOR MORE THAN 60 CONSECUTIVE DAYS DURING THE NEXT 12 MONTHS?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS THIS AN ESTABLISHED AREA?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
ARE THERE NEW BUILDINGS UNDER CONSTRUCTION?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS THE RESIDENCE WITHIN 2KM OF AN INFORMAL SETTLEMENT?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
IS THERE A GRANNY FLAT?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

SECTION OF COVER REQUIRED		SUM INSURED		
<input type="radio"/> YES <input type="radio"/> NO		MAIN RESIDENCE	2 ND RESIDENCE	3 RD RESIDENCE
HOUSE OWNERS (BUILDING)		R	R	R
• Accidental Damage		R	R	R
Granny Flat (Building)		R	R	R
• Accidental Damage		R	R	R
Lapa (Building)		R	R	R
SECTION OF COVER REQUIRED		SUM INSURED		
<input type="radio"/> YES <input type="radio"/> NO		MAIN RESIDENCE	2 ND RESIDENCE	3 RD RESIDENCE
HOUSEHOLDERS (CONTENTS)		R	R	R
• Accidental Damage		R	R	R
Granny Flat (Contents)		R	R	R
• Accidental Damage		R	R	R
Lapa (Contents)		R	R	R
SECTION OF COVER REQUIRED		SUM INSURED		
<input type="radio"/> YES <input type="radio"/> NO		R		
CLOTHING & PERSONAL EFFECTS (ALL RISKS)		R		
SPECIFIED ITEMS		SERIAL NUMBER	REPLACEMENT VALUE	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
PLEASE NOTE THAT ALL ELECTRONIC EQUIPMENT SUCH AS CELL PHONES, CAMERA'S, VIDEO CAMERA'S ETC. MUST BE SPECIFIED				
MOTOR SECTION				
<i>Please complete accurately and in FULL</i>				
SECTION OF COVER REQUIRED				
<input type="radio"/> YES <input type="radio"/> NO				
DETAILS	NO 1	NO 2	NO 3	
MAKE E.g: Volkswagen				
MODEL E.g: Amarok 2.0 Bitdi Highline				

	NO 1	NO 2	NO 3
PETROL / DIESEL			
MANUAL / AUTOMATIC			
YEAR MODEL			
REGISTRATION NUMBER			
VIN NUMBER			
ENGINE NUMBER			
OVERNIGHT PARKING Locked Garage / Car Port / Behind locked gates			
SECURITY Factory Fitted / Satellite Tracking / after factory immobiliser or gear lock			
COLOUR OF VEHICLE			
IS THE COLOUR METALLIC	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
USE OF VEHICLE Private / Business	<input type="radio"/> Private <input type="radio"/> Business	<input type="radio"/> Private <input type="radio"/> Business	<input type="radio"/> Private <input type="radio"/> Business
COVER REQUIRED	<input type="radio"/> Comprehensive <input type="radio"/> Third Party, Fire & Theft <input type="radio"/> Third Party Only	<input type="radio"/> Comprehensive <input type="radio"/> Third Party, Fire & Theft <input type="radio"/> Third Party Only	<input type="radio"/> Comprehensive <input type="radio"/> Third Party, Fire & Theft <input type="radio"/> Third Party Only
CAR HIRE Manual or Automatic	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Manual <input type="radio"/> Automatic	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Manual <input type="radio"/> Automatic	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Manual <input type="radio"/> Automatic
EXCESS WAIVER Buy Back of Excess	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
REGISTERED OWNER OF THE VEHICLE ID NUMBER	ID:	ID:	ID:
REGULAR DRIVER OF THE VEHICLE ID NUMBER	ID:	ID:	ID:
RISK ADDRESS OF VEHICLE IF NOT KEPT AT MAIN RESIDENCE E.g: Pta, Jhb, Potch, Etc.			
REGULAR DRIVER DETAILS:			
DETAILS	NO 1	NO 2	NO 3
DATE LICENCE RECEIVED			
LICENCE CODE A, A1, B, C1, C, EB, EC1, EC			
OCCUPATION			

SUM INSURED OF VEHICLE

SUM INSURED OF VEHICLE			
Trans Union Auto Dealers Code <i>(Office Use Only)</i>			
Vehicle Sum Insured	R	R	R
LIST THE EXTRA'S ON THE VEHICLE WITH THEIR RESPECTIVE VALUES (Refer next page) E.g: Towbar / Canopy / Bull Bar etc.			
Extra:			
Value:	R	R	R
Extra:			
Value:	R	R	R
Extra:			
Value:	R	R	R
Extra:			
Value:	R	R	R
Extra:			
Value:	R	R	R
Extra:			
Value:	R	R	R

PLEASE SIGN THE FOLLOWING DECLARATION:

I warrant that the answers on this proposal are true and complete and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated to LVM Insurance Brokers and / or the Insurer.

I agree that this proposal shall be the basis of the contract between the Insurer and myself and that if this proposal is being filled in on my behalf, the person is acting as my Broker / Agent.

I will accept the Standard Personal Lines Policy Wording and Schedule.

I know that this Insurance will not commence until this proposal has been accepted by the Insurer.

I agree that LVM Insurance Brokers and / or the Insurer may utilise the records of one or more of the registered Credit Bureau to: Perform a credit search when assessing my application for insurance; monitor my payment behaviour; record the existence of my policy and transmit details of my claims and of how my premium payments are conducted.

If you cannot sign this declaration unconditionally, please give us your reasons:

CLIENT NAME

SIGNATURE

DATE