

PRIVATE PROPOSAL

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing the declaration, you agree to the processing and sharing of your personal information.

PERSONAL INFORMATION

Title _____ Initials _____ Surname _____
 ID number _____ Passport number (if non-SA resident) _____
 Employment status _____
 Occupation _____

DETAILS OF YOUR PRIVATE RESIDENCE

PHYSICAL ADDRESS

Residence 1 (Main residence) _____ Residence 2 (Other residence) _____
 _____ Area/postal code _____ Area/postal code _____

PREMISES

RESIDENCE 1

RESIDENCE 2

What is the dwelling type? Residence 1 _____
 Residence 2 _____

Note: If the building is a boarding house, hotel, motel or storage facility, then the quote will be declined. If the building is a commune then the quote will be referred, to determine whether it is an acceptable commune or not.

LOCALITY

RESIDENCE 1

RESIDENCE 2

Is the premises a plot, smallholding or farm? _____
 Are there any water bodies within 100m of the building – like a dam, lake or a river? _____

CONSTRUCTION

RESIDENCE 1

RESIDENCE 2

Are you currently having alterations, renovations or improvements done to your building, or plan to do so in the near future? _____
 What type of roof does the building have? _____

If THATCH or WOOD, please complete the non-standard construction questionnaire.

Is there any structure with a thatched roof or roof of non-standard construction on the premises, with a roofed area greater than 15% of the roofed area of the main building? _____

If YES, please complete the non-standard construction questionnaire.

What material are the walls of the building made of? Residence 1 _____
 Residence 2 _____

Home-based business

RESIDENCE 1

RESIDENCE 2

What do you use the premises for? Residence 1 _____
 Residence 2 _____

Note: If you use the premises for business purposes only, then the quote will be declined. If you use the premises for residential and business purposes, then the quote will be referred.

SECURITY	RESIDENCE 1	RESIDENCE 2
What type of perimeter wall does the premises have?	Residence 1 _____	_____
	Residence 2 _____	_____
Is there a 24-hour armed-response service linked alarm installed?	_____	_____
Are there security gates on all the external doors, including sliding doors?	_____	_____
Are there burglar bars on all the opening windows?	_____	_____
Is there controlled access to the premises? For instance, is there a security guard that allows access to the complex/estate, or do you have a special code or remote that allows access?	_____	_____
Is there a 24-hour security guard at the address?	_____	_____
Is there an electric fence covering all the perimeter walls of the premises?	_____	_____

BUILDINGS		
	BUILDING 1	BUILDING 2
What is the current reinstatement value of the building (including professional fees and demolition costs)?	R _____	R _____
Is there renewable energy equipment fitted to the building?	_____	_____
Does the installed renewable energy equipment have a back-up power supply battery?	_____	_____
Note: If there is renewable energy equipment, or a photo-voltaic system (solar PV system) installed, ensure that the building's sum insured includes the value of the system to avoid underinsurance.		

EXCESS	BUILDING 1	BUILDING 2
Select the excess	Building 1 _____	_____
	Building 2 _____	_____
Note: The basic excess becomes Nil when the policyholder is aged 55 or older, unless the policyholder opts to pay a voluntary excess.		
You can reduce your premium by choosing a voluntary excess	Building 1 _____	_____
	Building 2 _____	_____

ADDITIONAL COVER YOU CAN CHOOSE	BUILDING 1	BUILDING 2
Accidental damage to buildings – increased cover	_____	_____
Accidental damage to fixed machinery – increased cover of R20 000	_____	_____
Geyser – extended cover	_____	_____
Keys, locks and remote controls – increased cover of R20 000	_____	_____
Power surge	_____	_____
Is an approved surge arrester installed on the main electrical distribution board?	_____	_____

- Note:** An approved surge arrester must be as per the SANS/IEC 61643-11 low voltage surge protection standards, installed on the main electrical distribution board and the device must:
- Be a type 2 device.
 - Be designed to withstand at least peak surge currents of 40kA (I_{max}).
 - Be wired in terms of SANS 10142-1 Connection type 2.
 - Have a status indicator to indicate if the arrester is operational or not.
 - Be installed by a registered electrician who must provide either of the following:
 - A Certificate of Compliance for the installation.
 - Proof of installation stating the adherence to the required electrical standards and regulations at the time that the device was installed, as well as complete the **Surge arrester checklist form**.

Subsidence, landslip or ground heave – extended cover _____

If Yes, please complete the subsidence and landslip questionnaire.

HOUSEHOLD CONTENTS

RESIDENCE 1

RESIDENCE 2

What type of cover do you want? _____

Note: Limited cover includes cover for all insured events except theft, attempted theft or burglary.

What is the sum insured of the household contents? _____

R

R

Is there renewable energy equipment fitted to the building? _____

Does the installed renewable energy equipment have a back-up power supply battery? _____

Note: Fitted renewable energy equipment will only be covered under the Household contents section if you are unable to insure the renewable energy equipment under the Building's section (for example as a tenant or as the owner of a sectional title building under a rental agreement or a sectional title lease agreement). Please ensure that the value of these items are included in the Household contents sum insured to avoid underinsurance.

EXCESS

RESIDENCE 1

RESIDENCE 2

Select the excess

Residence 1 _____

Residence 2 _____

Note: The basic excess becomes Nil when the policyholder is aged 55 or older, unless the policyholder opts to pay a voluntary excess.

You can reduce your premium by choosing a voluntary excess

Residence 1 _____

Residence 2 _____

ADDITIONAL COVER YOU CAN CHOOSE

RESIDENCE 1

RESIDENCE 2

Accidental damage – extended cover _____

Bed & breakfast _____

If Yes, please specify the sum insured of the contents used for the Bed & Breakfast _____

R

R

Home-based business stock of R30 000 _____

If Yes, please describe the stock kept on the premises

Residence 1 _____

Residence 2 _____

Keys, locks and remote controls – increased cover of R20 000 _____

Power surge _____

Is an approved surge arrester installed on the main electrical distribution board? _____

Note: An approved surge arrester must be as per the SANS/IEC 61643-11 low voltage surge protection standards, installed on the main electrical distribution board and the device must:

- Be a type 2 device.
- Be designed to withstand at least peak surge currents of 40kA (I_{max}).
- Be wired in terms of SANS 10142-1 Connection type 2.
- Have a status indicator to indicate if the arrester is operational or not.
- Be installed by a registered electrician who must provide either of the following:
 - A Certificate of Compliance for the installation.
 - Proof of installation stating the adherence to the required electrical standards and regulations at the time that the device was installed, as well as complete the **Surge arrester checklist form**.

Subsidence, landslip or ground heave – extended cover _____

If Yes, please complete the subsidence and landslip questionnaire.

ALL RISKS

Property that is normally carried or worn on a person away from your home. You must keep all jewellery and watches valued at more than the amount stated in the Schedule in a securely locked wall- or floor-mounted safe when not in use.

Unspecified All Risks

Sum insured R _____

Specified All Risks

Please describe each item fully and attach an invoice or valuation certificate for each specified item, and include serial numbers (where applicable).

Category	Description	Serial no. (where applicable)	Value
_____	_____	_____	R _____
_____	_____	_____	R _____
_____	_____	_____	R _____
_____	_____	_____	R _____

Items kept in a safety deposit box or private vault

Please list all items that are permanently kept in a safety deposit box in a bank or private vault (this applies to any specified and unspecified all risk items, as well as any household content items.)

Description	Sum insured
1. _____	R _____
2. _____	R _____
3. _____	R _____
4. _____	R _____
5. _____	R _____

ADDITIONAL COVER YOU CAN CHOOSE

Remote blocking for unspecified items _____

MOTOR VEHICLE AND MOTORCYCLE

INFORMATION ABOUT THE REGULAR DRIVER/RIDER

VEHICLE 1

VEHICLE 2

Type of vehicle _____

Name _____

Surname _____

ID/Passport number _____

Has the regular driver/rider been convicted of reckless, negligent or drunken driving in the last 5 years? _____

Note: If the regular driver/rider has been convicted of reckless, negligent or drunken driving in the last 5 years, then the quote will be declined.

Licence type	Motor vehicle 1	_____
	Motor vehicle 2	_____
Licence type	Motorcycle 1	_____
	Motorcycle 2	_____
Licence issue date	Motor vehicle 1	_____
	Motor vehicle 2	_____
Licence issue date	Motorcycle 1	_____
	Motorcycle 2	_____

MOTOR VEHICLE INFORMATION	MOTOR VEHICLE 1	MOTOR VEHICLE 2
What type of cover do you want?	_____	_____
Select the sum insured type	_____	_____
Please note: Agreed value applies if the retail value is no longer available.		
a. If Agreed value is selected, then specify the value	R _____	R _____
Note: A valuation certificate is needed for vehicles insured at an Agreed value.		
b. If Retail value plus was selected, then indicate the percentage (between -25% and +25%)	_____ %	_____ %
Is the motor vehicle fitted with accessories?	_____	_____
If Yes, please list the accessories:		

MOTOR VEHICLE 1			
Description	Sum insured	Description	Sum insured
1. _____	R _____	2. _____	R _____
3. _____	R _____	4. _____	R _____
5. _____	R _____	6. _____	R _____

MOTOR VEHICLE 2			
Description	Sum insured	Description	Sum insured
1. _____	R _____	2. _____	R _____
3. _____	R _____	4. _____	R _____
5. _____	R _____	6. _____	R _____

		MOTOR VEHICLE 1	MOTOR VEHICLE 2
Registration number		_____	_____
Note: We do not cover vehicles that are not registered in South Africa, and which do not have a valid licence.			
VIN number		_____	_____
Engine number		_____	_____
Year of manufacture		_____	_____
Make and model	Motor vehicle 1	_____	
	Motor vehicle 2	_____	
Mead and McGrouther code (vehicle source code)		_____	
NATIS code	Motor vehicle 1	_____	
	Motor vehicle 2	_____	

	MOTOR VEHICLE 1	MOTOR VEHICLE 2
What colour is the motor vehicle?	_____	_____
Has the motor vehicle been altered or modified to enhance its performance in any way?	_____	_____
Note: If Yes, the quote will be referred.		
Does the motor vehicle have a tracking device which includes vehicle recovery?	_____	_____
If Yes, please select the 1 st tracking device:	Motor vehicle 1 _____	_____
	Motor vehicle 2 _____	_____
If Yes, please select the 2 nd tracking device:	Motor vehicle 1 _____	_____
	Motor vehicle 2 _____	_____
What do you use the motor vehicle for on a daily basis?	Motor vehicle 1 _____	_____
	Motor vehicle 2 _____	_____
Note: We don't cover commercial use, which includes (but is not limited to) Ubers, taxis and other forms of transport carrying passengers for financial gain.		

EXCESS

Select the excess	Motor vehicle 1 _____	_____
	Motor vehicle 2 _____	_____
Note: The basic excess becomes Nil when the policyholder is aged 55 or older, unless the policyholder opts to pay a voluntary excess.		
You can reduce your premium by choosing a voluntary excess	Motor vehicle 1 _____	_____
	Motor vehicle 2 _____	_____

ADDITIONAL COVER YOU CAN CHOOSE

	MOTOR VEHICLE 1	MOTOR VEHICLE 2
Car Hire (Available for Comprehensive cover and Third party, fire and theft cover)	_____	_____
a. How long do you want the car hire for?	_____	_____
b. What car hire group does your client want?	Motor vehicle 1 _____	_____
	Motor vehicle 2 _____	_____
Extension of liability of R1 000 000 (Available for Comprehensive cover and Third party, fire and theft cover)	_____	_____
Keys, locks and remote controls – increased cover of R20 000	_____	_____
Paying off your vehicle (Available for Comprehensive cover only)	_____	_____
4x4 cover (Available for Comprehensive cover only)	_____	_____
Tyre cover (Available for Comprehensive cover only)	_____	_____

MOTORCYCLE INFORMATION

	MOTORCYCLE 1	MOTORCYCLE 2
What type of cover do you want?	_____	_____
Select the sum insured type	_____	_____
Please note: Agreed value applies if the retail value is no longer applicable.		
a. If Agreed value is selected, then specify the value	R _____	R _____
Note: A valuation certificate is needed for vehicles insured at an Agreed value.		
b. If Retail value plus was selected, then indicate the percentage (between -25% and +25%)	_____ %	_____ %

	MOTORCYCLE 1	MOTORCYCLE 2
Registration number	_____	_____
Note: We do not cover vehicles that are not registered in South Africa, and which do not have a valid licence.		
VIN number	_____	_____
Engine number	_____	_____
Year of manufacture	_____	_____
Make and model	Motorcycle 1 _____	_____
	Motorcycle 2 _____	_____
Mead and McGrouther code (vehicle source code)	_____	_____
NATIS code	Motorcycle 1 _____	_____
	Motorcycle 2 _____	_____
Is the capacity of the motorcycle more than 1 850CC?	_____	_____
Has the motorcycle been altered or modified to enhance its performance in any way?	_____	_____
Note: If Yes, the quote will be referred.		
What do you use the motorcycle for?	Motorcycle 1 _____	_____
	Motorcycle 2 _____	_____
Note: We don't cover business or commercial use, which includes (but is not limited to) Ubers and other forms of transport carrying passengers for financial gain.		

EXCESS	MOTORCYCLE 1	MOTORCYCLE 2
Note: The default basic excess is R3 000. However, when the policyholder is aged 55 or older, the basic excess becomes Nil, unless the policyholder opts to pay a voluntary excess.		
You can reduce your premium by choosing a voluntary excess	Motorcycle 1 _____	_____
	Motorcycle 2 _____	_____

ADDITIONAL COVER YOU CAN CHOOSE	MOTORCYCLE 1	MOTORCYCLE 2
Paying off your motorcycle (Available for Comprehensive only)	_____	_____
Keys, locks and remote controls – increased cover of R20 000	_____	_____

If you need cover for non-road vehicles, trailers or caravans, please speak to your broker.

INSURANCE AND CLAIMS HISTORY

Have you had uninterrupted non-life insurance in the last three years, and if so, with which insurer(s)? _____

Has an insurer ever declined cover, cancelled or refused to renew any life or non-life insurance policy for you, anyone living with you or anyone who will be covered under this policy? (If the policyholder is a juristic entity then this question applies to any insurance policies relating to the juristic entity) _____

If Yes, please provide the reason _____

Are you currently under sequestration or curatorship? _____

If Yes, please note that because there are possible legal implications in offering you insurance, the quote will be referred. Based on the referral we will decide whether or not we can offer you insurance.

Have you, or anyone who will be insured on this policy, been convicted of a criminal offence in the last five years? _____

If **Yes**, please note that because there are possible legal implications in offering you insurance, the quote will be referred. Based on the referral we will decide whether or not we can offer you insurance.

It is important for us to know your insurance claims history. You must give us accurate information because this affects your premium and might affect how we assess your future claims. Please include details of all insurance claims (including rejected claims) in the last three years. We also want to know of vehicle claims for all regular drivers listed in this proposal form.

Description	Regular driver (if applicable)	Date of claim event	Amount of claim	Insurer	Policy no.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PREMIUM PAYMENT OPTIONS

Premium payment frequency _____

Premium payment method _____

Annual premium payments

If you choose to pay your premium annually via electronic fund transfer or direct deposit, please make payment within 30 days of your policy start date into the banking details provided to you by your broker. Note that if payment is not made within this time, your cover will not start.

Monthly premium payments

If you choose to pay your premium monthly via debit order, please complete the separate Debit order authority form as provided by your broker. Note that if the first debit order is returned, your cover will not start and no further collections will be attempted.

Please provide us with your banking details for payment of claims and premium refunds (where applicable).

Account holder name _____

Name of bank _____ Branch code _____

Type of account _____ Account no. _____

YOUR INSURANCE RISK SCORE

Do you give Hollard permission to check your insurance risk score _____

If YES, we may do this check every year when your policy renews, every time the cover on your policy changes and also when you claim. The reason we check your insurance risk score with credit agencies, is to accurately price your policy and assess our risk. It is not the same score as a credit score which a lender would typically be interested in, and checking your insurance risk score will not affect your credit score.

DECLARATION BY PROPOSED POLICYHOLDER

1. I have carefully considered my needs, objectives and circumstances before accepting the quotation.
2. I did not sign any blank or partially completed forms.
3. I confirm that my broker has provided me with a record of advice and a disclosure notice.
4. I understand the insurance cover as explained to me by my broker and as set out in the quotation that this application is based on.
5. I confirm that the information completed on this form is true and correct to the best of my knowledge, whether this was completed by myself or by my broker on my behalf.
6. I have not withheld any information that is likely to influence the decision of Hollard to accept my application for insurance.
7. I understand that Hollard may reject a claim or cancel my policy if I misrepresented or withheld any information.
8. I understand that this application, together with the accepted quotation, will form the basis of the contract if Hollard accepts my application.
9. I understand that signing this application does not mean that Hollard will accept my application.

I ask Hollard to start my policy on _____ (dd/mm/yyyy) based on the cover and premium as set out in the quotation this proposal is based on.

Signed at _____ on this _____ day of _____ 20 _____

Name and surname of proposed policyholder

Signature

Thank you for your application!