



**Yourinsurance
Brokers**
Your insurance is our business

t. **0800 20 50 43**
011 702 6600

f. **086 604 7232**
011 702 6609

e. info@yib.co.za
w. www.yourinsurance.co.za

p. **Private Bag X106, Bryanston, 2021**

DOMESTIC - PROPERTY AND MOTOR 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	
What time frame must we work in?			
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):			
Type of loss	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:	
Sum Insured of:	Property:		
	Outbuildings:		
	Extensions		
	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 made of:	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:			
Walls:	Standard <input type="checkbox"/>	Face-brick <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify:			
Roof made of:	Slate <input type="checkbox"/>	Thatch <input type="checkbox"/>	Cement <input type="checkbox"/> Tile <input type="checkbox"/> Asbestos <input type="checkbox"/>
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 value for Buildings is subject to an average e.g. in the event that you submit a claim for buildings with a total value exceeding the above value you have selected, Insurers will use the rateable proportion of the true value of risk against the Sum Insured which means that you may only be proportionally reimbursed for your loss.

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. We have Inventory forms available to assist you in calculating a more accurate Sum Insured for this section

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

Address:				Code:			
Sum Insured:							
Occupied by you as the:		Tenant		Owner			
Construction of building							
Walls:		Standard <input type="checkbox"/>		Face-brick <input type="checkbox"/>		Other <input type="checkbox"/>	
If other, please specify:							
Roof made of:		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:							
Walls:		Standard <input type="checkbox"/>		Face-brick <input type="checkbox"/>		Other <input type="checkbox"/>	
If other, please specify:							
Roof made of:		Slate <input type="checkbox"/>		Thatch <input type="checkbox"/>		Cement <input type="checkbox"/>	
				Tile <input type="checkbox"/>		Asbestos <input type="checkbox"/>	
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:				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	
Other		Yes / No		a sports facility		Yes / No	
				vacant ground		Yes / No	
				a retail area		Yes / No	
				Other		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	
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	
Does the home have an 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	
Does the property have a Lapa or Pool House roofed with thatch?						Yes / No	
If yes, what is the square meterage of the lapa / pool house?							
How many meters from the house is the lapa / pool house?							

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 value for Contents is subject to an average e.g. in the event that you submit a claim for contents with a total value exceeding the above value you have selected, Insurers will use the rateable proportion of the true value of risk against the Sum Insured which means that you may only be proportionally reimbursed for your loss.

ALL RISKS SECTION

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

Unspecified All Risks (Minimum R,5000) sum insured required - this covers wearing apparel and personal effects (Limit any one item - 20% of the Sum Insured - maximum single item limit R5 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:

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 an average e.g. in the event that you submit a claim for lost baggage with a total value exceeding the above value you have selected, Insurers will use the rateable proportion of the true value of risk against the Sum Insured which means that you may only be proportionally reimbursed for your loss.

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				
Drivers name:		Drivers date of birth:		
FIRST issue date of Drivers License:		FIRST issue date of CARD License:		
Code of Drivers Licence:				
Registered Owner of vehicle:				
Make and Model (e.g. 1600i/LG/Sport, automatic etc:		Colour of vehicle:		
Registration Number:		Year of Manufacture:		
Engine NO:				
VIN/Chassis NO:				
Cover required:				
Comprehensive		Third Party fire & theft		Third party only
Vehicle Use:				
Business		Commercial		Private
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 (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 Insured, 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 Village		Behind locked carport		
On the street		Carport		
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No
If yes, please supply details:				
Financial Institution:				
Account number:				
Top Up/Credit shortfall: Covers the outstanding finance charges owed to the bank.				
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				
Additional Premium: R80.25/month per vehicle for sedan type hired vehicle				
Do you require car hire for this vehicle?				Yes / No
Assistance & Lifestyle Benefits: this is in the event that you require emergency roadside or home assistance. This benefit also offers various discounts for services, such as Pre-Paid Airtime, Movies, Legal Aid, Health Care facilities and Gymnasiums etc. More information is available on request.				
Additional Premium: R35/month for the first vehicle and an extra R5.13 per additional vehicle/driver on the same policy.				
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:				
Additional R1 500 for theft / hi-jacking (unless a tracking device or gearlock is fitted)				
Additional 15% of the claim wehre a tracking device is required by insurers and has not been fitted)				
Under 25's - additional R1 500				
Licence less than 2 Years / Learners Licence - additional R1 500				
These excesses are cumulative				
Do you require a Flat Excess for this vehicle?				Yes / No

VEHICLE 2				
Drivers name:		Drivers date of birth:		
FIRST issue date of Drivers License:		FIRST issue date of CARD License:		
Code of Drivers Licence:				
Registered Owner of vehicle:				
Make and Model (e.g. 1600i/LG/Sport, automatic etc:		Colour of vehicle:		
Registration Number:		Year of Manufacture:		
Engine NO:				
VIN/Chassis NO:				
Cover required:				
Comprehensive		Third Party fire & theft		Third party only
Vehicle Use:				
Business		Commercial		Private
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 (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 Insured, 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 Village		Behind locked carport		
On the street		Carport		
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No
If yes, please supply details:				
Financial Institution:				
Account number:				
Top Up/Credit shortfall: Covers the outstanding finance charges owed to the bank.				
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				
Additional Premium: R80.25/month per vehicle for sedan type hired vehicle				
Do you require car hire for this vehicle?				Yes / No
Assistance & Lifestyle Benefits: this is in the event that you require emergency roadside or home assistance. This benefit also offers various discounts for services, such as Pre-Paid Airtime, Movies, Legal Aid, Health Care facilities and Gymnasiums etc. More information is available on request.				
Additional Premium: R35/month for the first vehicle and an extra R5.13 per additional vehicle/driver on the same policy.				
Do you require Roadside Assist for this vehicle?				Yes / No
Flat excess: For an additional R150pm per vehicle, we can apply a Nil Basic Excess . Please note the additional excesses still apply (age, license & theft)				
Please note the additional excesses applicable:				
R3 000 for theft / hi-jacking (unless a tracking device or gearlock is fitted)				
Under 25's - additional R1 500				
Licence less than 2 Years / Learners Licence - additional R1 500				
These excesses are cumulative				
Do you require a Flat Excess for this vehicle?				Yes / No

VEHICLE 3				
Drivers name:		Drivers date of birth:		
FIRST issue date of Drivers License:		FIRST issue date of CARD License:		
Code of Drivers Licence:				
Registered Owner of vehicle:				
Make and Model (e.g. 1600i/LG/Sport, automatic etc):		Colour of vehicle:		
Registration Number:		Year of Manufacture:		
Engine NO:				
VIN/Chassis NO:				
Cover required:				
Comprehensive		Third Party fire & theft		Third party only
Vehicle Use:				
Business		Commercial		Private
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 (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 Insured, 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 Village		Behind locked carport		
On the street		Carport		
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No
If yes, please supply details:				
Financial Institution:				
Account number:				
Top Up/Credit shortfall: Covers the outstanding finance charges owed to the bank.				
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				
Additional Premium: R80.25/month per vehicle for sedan type hired vehicle				
Do you require car hire for this vehicle?				Yes / No
Assistance & Lifestyle Benefits: this is in the event that you require emergency roadside or home assistance. This benefit also offers various discounts for services, such as Pre-Paid Airtime, Movies, Legal Aid, Health Care facilities and Gymnasiums etc. More information is available on request.				
Additional Premium: R35/month for the first vehicle and an extra R5.13 per additional vehicle/driver on the same policy.				
Do you require Roadside Assist for this vehicle?				Yes / No
Flat excess: For an additional R150pm per vehicle we can apply a Nil Basic Excess. Please note the additional excesses still apply (age, license & theft)				
Please note the additional excesses applicable:				
R3 000 for theft / hi-jacking (unless a tracking device or gearlock is fitted)				
Under 25's - additional R1 500				
Licence less than 2 Years / Learners Licence - additional R1 500				
These excesses are cumulative				
Do you require a Flat Excess for this vehicle?				Yes / No

PLEASURE CRAFT SECTION				
(Please circle Yes or no, or tick the most relevant box)				
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: Max. 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:				
Sunberged 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:				
Amount:			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	Current Rate	Monthly Premiums	Special Terms & Conditions
Extensions:				
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				

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: