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**BROKER & INSURER DETAILS**

Broker Name:	COSMOS BROKERS
Broker FSP Number	
Tel. number	0219306197
Insurer	RENASA

**PROPOSER DETAILS:**

Title:		First names:	
Surname:		Marital Status:	
Postal address:	PO BOX 15430 PANORAMA		
	Code: 7506		
ID number:		Occupation:	
Tel. no.:		Cell number:	

<b>COMMENCEMENT DATE:</b>	
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**COVER SELECTED: NB!! Please Tick the boxes to indicate**

BUILDING	<input type="checkbox"/>	HOUSEHOLD GOODS	<input type="checkbox"/>	ALL RISKS	<input type="checkbox"/>
PERSONAL LIABILITY	<input type="checkbox"/>	MOTOR/MOTORCYCLE	<input checked="" type="checkbox"/>	CARAVAN/TRAILER	<input type="checkbox"/>
PERSONAL ACCIDENT	<input type="checkbox"/>	PLEASURE CRAFT	<input type="checkbox"/>		

**1. BUILDING AND / OR HOUSEHOLD GOODS SECTIONS**

1.1 Physical address of the private dwelling/s:

Residence 1:	Residence 2:
Code:	Code:

1.2 Type of residence:

Detached house/cottage	<input type="checkbox"/>	Ground floor flat	<input type="checkbox"/>	Above ground floor flat	<input type="checkbox"/>
Townhouse	<input type="checkbox"/>	Holiday home	<input type="checkbox"/>	Retirement village	<input type="checkbox"/>
Other (Please define)	<input type="checkbox"/>				



1.3 Construction:

Roof:	
Walls:	
Size of lapa (if applicable):	

1.4 Security precautions:

Burglar bars on all opening windows:	YES [ ]	NO [ ]
Security gates on all external doors:	YES [ ]	NO [ ]
Alarm system:	YES [ ]	NO [ ]
Alarm linked to armed response:	YES [ ]	NO [ ]
Is the alarm extended to outbuildings:	YES [ ]	NO [ ]

1.5 Sums insured:

Residence 1:		Residence 2:	
Building:	R	Building:	R
<b>Premium</b>	<b>R</b>	<b>Premium</b>	<b>R</b>
Bondholder:		Bondholder:	
Subsidence cover:	YES [ ] NO [ ]	Subsidence cover:	YES [ ] NO [ ]
Contents:	R	Contents:	R
Accidental damage:	R	Accidental damage:	R
<b>Premium</b>	<b>R</b>	<b>Premium</b>	<b>R</b>

1.6 Information regarding the residence:

1. Will the residence be left unoccupied during the day?	Yes [ ] No [ ]
2. Will the residence be left unoccupied for more than 60 consecutive days?	Yes [ ] No [ ]
3. Is the residence occupied by anyone other than the Insured and members of his/her immediate family?	Yes [ ] No [ ]
4. Is the residence a commune?	Yes [ ] No [ ]
5. Is there any business conducted at the residence? If yes, provide details: _____	Yes [ ] No [ ]
6. Are there any glass panels in or next to exterior doors?	Yes [ ] No [ ]
7. Are the glass panels protected?	Yes [ ] No [ ]
8. Is the residence in an established build up area?	Yes [ ] No [ ]
9. Is the residence near a park / sports field / golf course / vacant stand? If yes, provide details: _____	Yes [ ] No [ ]
10. Is the residence near a school / shopping centre? If yes, provide details: _____	Yes [ ] No [ ]
11. Is the residence within 5 kilometers of an informal settlement?	Yes [ ] No [ ]
12. Are there any new buildings being built in your immediate neighbourhood?	Yes [ ] No [ ]
13. Do you employ garden service?	Yes [ ] No [ ]

The sum insured of Buildings must include the full replacement value of the property as well as the costs of professional fees and debris removal, otherwise average will apply.

**2. PERSONAL ACCIDENT SECTION (Death & Permanent disability)**

INITIALS & SURNAME	OCCUPATION	DATE OF BIRTH	SUM INSURED	Premium R

### 3. PERSONAL LIABILITY SECTION

Sum insured:	R5 000 000.00	Compulsory when selecting Building and/or Household Goods Sections	Premium R
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### 4. ALL RISKS SECTION

INSURED ITEM	SUM INSURED	Premium
Unspecified All Risks: (Minimum sum insured : R5 000.00) Clothing, personal effects, normally worn or designed to be carried on or by a person. Personal equipment normally worn or used by the person participating in sport belonging to you.	R _____	R
CELLULAR TELEPHONE: Make & Model: _____ IMEI number: _____	R _____	R
Make & Model: _____ IMEI number: _____	R _____	R
VEHICLE SOUND SYSTEM: Make & Model: _____ Serial number: _____	R _____	R
Make & Model: _____ Serial number: _____	R _____	R
OTHER SPECIFIED ITEMS:	Sum Insured	R
	R	R
	R	R
	R	R
	R	R
	R	R

Valuation certificates are required for jewelry valued over R2500.00 and cover will only commence once this had been received.

### 5. PLEASURE CRAFT SECTION

Please complete supplementary Pleasure Craft Proposal form and attach hereto.

### 6. MOTOR SECTION

DETAILS OF VEHICLES, INCLUDING MOTORCYCLES, CARAVANS AND TRAILERS:

DETAILS:	VEHICLE 1:	VEHICLE 2:
1. Risk address where parked overnight		
Overnight Parking: Please mark clearly	Locked garage/ locked gates/on the street	Locked garage/ locked gates/on the street
2. Class of use	Private [ ] Business [ ]	Private [ ] Business [ ]
3. Year of manufacture		
4. Make & Model		
5. Type of cover	TPFT [ ] TPO [ ]	TPFT [ ] TPO [ ]
6. Registration no.		
7. Engine number		
8. VIN number		
9. Sum insured		R
10. Extra's included in above sum insured	R R	R R
11. Is the vehicle imported / modified / turbo charged?	YES [ ] NO [ ]	YES [ ] NO [ ]
12. Has the vehicle been registered as a Code 3 (rebuilt)	YES [ ] NO [ ]	YES [ ] NO [ ]
13.Claim Free Group (Proof required)	4	
14. Gear lock	YES [ ] NO [ ]	YES [ ] NO [ ]
15. Immobilizer	YES [ ] NO [ ]	YES [ ] NO [ ]
16. Tracking device	YES [ ] NO [ ]	YES [ ] NO [ ]
17. HP/lease Company		
18. Registered owner		
19. Regular driver		
20.Date drivers' license issued		
License Code		
21. Date of birth of regular driver		
22. Car Hire	Option	Option
23. Waiver of Excess	Option	Option
<b>Premium</b>		<b>R</b>

**7. DECLARATION**

Questions to be fully answered and signed by the Insured:

1.	Has any Insurer / Underwriter ever cancelled / declined / refuse to renew / impose special terms or conditions on any policy held by you?	YES [ ] NO [ ]		
2.	Name & policy number of previous Insurer / Underwriter	_____ _____		
3.	Have you been insolvent or been under any judicial management?	YES [ ] NO [ ]		
4.	Have you had any civil judgments against your name in the last five years?	YES [ ] NO [ ]		
5.	Have you been convicted of any criminal offence / pending cases?	YES [ ] NO [ ]		
6.	Are you in possession of a valid South African driver's license? If no, please state Country:	YES [ ] NO [ ]		
7.	Has your driver's license ever been endorsed / cancelled / suspended? If yes, give details:	YES [ ] NO [ ]		
8.	Are you aware of any fact about you or the risk proposed herein that could influence any insurer's decision to insure the property?	YES [ ] NO [ ]		
9.	Have you suffered any losses / claims during the past three years (whether insured or not)? If yes, provide details below:	YES [ ] NO [ ]		
DETAILS OF LOSS:		DATE OF LOSS:	NAME OF INSURER:	COST (Approx):

**PAYMENT DETAILS:**

Payment method:	Monthly debit order X	Annual cash	Annual debit order
Name of account holder:			
Bank / Financial institution:			
Account number:			
Branch name:			
Branch code:			
Type of account:	Current	Cheque	Savings
			TransmissionX
			Credit card
Payment date:	1 <sup>st</sup> [ ]		15 <sup>th</sup> [ ]
Signature of account holder:			

## PREMIUM SUMMARY

<b>Sub Total</b>	<b>R</b>
<b>SASRIA</b>	<b>R</b>
<b>Once off fee</b>	<b>R</b>
<b>Admin Fee</b>	<b>R</b>
<b>Broker Fee</b>	<b>R</b>
<b>Total monthly Premium</b>	<b>R</b>

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 to limiting premiums.

On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (incl. credit information) that I provide or that is provided by another person on my behalf in respect of any insurance claim made or lodged by me.

I hereby warrant that all the answers given in this proposal form are true and correct. I accept that the proposal form and declaration shall be the basis of the contract between the insurer and me.

\_\_\_\_\_  
SIGNATURE OF PROPOSER

\_\_\_\_\_  
DATE

### IMPORTANT NOTE:

In terms of the Policyholder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form. Please do not sign blank / partly completed forms. Failure to disclose material facts could result in your policy being invalidated. If you are in doubt whether a fact is material or not, declare it. Innovation-Group reserves the right to decline any proposal.