



**Yourinsurance
Brokers**
Your insurance is our business

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DOMESTIC PROPOSAL FORM

The policy premium and terms will be based on the answers provided by you. It is imperative that you provide full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim. Correct values at risk must be advised TO us by you. Where the sums insured are not adequate any claims settlement paid to you in the event of a claim may be reduced by the application of average.

PERSONAL INFORMATION			
Title:		Name:	Surname:
ID no:			Date of birth:
Tel no (w):	(h):		(c):
Email:			
Occupation:		Employer:	
Residential address:			
		Code:	
How long have you lived here:			
Postal address:			
		Code:	
Date cover required from:			
QUESTIONS TO BE ANSWERED BY PROPOSER			
(Please circle Yes or No, or tick the most relevant box)			
Are there any people residing with you e.g. tenants?			Yes / No
If yes please supply details:			
Do you have any dependants living at home with you?			Yes / No
If yes please supply details:			
Do you/people on your property conduct any business from your home?			Yes / No
If yes please supply details:			
Are you currently insured?	Yes / No	Have you previously been insured?	Yes / No
If yes, please supply:			
Name of insurer:	Policy number:	Period of insurance:	
With regards to your current Policy, please answer the following questions:			
Renewal Date:	Type of policy:	Premium	
Has any insurer ever cancelled, declined, refused to renew, or imposed special terms or conditions on any policy held by you?			Yes / No
Has any Broker ever resigned as your Broker for any reason at all?			Yes / No
If yes please supply details:			
Who is your current Broker/Insurer?			
Give details of ALL losses or claims suffered in the past 3 years (whether insured or not):			
Description of Loss	Total Cost	Year	
Have you, or other persons to be insured, ever been convicted of a criminal offence?			Yes / No
If yes please supply details:			

BUILDINGS SECTION

Buildings of the private residence, fixtures and fittings, outbuildings, structure or fabric of swimming pool, walls, gates and fences. The Sums Insured should represent the full rebuilding cost of the entire property, excluding the land. Aspects such as rubble removal and professional fees required for the rebuilding should be included.

(Please circle Yes or No, or tick the most relevant box)

Situation of building/Address		Code:	
Rebuild Value of :	Property:		
	Outbuildings:		
	Lapa's:		
	Thatch:		
Occupied by you as the:	Tenant	Owner	
Have the buildings been valued?			Yes / No
If yes, date and valuator?			
Occupied as:	Townhouse	Private House	
	Flat	Other	
If other, please specify:			
Construction of building			
Walls:	Standard <input type="checkbox"/>	Face-brick <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify:			
Roof:	Slate <input type="checkbox"/>	Thatch <input type="checkbox"/>	Cement <input type="checkbox"/> Tile <input type="checkbox"/> Asbestos <input type="checkbox"/>
Construction of outbuildings / extensions / lapas / zozo huts:			
Walls:	Standard <input type="checkbox"/>	Face-brick <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify:			
Roof:	Slate <input type="checkbox"/>	Thatch <input type="checkbox"/>	Cement <input type="checkbox"/> Tile <input type="checkbox"/> Asbestos <input type="checkbox"/>
If the property has a thatch lapa / pool house, what is the square meterage?			
How many meters from the main house is the lapa / pool house ?			
Will the residence be unoccupied for a period longer than 60 days in any one calendar year?			Yes / No
If yes, please full supply details and number of days:			
Is the building/home undergoing any renovations at the moment?			Yes / No
Is there fire-fighting equipment on the property?			Yes / No
Does the home have a pool?			Yes / No

PLEASE NOTE :

The Sum Insured for Buildings is subject to the Average Clause which means that in the event of a claim, you are found to be underinsured, you will be paid out proportionately less than the claimed amount

CONTENTS SECTION

Primarily here, your Sum Insured should be representative of the New Replacement Value. Remember to include all contents, including linen, cutlery, clothing items, DVD's & CD's, ornaments etc. We have Inventory forms available to assist you in calculating a more accurate Sum Insured for this section and strongly recommend that you make use of it.

(Please circle Yes or No, or tick the most relevant box)

Address: _____ Code: _____

Replacement Value (new for old) :

Occupied by you as the: Tenant Owner

Construction of building

Walls: Standard Face-brick Other

If other, please specify: _____

Roof: Slate Thatch Cement Tile Asbestos

Construction of outbuildings / extensions / lapas / zozo:

Walls: Standard Face-brick Other

If other, please specify: _____

Roof: Slate Thatch Cement Tile Asbestos

If the property has a thatch lapa / pool house, what is the square meterage?

How many meters from the main house is the lapa / pool house / zozo?

Sum Insured required for goods kept in thatch lapa / pool house / zozo

Will the residence be unoccupied for a period longer than 60 days in any one calendar year? **Yes / No**

If yes, please full supply details and number of days:

Is the home within a 1 km radius of:

In an industrial area	Yes / No	an informal settlement	Yes / No
On a plot or smallholding	Yes / No	a construction site/s	Yes / No
Currently being developed	Yes / No	a park	Yes / No
Regularly left unattended	Yes / No	a highway	Yes / No
In a secure complex	Yes / No	a railway station	Yes / No
a retail area	Yes / No	a sports facility	Yes / No
Other	Yes / No	vacant ground	Yes / No

Are there lightning protection plugs fitted in the home? **Yes / No**

Are there any other types of lightning protection? **Yes / No**

Do you have a lightning conductor? **Yes / No**

Does the home have a perimeter wall or fence? **Yes / No**

How high is the perimeter wall / fence?

Does the perimeter wall have an Electric Fence? **Yes / No**

Are all external doors fitted with security gates? **Yes / No**

Are all opening windows fitted with burglar bars? **Yes / No**

Are all louvre windows fitted with burglar bars? **Yes / No**

Are all non opening windows fitted with burglar bars? **Yes / No**

Do you have a fully operational burglar alarm system ? **Yes / No**

If yes, through which company?

Is the alarm system linked to Armed Response? **Yes / No**

Is there fire-fighting equipment on the property? **Yes / No**

Does the home have a pool? **Yes / No**

Security Complex Questionnaire

(please complete in addition to the above)

Is there 24 hour access control to the complex? **Yes / No**

Please describe access control e.g. Manned by security guard, remote control, phone in

Is the perimeter wall a minimum of 1.8m high with electric fencing alarmed and armed to 24 hour armed response / guardhouse **Yes / No**

PLEASE NOTE :

If you have any items of value e.g. Persians, sculptures, artwork/paintings, gems or jewellery valued at more than one third of the Sum Insured for contents, we should be advised and the policy endorsed accordingly.

A safe which has been bolted to a wall or floor is compulsory for firearms, stamp or coin collections, gems and valuable jewellery not worn. Laptops and Personal Computers should be specified. If computers are used for business reasons, they should be insured under a Business Policy or the Policy endorsed to indicate work from home.

The Sum Insured for the contents is subject to the Average Clause which means that in the event of a claim, you are found to be underinsured, you will be paid out proportionately less than the claimed amount

ALL RISKS SECTION

Provides cover for items whilst away from the home. **Certain items are not covered under the Unspecified All Risks Sum insured** e.g. furs, cell phones, sporting equipment, musical instruments, firearms, spectacles, sunglasses, cameras, video cameras, or other portable appliances such as CD players, CD's, DVD's or DVD players, laptops (please ask us if you are unsure).

Unspecified All Risks sum insured required (min. R5 000) - this covers wearing apparel and personal effects (Limit any one item - 20% of the Sum Insured - maximum single item limit R10 000):

R

SPECIFIED ALL RISKS SECTION

(Please circle Yes or no, or tick the most relevant box)

Is there a safe at home? **Yes / No**

Type:

Is the safe securely bolted to a wall or floor? **Yes / No**

Are there any articles kept in a bank vault that require cover? If yes, please add to the list of items below. **Yes / No**

Description of item	Serial Number	Sum Insured
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

PLEASE NOTE :

The Sum Insured value for Specified All Risks is subject to the Average Clause which means that in the event of a claim, you are found to be underinsured, you will be paid out proportionately less than the claimed amount

Valuations supporting jewellery should be supplied at inception of cover and updated every year prior to renewal. Proof of ownership and loss is always required at the time of a loss. It is therefore advisable to keep records e.g. invoices, valuations etc

MOTOR SECTION

Privately owned motorcars, light delivery vehicles, motorcycles, caravans and trailers.

(Please circle Yes or no, or tick the most relevant box)

To your knowledge, are all the persons authorized to drive the insured vehicle(s) free from physical defects (including vision and hearing) in good health? **Yes / No**

If No please supply details:

To your knowledge, have you or any person who will normally drive the insured vehicle(s) been convicted of any driving offense? **Yes / No**

If yes please supply full details:

VEHICLE 1					
Driver's ID No.		Driver's Name			
FIRST issue date of Drivers Licence:		FIRST issue date of CARD License:			
Code of Drivers Licence:					
Registered Owner of vehicle:					
Colour of Vehicle		Make and Model (e.g. 1600i/LG/Sport, automatic etc:			
Registration Number:		Year of Manufacture:			
Engine NO:					
VIN/Chassis NO:					
Cover required:					
Comprehensive		Third Party fire & theft		Third party only	
Vehicle Use:					
Business (includes seeing clients / going to meetings)		Private (incl. To & From Work)		Private Only	
Security in the vehicle e.g. Immobiliser; Gearlock or Tracking device.:					
System e.g. Immobiliser/Tracking device			Make/model:		
Details of extras e.g. mags, canopy:					
Make of car radio (if non standard):					
Value of car radio (if non standard):					
Retail Value (if possible please submit dealers invoice for our records):				R	
(For vehicles over 10 years old, a valuation from a reputable dealer will be useful)					
If the vehicle will be regularly driven by any persons other than the regular driver mentioned above, please state:					
Name of driver		Occupation	Age	Date of Licence	Details of accidents
Where will the vehicle be parked overnight or when not in use?					
Lock up garage		Behind locked gates			
Armed/controlled Security Complex		Behind locked carport			
On the street		Carpport			
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No	
If yes, please advise name of Financial Institution & Account No.:					
Top Up/Credit Shortfall: Covers the outstanding finance charges (where the bank is owed more than the retail value of the vehicle).					
Do you require Top Up/Credit shortfall for this vehicle?				Yes / No	
If yes, please advise how much is required:				R	
(Alternatively, furnish us with a copy of the finance agreement)					
Car Hire: in the event of a valid claim, you will be allowed the use of a hired vehicle - maximum 45 days					
Do you require car hire for this vehicle?				Yes / No	
Roadside Assistance:					
Do you require Roadside Assist for this vehicle?				Yes / No	
Flat excess: For an additional 15% of the motor premium we can apply a Nil Basic Excess . Please note the additional excesses still apply (age, license & theft)					
Please note the additional excesses applicable:					
theft where there is no tracking device in the vehicle					
where a tracking device is required by insurers and has not been fitted - within the grace period for driver's under 25's years of age					
for driver's with a license less than 2 years / Learners License (must always be accompanied by licensed driver)					
These excesses are cumulative					
Do you require a Nil Basic Excess for this vehicle?				Yes / No	

VEHICLE 2				
Driver's ID No.		Driver's Name		
FIRST issue date of Drivers License:		FIRST issue date of CARD License:		
Code of Drivers Licence:				
Registered Owner of vehicle:				
Colour of Vehicle		Make and Model (e.g. 1600i/LG/Sport, automatic etc:		
Registration Number:		Year of Manufacture:		
Engine NO:				
VIN/Chassis NO:				
Cover required:				
Comprehensive		Third Party fire & theft		Third party only
Vehicle Use:				
Business (includes seeing clients / going to meetings)		Private (incl. To & From Work)		Private Only
Security in the vehicle e.g. Immobiliser; Gearlock or Tracking device.:				
System e.g. Immobiliser/Tracking device			Make/model:	
Details of extras e.g. mags, canopy:				
Make of car radio (if non standard):				
Value of car radio (if non standard):				
Retail Value (if possible please submit dealers invoice for our records):				R
(For vehicles over 10 years old, a valuation from a reputable dealer will be useful)				
If the vehicle will be regularly driven by any persons other than the regular driver mentioned above, please state:				
Name of driver	Occupation	Age	Date of Licence	Details of accidents
Where will the vehicle be parked overnight or when not in use?				
Lock up garage		Behind locked gates		
Armed/controlled Security Complex		Behind locked carport		
On the street		Carport		
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No
If yes, please advise name of Financial Institution & Account No.:				
Top Up/Credit Shortfall: Covers the outstanding finance charges (where the bank is owed more than the retail value of the vehicle).				
Do you require Top Up/Credit shortfall for this vehicle?				Yes / No
If yes, please advise how much is required:				R
(Alternatively, furnish us with a copy of the finance agreement)				
Car Hire: in the event of a valid claim, you will be allowed the use of a hired vehicle - maximum 45 days				
Do you require car hire for this vehicle?				Yes / No
Roadside Assistance:				
Do you require Roadside Assist for this vehicle?				Yes / No
Flat excess: For an additional 15% of the motor premium we can apply a Nil Basic Excess . Please note the additional excesses still apply (age, license & theft)				
Please note the additional excesses applicable:				
theft where there is no tracking device in the vehicle				
where a tracking device is required by insurers and has not been fitted - within the grace period				
for driver's under 25's years of age				
for driver's with a license less than 2 years / Learners License (must always be accompanied by licensed driver)				
These excesses are cumulative				
Do you require a Nil Basic Excess for this vehicle?				Yes / No

VEHICLE 3				
Driver's ID No.		Driver's Name		
FIRST issue date of Drivers License:		FIRST issue date of CARD License:		
Code of Drivers Licence:				
Registered Owner of vehicle:				
Colour of Vehicle		Make and Model (e.g. 1600i/LG/Sport, automatic etc:		
Registration Number:		Year of Manufacture:		
Engine NO:				
VIN/Chassis NO:				
Cover required:				
Comprehensive		Third Party fire & theft		Third party only
Vehicle Use:				
Business (includes seeing clients / going to meetings)		Private (incl. To & From Work)		Private Only
Security in the vehicle e.g. Immobiliser; Gearlock or Tracking device.:				
System e.g. Immobiliser/Tracking device			Make/model:	
Details of extras e.g. mags, canopy:				
Make of car radio (if non standard):				
Value of car radio (if non standard):				
Retail Value (if possible please submit dealers invoice for our records):				R
(For vehicles over 10 years old, a valuation from a reputable dealer will be useful)				
If the vehicle will be regularly driven by any persons other than the regular driver mentioned above, please state:				
Name of driver	Occupation	Age	Date of Licence	Details of accidents
Where will the vehicle be parked overnight or when not in use?				
Lock up garage		Behind locked gates		
Armed/controlled Security Complex		Behind locked carport		
On the street		Carport		
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No
If yes, please advise name of Financial Institution & Account No.:				
Top Up/Credit Shortfall: Covers the outstanding finance charges (where the bank is owed more than the retail value of the vehicle).				
Do you require Top Up/Credit shortfall for this vehicle?				Yes / No
If yes, please advise how much is required:				R
(Alternatively, furnish us with a copy of the finance agreement)				
Car Hire: in the event of a valid claim, you will be allowed the use of a hired vehicle - maximum 45 days				
Do you require car hire for this vehicle?				Yes / No
Roadside Assistance:				
Do you require Roadside Assist for this vehicle?				Yes / No
Flat excess: For an additional 15% of the motor premium we can apply a Nil Basic Excess . Please note the additional excesses still apply (age, license & theft)				
Please note the additional excesses applicable:				
theft where there is no tracking device in the vehicle				
where a tracking device is required by insurers and has not been fitted - within the grace period				
for driver's under 25's years of age				
for driver's with a license less than 2 years / Learners License (must always be accompanied by licensed driver)				
These excesses are cumulative				
Do you require a Nil Basic Excess for this vehicle?				Yes / No

PLEASURE CRAFT SECTION			
<i>(Please circle Yes or no, or tick the most relevant box)</i>			
Please state name of craft/s:			
Type of vessel(s):	Construction of Hull	Serial Number	Year of manufacture
Length of vessel (m/ft)		Design speed with current motors (knots/km per hour)	
Where will the vessel be used?	Inland only	Inland & Sea	
Please note: Maximum Sea Use - 80km from shore			
Where is the vessel kept?			
Construction of the Hull:			
Who uses the craft?			
Is a license required for the craft?			Yes / No
If so do all users have one?			Yes / No
Are any of the following done:	Racing?		Yes / No
	Water skiing?		Yes / No
	Fishing?		Yes / No
Liability: the standard liability provided is R500,000. If you require more cover please state the amount:		R	
This excludes water-skiers liability. Do you require water-skiers liability?			Yes / No
Do you require the following extensions:			
Submerged Objects - applicable to motorized vessels only?			Yes / No
Racing risks - applicable to yachts only?			Yes / No
If yes, please state the value of: masts, spars, standing & running rigging, and the year these were purchased:			
Sum Insured :		R	
Year of purchase			
The Sums Insured for this section should represent the Full New Replacement Value of the vessel and equipment:			
Items Insured	Sum Insured		Special Terms & Conditions
Extras :			
Outboard Motor(s):			
Make & horsepower:	Value	Serial Number	
Trailer(s):			
Make & horsepower:	Value	Serial Number	
Special equipment (list of all equipment on board for which cover is required)			
Item:		Value:	
1			
2			
3			
4			
5			
6			

SERVICE LEVEL AGREEMENT

Where we provide services to you in addition to the services for which we already receive a fee from insurers (as detailed in the "Important Information" section of your quotation / schedule) we are required to disclose these services to you and receive your written consent to the payment of these fees. Such fees can be stopped by you at any time upon your written instructions, this will however compromise the additional services we provide

In accordance with Section 8 (5) of the Short Term Insurance Act, we have added a fee to the total premium payable.

We confirm that:

The additional fee is for services that we provide to you for which we are not remunerated by way of commission; outsource or binder agreements.

Please refer to the Important Additional Information section for more information

By signing below, you consent to the payment of this fee :

Signature of account holder:	Signed on:

MONTHLY DEBIT ORDER AUTHORITY

The information required below is to enable your monthly premiums to be debited to your bank or transmission account. To validate cheque / current account information please attached a cancelled cheque. **Important:** If you change you bank account please advise the Company immediately and forward a cancelled cheque from your new cheque book or advise details of your new transmission account.

Account Holder:	
Name of Bank:	Branch:
Account number:	Bank code:
Type of account	

I hereby declare, that **FULCRUM** is authorised to debit the **monthly premium** to my bank account stated above and **YourInsurance Brokers** may adjust such debit as necessary due to changes in my cover, risk, sum insured or premiums.

Signature of account holder:	Signed on:

DECLARATION:

I hereby declare:

1. that all particulars and answers in this proposal and specifications are true and complete in every respect, and that no material fact has been withheld; and
2. I accept this proposal and declaration shall be the basis of the contract between YIB - Yourinsurance Brokers SA (Pty Ltd. and myself

Signature of account holder:	Signed on: