

COMMERCIAL APPLICATION FORM

Please complete the application and sign where applicable. Cover will only commence once policy has been accepted by the underwriters.
Please select with a "X" the applicable blocks. Please use capital letters, when completing the Application form.

QUOTE NUMBER		BROKER		INCEPTION DATE	
		CONSULTANT			

COMPANY DETAILS

COMPANY NAME					
REGISTRATION NUMBER			VAT NUMBER		
BUSINESS DESCRIPTION					
CONTACT PERSON				LANGUAGE	
TEL (W):		FAX:		CELL:	
E-MAIL:					

ADDRESS INFORMATION

PHYSICAL ADDRESS					
				POSTAL CODE	
POSTAL ADDRESS					
				POSTAL CODE	

COVER REQUIRED

SECTION 1	FIRE	YES / NO	SECTION 12	ACCIDENTAL DAMAGE	YES / NO
SECTION 2	BUILDINGS COMBINED	YES / NO	SECTION 13	PUBLIC LIABILITY	YES / NO
SECTION 3	OFFICE CONTENTS	YES / NO	SECTION 14	EMPLOYERS LIABILITY	YES / NO
SECTION 4	BUSINESS INTERRUPTION	YES / NO	SECTION 15	GROUP PERSONAL ACCIDENT	YES / NO
SECTION 5	ACCOUNTS RECEIVABLE	YES / NO	SECTION 16	MOTOR	YES / NO
SECTION 6	THEFT	YES / NO	SECTION 17	MOTOR TRADERS INTERNAL RISKS	YES / NO
SECTION 7	MONEY	YES / NO	SECTION 18	MOTOR TRADERS EXTERNAL RISKS	YES / NO
SECTION 8	GLASS	YES / NO	SECTION 19	ELECTRONIC EQUIPMENT	YES / NO
SECTION 9	FIDELITY	YES / NO	SECTION 20	HOUSE OWNERS	YES / NO
SECTION 10	GOODS IN TRANSIT	YES / NO	SECTION 21	HOUSE CONTENTS	YES / NO
SECTION 11	BUSINESS ALL RISK	YES / NO			

I understand that the sections marked as NO was not taken and that I will not have any cover under those sections. I confirm that I was informed about all the different insurance covers available but that I do not need the cover as not marked on this page.

MONTHLY DEBIT ORDER AUTHORITY

NAME OF BANK		BRANCH CODE	
ACCOUNT HOLDER		TYPE OF ACCOUNT	
ACCOUNT NUMBER		DEBIT DATE	1 st / 7 th / 15th
DATED SIGNED	SIGNATURE		

The information required above is to enable your monthly premiums to be debited to your bank account or to authorize payments directly into your bank account. By signing this section, you are authorizing the Insurer to process the monthly premium against the bank account stated above. All deductions from your account will be seen as if these have been authorized by you.

GENERAL INFORMATION

1. Has any insurer ever cancelled, denied or refused to issue or renew your insurance or impose special terms?		YES / NO
If yes, give details.		

2. Are you currently insured and for how long? YES / NO	If yes, please supply details of the insurers / brokers:	
NAME OF INSURERS	POLICY NUMBER	PERIOD OF INSURANCE (MM/YY TO MM/YY)
a)		
b)		
c)		

3. Have you suffered any loss / claims in the past 5 years. If so, provide details of each such loss(es)		
TYPE OF LOSS (fire, motor, all risk ,burglary, etc.)	DATE LOSS	AMOUNT CLAIMED AND INSURER
a)		
b)		
c)		
d)		

Please note that ALL claims and losses must be declared and not only losses applicable to the cover applied for.
The insurance company reserves the right to repudiate any future claims if not declared.

4. Have you or any person to be insured been convicted of a criminal offense whatsoever?		Yes	No
If yes, give details.			

LIST OF THE PREMISES WHERE THE INSURANCE APPLIED FOR WILL BE OPERATIVE:

1) PREMISES			
OCCUPATION / USE			
ROOF CONSTRUCTION	WALL CONSTRUCTION	FLOOR CONSTRUCTION	
2) PREMISES			
OCCUPATION / USE			
ROOF CONSTRUCTION	WALL CONSTRUCTION	FLOOR CONSTRUCTION	
3) PREMISES			
OCCUPATION / USE			
ROOF CONSTRUCTION	WALL CONSTRUCTION	FLOOR CONSTRUCTION	
4) PREMISES			
OCCUPATION / USE			
ROOF CONSTRUCTION	WALL CONSTRUCTION	FLOOR CONSTRUCTION	

SECTION 1: FIRE SECTION	
DEFINITIONS: THE COLUMN REFERENCE REFER TO THE UNDERMENTIONED	
COLUMN 1	BUILDINGS INCLUDING LANDLORD'S FIXTURES AND FITTINGS THEREIN AND THERON, WALLS, GATES, POSTS & FENCES
COLUMN 2	THE NUMBER OF MONTHS RENT / RENTAL VALUE STATED IN THE SCHEDULE
COLUMN 3	PLANT, MACHINERY, LANDLORD'S FIXTURES & FITTINGS
COLUMN 4	STOCK & MATERIALS IN TRADE
COLUMN 5	MISCELLANEOUS
COLUMN 6	MACHINERY , EQUIPMENT & STOCK

ITEM NO.	DETAILS / PREMISES / DESCRIPTION	SUM INSURED	COLUMN REF.

ADDITIONAL PERILS AND EXTENSIONS (indicate YES / NO as applicable)	
EARTQUAKE	YES / NO
SPECIAL PERILS	YES / NO
SUBSIDENCE AND LANDSLIP	YES / NO
MALICIOUS DAMAGE	YES / NO
SPONTANEOUS COMBUSTION	YES / NO
STOCK DECLARATION (indicate montly / quarterly)	YES / NO
DISPOSAL OF SALVAGE	YES / NO

SECTION 2: BUILDINGS COMBINED			
ITEM NO.	DETAILS / PREMISES / DESCRIPTION	SUM INSURED	COLUMN REF.
	ADDITIONAL CLAIMS PREPARATION COSTS	YES / NO	R
	SUBSIDENCE AND LANDSLIP EXTENSION	INCLUDED	R

SECTION 3: OFFICE CONTENTS		
ITEM NO.	DETAILS / PREMISES / DESCRIPTION	SUM INSURED
	LINKED ALARM (Indicate) YES / NO IF YES , GIVE NAME: _____	
	ADDITIONAL CLAIMS PREPARATION COSTS	R
	DOCUMENTS	R
	LIABILITY FOR DOCUMENTS	R

SECTION 4: BUSINESS INTERRUPTION

ITEM NO.	DETAILS / PREMISES	SUM INSURED
ITEM 1	GROSS PROFIT (_____ basis)	R
ITEM 2	GROSS RENTALS	R
ITEM 3	REVENUE	R
ITEM 4	ADDITIONAL INCREASE IN COST OF WORKING	R
ITEM 5	WAGES (number of weeks basis _____)	R
ITEM 6	ADDITIONAL CLAIMS PREPARATION COST	R

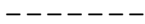
INDEMNITY PERIOD A MAXIMUM OF _____ MONTHS.

INDICATE YES / NO AS APPLICABLE	INDICATE	
UNINSURED COSTS (difference basis)	YES / NO	
INSURED STANDING CHARGES (addition basis)	YES / NO	
EXTENSIONS TO OTHER PREMISES		
SUPPLIERS / SUB-CONTRACTORS % DEPENDENCY	% OF THE SUMS INSURED BY ITEMS 1 - 5
.....	
.....	
PREVENTION OF ACCESS - EXTENDED COVER		
CUSTOMERS (specify) % DEPENDENCY	% OF THE SUMS INSURED BY ITEMS 1 - 5
.....	
.....	
PUBLIC UTILITIES - INSURED PERILS	YES / NO	
PUBLIC UTILITIES - EXTENDED COVER	YES / NO	

DETAILS REQUIRED:

- 1) Monthly salaries : R _____
- 2) Weekly wages: R _____
- 3) Monthly rent for premises: R _____
- 4) Monthly rent for machines and equipment: R _____
- 5) Monthly payments for motor vehicles: R _____
- 6) All other monthly expenses: R _____
- 7) Expected net profit for the financial year: R _____

UNINSURED COSTS	INSURED STANDING CHARGES	SASRIA - INSURED STANDING CHARGES



SECTION 5: ACCOUNT RECEIVABLE		
ITEM NO.	DETAILS / PREMISES / DESCRIPTION	SUM INSURED
	ADDITIONAL CLAIMS PREPARATION COSTS	
	TOATAL	
	SASRIA	

CLAUSE AND MEMORANDA		INDICATE (YES / NO) AS APPLICABLE			
TRANSIT EXTENSION	YES / NO	DUPLICATE RECORDS	YES / NO	PROTECTIONS WARRANTTY	YES / NO

UNDERWRITING INFORMATION REQUIRED:

1) TYPE OF RECORDS KEPT OF DEBTORS:	
2) ARE DUPLICATE RECORDS KEPT?	
3) WHERE ARE THE DUPLICATE RECORDS KEPT?	
4) ARE COMPUTER RECORDS BACK UPS MADDE REGULARLY?	
5) WHERE ARE THE BACK UPS KEPT?	
6) ARE RECEIPTS OF PAYMENTS DONE IMMEDIATELY?	

NOTE: It will be a condition of this onsurance that all records of bad debts must be kept by the insured's bookkeeper, auditor or attorneys away from the insured's premises.

SECTION 6: THEFT SECTION		
ITEM NO.	DETAILS / PREMISES / DESCRIPTION	SUM INSURED
	LINKED ALARM (Indicate) YES / NO IF YES , GIVE NAME: _____	
	MALICIOUS DAMAGE	
	ADDITIONAL CLAIMS PREPARATION COSTS	
	TOATAL	

UNDERWRITING INFORMATION REQUIERD:	STATE THE MAXIMUM VALUE OF THE FOLLOWING ITEMS:
1) CIGARETTES AND TOBACCO PRODUCTS	R
2) LIQUOR	R
3) PRECIIOUS METALS	R
4) WATCHES AND JEWELLERY	R
5) RADIO'S, TV SETS, VIDEO RECORDERS, CAMERAS	R
6) COMPUTER & ELECTRONIC EQUIPMENT	R

SECTION 7: MONEY SECTION		
DETAILS	SPECIFIC LIMITATIONS	COMPENSATION / LIMIT OF INDEMNITY
1. IN RESPECT OF THE MONEY NOT CONTAINED IN A LOCKED SAFE OR STORAGE ROOM.		
a) While on the insured premises situated outside the hours during which the commercial operations of the insured are conducted.		R
b) While in the residence of the insured or any partner or director or employee of the insured.		R
c) In the custody of ant partner, director or employee of the insured while away from the insured's premises on a Business trip anywhere in the world		R
d) In the custody of any collector, rounds man or petrol attendant.		R
2. IN RESPECT OF MONEY CONTAINED IN A LOCKED SAFE OR STRONG ROOM WHILST ON THE INSURED'S PREMISES SITUATED AS STATED AND OUTSIDE THE HOURS DURING WHICH THE COMMERCIAL OPERATIONS OF THE INSURED ARE CONDUCTED		
(i) In respect of any specified safe or strong room to the corresponding amount stated. Description of safe / room		R
A - type of safe. Makers name:		R
B - SABS Category:		R
(ii) in respect of any safe or strong room not specified in 2 (i) above the limits shall be according to the grading of such safe strong room as follows		R
a) no S.A.B.S grading	R 5.000.00	
b) S.A.B.S category 1 grading	R 10.000.00	
c) S.A.B.S category 2 grading	R 20.000.00	
d) S.A.B.S category 2 HD grading	R 40.000.00	
e) S.A.B.S category 2 ADM grading	R 100.000.00	
f) S.A.B.S category 2 ADM D3 grading	R 125.000.00	
g) S.A.B.S category 3 grading	R 175.000.00	
h) S.A.B.S category 4 grading	R 350.000.00	
i) S.A.B.S category 5 ADC grading	R 500.000.00	
PROVIDED ALWAYS THAT THE COMPANY'S LIABILITY SHALL NOT IN ANY EVENT EXCEED THE LIMIT STATED		
3. IN RESPECT OF ANY OTHER LOSS OF OR DAMAGE TO MONEY MAJOR LIMITS -		R
(i) DURING _____(state period)		R
(ii) AT ANY OTHER TIME		R
PREMISES	A -	R
	B -	R
	C -	R

DETAILS	COMPENSATION / LIMIT OF INDEMNITY
EXTENSION 1: RECEPTACLES LIMIT	R
ADDITIONAL CLAIMS PREPARATION COST	R
PERSONAL ACCIDENT ASSAULT (Indicate YES / NO)	YES / NO
CAPITAL SUM	R
WEEKLY SUM	R
MEDICAL EXPENSES	R
TOTAL	R
SASRIA	R

UNDERWRITING INFORMATION REQUIRED:

- 1. State how moneys is banked: _____
- 2. Details of transit of money: _____
- 3. How and where are wages made up and distributed? _____
- 4. If the risk is a petrol station , what precautions are in place for money in the hands of petrol attendants? _____

SECTION 8: GLASS SECTION

ITEM NO.	DETAILS / PREMISES / DESCRIPTION	SUM INSURED
	ADDITIONAL CLAIMS PREPARATION COSTS	
	TOOTAL	
	SPECIAL RINSTATEMENTS (Indicate YES / NO)	YES / NO

COMMENTS: Glass insurance is subject to average. Make sure that the sum insured is for the full replacement value off all glass

SECTION 9: FIDELITY SECTION

DETAILS	SUM INSURED
BASIS: NAME OF PERSON TO BE INSURED	
	R
	R
	R
	R
	R
ADDITIONAL CLAIMS PREPARATION COSTS	R
INDICATE (YES / NO) AS APPLICABLE	
RETROACTIVE COVER (12 MONTHS)	YES / NO
SUPERSEDED POLICY (_____ YEARS)	YES / NO
VOLUNTARY FIRST AMOUNT PAYABLE	R
REDUCTION / REINSTATEMENT OF INSURED AMOUNT	YES / NO
COST OF RECOVERY (WHERE LOSS EXCEEDS SUM INSURED)	YES / NO
COMPUTER LOSSES EXTENSION	YES / NO

NOTES: When Fidelity insurance is applied for, the underwriter reserve the right to obtain further information as may be required and may request a special investigation regarding the person to be insured.

SECTION 10: GOODS IN TRANSIT SECTION

DETAILS	INDICATE (YES / NO)	LIMIT OF INDEMNITY
COVER REQUIRED: ALL RISKS	YES / NO	R
Cover restricted to fire , explosion, collision and overturning	YES / NO	R
ALL GOODS CONSIGNED (including ropes, tarpaulins and packing materials in connection with the transit)		
(a) By the insured		R
(b) By or to the insured		R
(c) To the insured		R
ESTIMATED ANNUAL CARRY		R
ADDITIONAL CLAIMS PREPARATION COST		
VOLUNTARY FIRST AMOUNT PAYABLE R		
DEBRIS REMOVAL ABOVE R 1000		

UNDERWRITING INFORMATION REQUIRED:

- Class of goods to be transported: _____
- Describe the type of packaging used: _____
- Describe the method of loading and off loading . _____
- Is lifting gear used? _____
- Describe driver training and education methods in use: _____
- Describe the methods of control to ensure that drivers adhere to the laid down rules and regulations: _____
- Describe any bonus or remuneration system in use to compensate drivers for claims free driving. _____

SECTION 11: BUSINESS ALL RISK		
Description of item	Serial number	Sum insured
1)		R
2)		R
3)		R
4)		R
5)		R
6)		R
7)		R
8)		R
9)		R
10)		R

COMMENTS:

SECTION 12: ACCIDENTAL DAMAGE

Description of item	Serial number	Sum insured			
DEFINE EVENTS (i) All the insured property as defined in this section		R			
PREMISES		R			
		R			
		R			
		R			
ADDITIONAL CLAIMS PREPARATION COST		R			
MEMORANDA APPLICABLE (indicate YES / NO)					
AVERAGE	YES / NO	EXCLUDED PROPERTY	YES / NO	FIRST LOSS AVERAGE	YES / NO
DEFINE EVENTS (ii) Leakage of oils / chemicals / fumes					R

COMMENTS:

SECTION 13: PUBLIC LIABILITY

DETAILS	INDICATE (YES / NO)	LIMIT OF INDEMNITY
CLAIMS MADE BASIS RETROACTIVE DATE ____/____/____		R
OCCURRENCE BASIS		R
EXTENTIONS		
PRODUCTS LIABILITY. Territories : excl. USA & Canada		R
DEFECTIVE WORKMANSHIP LIABILITY		R
WRONGFUL ARREST AND DEFAMATION		R
E.E.C LIABILITY		R
FIRE AND EXPLOSION LIABILITY		R
LIVESTOCK LIABILITY		R
VOLUNTARY FIRST AMOUNT PAYABLE	PRODUCT LIABILITY	R
	E.E.C LIABILITY	R
	FIRE & EXPLOSION LIABILITY	R
	LIVESTOCK LIABILITY	R
	OTHER	R

UNDERWRITING INFORMATION REQUIRED:

1. HOW ACCESSIBLE IS THE PREMESIS TO THE GENERAL PUBLIC? _____

2. DESCRIBE THE LOCATION AND WORDING OF THE DISCLAIMER SIGNS: _____

SECTION 14: EMPLOYERS LIABILITY

DETAILS	LIMIT OF INDEMNITY
LIMIT OF INDEMNITY RETROACTIVE DATE ____/____/____	R

UNDERWRITING INFORMATION REQUIERD:

1. State the approximate number of part time employees. _____

SECTION 15: GROUP PERSONAL ACCIDENT

PERSON INSURED	OCCUPATION	COMPENSATION
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CIRCUMSTANCES:

1. Death _____ times annual earnings
2. permanent disability _____ Such percentage of _____ times annual earnings as is specified for the particular disability.
3. Temporary total disability _____ Per cent of average weekly earnings per week for a period longer than _____ Weeks but no longer than _____ weeks.

4. Medical expenses _____ R _____

Business limitation	INDICATE (YES / NO)
Burns disfigurement	INDICATE (YES / NO)

COMMENTS: _____

SECTION 16: MOTOR VEHICLE

VEHICLE 1 - SUM INSURED : R

MAKE		MODEL	
YEAR		M&M CODE	
REGISTRATION NUMBER		VIN NUMBER	
COLOUR		ENGIN NUMBER	
HP COMPANY			NCB GROUP
VEHICLE USE		COVER REQUIRED	COMPREHENSIVE
REGISTERED OWNER			REGULAR DRIVER
YEAR LICENSE OBTAINED		LICENSE CODE	MARITAL STATUS
PHYSICAL ADDRESS			POSTAL CODE

DAY TIME PARKING		IMMOBILISER		ALARM	
NIGHT TIME PARKING		TRACKING DEVICE		GEAR LOCK	

EXTRAS

DESCRIPTION	VALUE	DESCRIPTION	VALUE

DESCRIPTION OF CAR HIRE GROUPS

GROUP B	HATCHBACK VEHICLE	GROUP C	SEDAN VEHICLE
GROUP D	AUTOMATIC VEHICLE	GROUP H	1 TON, LDW WITHOUT CANOPY
GROUP J	1 TON, LDW WITH CANOPY	GROUP M	LUXURY VEHICLE

VEHICLE 2 - SUM INSURED : R

MAKE		MODEL	
------	--	-------	--

YEAR		M&M CODE	
REGISTRATION NUMBER		VIN NUMBER	
COLOUR		ENGIN NUMBER	
HP COMPANY		NCB GROUP	
VEHICLE USE		COVER REQUIRED	COMPREHENSIVE
REGISTERED OWNER		REGULAR DRIVER	
YEAR LICENSE OBTAINED		LICENSE CODE	MARITAL STATUS
PHYSICAL ADDRESS			
		POSTAL CODE	

DAY TIME PARKING		IMMOBILISER		ALARM	
NIGHT TIME PARKING		TRACKING DEVICE		GEAR LOCK	

EXTRAS			
DESCRIPTION	VALUE	DESCRIPTION	VALUE

DESCRIPTION OF CAR HIRE GROUPS			
GROUP B	HATCHBACK VEHICLE	GROUP C	SEDAN VEHICLE
GROUP D	AUTOMATIC VEHICLE	GROUP H	1 TON, LDW WITHOUT CANOPY
GROUP J	1 TON, LDW WITH CANOPY	GROUP M	LUXURY VEHICLE

VEHICLE 3 - SUM INSURED : R			
MAKE		MODEL	
YEAR		M&M CODE	
REGISTRATION NUMBER		VIN NUMBER	
COLOUR		ENGIN NUMBER	
HP COMPANY		NCB GROUP	
VEHICLE USE		COVER REQUIRED	COMPREHENSIVE
REGISTERED OWNER		REGULAR DRIVER	
YEAR LICENSE OBTAINED		LICENSE CODE	MARITAL STATUS
PHYSICAL ADDRESS			
		POSTAL CODE	

DAY TIME PARKING		IMMOBILISER		ALARM	
NIGHT TIME PARKING		TRACKING DEVICE		GEAR LOCK	

EXTRAS			
DESCRIPTION	VALUE	DESCRIPTION	VALUE

DESCRIPTION OF CAR HIRE GROUPS			
GROUP B	HATCHBACK VEHICLE	GROUP C	SEDAN VEHICLE

GROUP D	AUTOMATIC VEHICLE	GROUP H	1 TON, LDW WITHOUT CANOPY
GROUP J	1 TON, LDW WITH CANOPY	GROUP M	LUXURY VEHICLE

EXTENTIONS:	INDICATE (YES / NO)
1. CONTINGENT LIABILITY	
2. PASSENGERS LIABILITY	
3. UNAUTHORISED PASSENGERS LIABILITY	
4. WINDSCREEN	
5. RIOT AND STRIKES	
6. LOSS OF KEYS	
7. WRECKAGE REMOVAL	
8. CREDIT SHORTFALLS	
9. BASIC EXCESS WAIVER	
10. IVP	

SECTION 17: MOTOR TRADE - INTERNAL RISK

DETAILS	INDICATE (YES / NO)
LIMIT OF LIABILITY	
1. ARTICLE I: R _____	
2. ARTICLE II: R _____	
3. FIRST PORTION PAYABLE R _____	
SITUATION OF PREMISES	
WAGES R _____	

EXTENTIONS AND MODIFICATIONS	
1. EXTENSION REGARDING WORK AWAY FROM PREMISES	YES / NO
2. EXTENSION REGARDING CAR HOISTS	YES / NO
3. MODIFICATION REGARDING THIRD PART ONLY COVER	YES / NO

COMMENTS: The same underwriting questions and restrictions as per the commercial motor section will apply.

SECTION 18: MOTOR TRADE - EXTERNAL RISK

DETAILS	INDICATE (YES / NO)
LIMIT OF LIABILITY	
1. ARTICLE I: R _____	
2. ARTICLE II: R _____	
3. FIRST PORTION PAYABLE R _____	
BASIS OF INSURANCE	
NAME OF DRIVERS:	
TRADE REGISTRATION NUMBER: _____	
WAGES R _____	
EXTENSION	
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES: _____	YES / NO
LOSS OF USE OF CUSTOMERS VEHICLES: R _____	YES / NO
UNAUTHORISED USE OF VEHICLES BY EMPLOYEES	YES / NO

LEGAL LIABILITY IN RESPECT OF PASSENGERS to motor cycles and scooters only) (applicable	R _____
LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE	
DRIVING OF MOTOR CYCLES ANSD SCOOTERS	
MODIFICATIONS	
COVER FOR MOTOR CYCLES AND SCOOTERS ONLY	YES / NO
COVER FOR SPECIAL TYPE VEHICLES ONLY	YES / NO
EXCLUSION OF OWN VEHICLES	YES / NO
EXCLUSION OF DEMONSTRATION RISK	YES / NO
EXCLUSION OF LEGAL LIABILITY IN RESPECT OF PASSENGERS	YES / NO
RESTRICTED COVER (third party , fire, and theft)	YES / NO
THIRD PARTY ONLY COVER	YES / NO

COMMENTS: _____

SECTION 19: ELECTRONIC EQUIPMENT SECTION		
Description of item	Serial number	Sum insured
1)		R
2)		R
3)		R
4)		R
5)		R
6)		R
7)		R
8)		R
9)		R
10)		R

UNDERWRITING INFORMATION REQUIERD:

- Describe what type of fire extinguishers are in use: _____
- Is the equipment protected by lightning (power) surge protectors? _____
- What backups are made and the frequeny of back ups? _____
- Is the equipment protected by an emergency power supply and is this source enough to allow proper shut down of system ?

- Does the premise have a liked alarm? If so give details: _____

SECTION 20: HOUSE OWNERS						
Please select with a "X" the applicable blocks.						
TYPE:	FARM	HOUSE	FLAT / TOWNHOUSE	HOLIDAY HOME	OTHER:	
PHYSICAL ADDRESS						
				POSTAL CODE		
COVER REQUIRED:	COMPREHENSIVE INCLUDING THEFT		COMPREHENSIVE EXCLUDING THEFT		OTHER	
ACCIDENTAL DAMAGE	R	SUM INSURED	R	NCB		

ROOF CONSTRUCTION

THATCH	TILES	WOOD	SLATE	CONCRETE	OTHER:	
--------	-------	------	-------	----------	--------	--

WALL CONSTRUCTION

THATCH	TILES	WOOD	SLATE	CONCRETE	OTHER:	
--------	-------	------	-------	----------	--------	--

LAPA	Is Lapa within 5 meters of the main residence ?	YES / NO
	Is Lapa larger than 25% of main building surface ?	YES / NO

If Lapa is larger than 25% of main building surface, and is within 5 meters, the roof construction of the residence MUST be changed to thatch.

RELATED DETAILS (Please select where applicable)

1. Residence unoccupied for more than 60 days	Yes	No
2. Require subsidence and landslip cover	Yes	No
2. Require accidental damage	Yes	No
3. Bond on property. If so, provide details:	Yes	No

SECTION 21: HOUSE CONTENTS

Please select with a "X" the applicable blocks.

TYPE:	FARM	HOUSE	FLAT / TOWNHOUSE	HOLIDAY HOME	OTHER:	
PHYSICAL ADDRESS						
	POSTAL CODE					

COVER REQUIRED:	COMPREHENSIVE INCLUDING THEFT	COMPREHENSIVE EXCLUDING THEFT	OTHER
ACCIDENTAL DAMAGE	R	SUM INSURED	R NCB

ROOF CONSTRUCTION

THATCH	TILES	WOOD	SLATE	CONCRETE	OTHER:	
--------	-------	------	-------	----------	--------	--

WALL CONSTRUCTION

STONE	BRICK	WOOD	CEMENT	CONCRETE	OTHER:	
-------	-------	------	--------	----------	--------	--

LAPA	Is Lapa within 5 meters of the main residence ?	YES / NO
	Is Lapa larger than 25% of main building surface ?	YES / NO

If Lapa is larger than 25% of main building surface, and is within 5 meters, the roof construction of the residence MUST be changed to thatch.

SECURITY MEASURES (Please select where applicable)

1. Burglar proofing on all opening windows	Yes	No
2. Security gates fitted to all outer doors and/or sliding doors	Yes	No
3. Home fitted with an alarm system	Yes	No
4. Alarm linked to an armed response unit	Yes	No
5. The perimeter of the property is walled / fenced in	Yes	No
6. Electric fencing	Yes	No
7. Property near a vacant stand	Yes	No
8. Property within a 1km radius of an informal settlement or taxi stand / bus stop.	Yes	No
9. Property occupied during the day	Yes	No
10. Home business	Yes	No

COMMENTS:

