**Needs Analysis and****Proposal Form - Personal Lines**

All questions to be answered in full

**BROKER’S CHECKLIST:**

|  |  |
| --- | --- |
| YES  | NO  |
| YES  | NO  |
| YES  | NO  |

1. Letter of Introduction

2. Completed and Signed Authorization to Obtain Information

 with Full Claims, if required

3. FICA documents

**CLIENT CONTACT DETAILS:**

|  |  |
| --- | --- |
| Title: ……………………………………… Initials: ……………………………………Surname: ....................................................  | Initials: ..........................................  |
| First Name: ................................................. | Title: ..............................................  |

ID number: ...........................................................

Postal address: …………………...................................

............................................................................ Code: ..............................

Residential address: …........................................................................................

............................................................................ Code: ..............................

Work address (insured): ……….............................................................................

 .............................................................. Code: .............................

Telephone (home): ................................................. (Work)............................................

(Fax): ................................................

Cell number: .......................................... E-mail Address: ………......................................................

**Voluntary information (for statistical and marketing purposes only)**

|  |  |
| --- | --- |
| MALE  | FEMALE  |

Gender:

Nationality: …………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| SINGLE  | MARRIED  | DIVORCE  | WIDOWED  |

Marital Status:

Highest Qualification: ………………………………………… Occupation: ………............................................

**Spouse/Partner Details:**

Name and Surname: ............................................... Occupation: ..............................................

ID number: ............................................................ Telephone (home): …..................................

(Work): .................................................................. (Fax): .........................................................

Cell number: ........................................................... E-mail Address: .............................................

**Detail of any other family members residing with you:**

Name and Surname: ...........................................Date of Birth: ............... Gender: .....................

Name and Surname: ...........................................Date of Birth: ............... Gender: ......................

Name and Surname: ...........................................Date of Birth: ............... Gender: ......................

Details of other existing Insurance Policies (that will not be maintained by Smit and Kie Brokers (Pty) Ltd but will remain in place i.e. other short-term policies):

……………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| E-MAIL  | SMS  | POST  | TELEPHONE  |

What is your preferred means of communication?

ANNUALPOLICY

MONTHLY POLICY

**PREVIOUS INSURANCE HISTORY:**

|  |  |
| --- | --- |
| YES  | NO  |

Have /do you hold/held your own insurance policy prior to this request?

|  |  |
| --- | --- |
| YES  | NO  |

Is this cover still active?

Insurer or broker name: ........................................................ Policy number: ................................

Reason for Cancellation: ................................................................................................................

If you currently do not have insurance, but had before, please provide the following:

Last date of Insurance: ........................................................

Name of Insurer: ..............................

Have you (or any other person whose property is to be insured hereunder) sustained any loss or damage during the last 3 years which would have been covered by this type of insurance had it been in force whether or not a claim was paid – please describe below:

|  |  |
| --- | --- |
| **DATE:**   | **DESCRIPTION OF LOSS/DAMAGE: AMOUNT:** |

………………………. …………………………………………………………………………. ……………………………

………………………. …………………………………………………………………………. ……………………………

………………………. …………………………………………………………………………. ……………………………

………………………. …………………………………………………………………………. ……………………………

|  |  |
| --- | --- |
| YES  | NO  |

Has any insurer ever cancelled an insurance policy /declined a proposal /refused to continue or agreed to continue only on special terms with you?

If yes, please provide details:

.................................................................................................................................................... ....................................................................................................................................................

....................................................................................................................................................

Have you (or any person living with you) ever been convicted of arson or any other criminal offence

|  |  |
| --- | --- |
| YES  | NO  |

If yes, please provide details: ....................................................................................................................................................

.................................................................................................................................................... ....................................................................................................................................................

Are you or your business ever been declared insolvent

|  |  |
| --- | --- |
| YES  | NO  |

If yes, please provide details:

…………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Current status:

…………………………………………………………………………………………………………………………………………………

**Average:**

Prerequisite means that if your insured amount does not represent a new replacement value, you will be penalized for the amount under insured in the event of a claim.

**Insurable interest:**

Insurable interest means when the Insured has an interest in the item placed on the schedule, either financially or in terms of a liability agreement.

|  |  |  |
| --- | --- | --- |
| **HOUSE OWNERS SECTION (BUILDINGS):**  | YES  | NO  |

Risk Address:

The condition of equality applies here.

....................................................................................................................................................

....................................................................................................................................................

………………………………………………………………………………………………………………………………………………..

Type of Dwelling:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HOUSE | FLAT | COMPLEX | HOLIDAY HOME | OTHER |

if other please specify: ………………………………………………………

**Sums Insured:** Main dwelling & outbuildings**:** ..........................................................

Lapa: .....................................................

**Sums Insured:** Main dwelling & outbuildings: .........................................................

Lapa: .....................................................

Location (Please mark with an X):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RESIDENTIAL SUBURB  | SECURITY COMPLEX  | PLOT  | FARM  | OTHER  |

Construction of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ROOF | TILES | SINK | THATCH | OTHER |
| WALLS | BRICKS | CEMENT | WOOD | OTHER |

|  |  |
| --- | --- |
| YES | NO |

If thatch roof, is a lightning conductor installed according to SABS specifications?

Do you have a Boundary or retaining wall? If so please provide details. (If you have a retaining wall, Engineers report must accompany this application)

………………………………………………………………………………………………….

Describe Present firefighting measures / equipment: ……………………………………………………….

|  |  |
| --- | --- |
| YES | NO |

Thatched Lapa

How far from main building? ......................... (m)

Name and Details of bondholder:

....................................................................................................................................................

|  |  |
| --- | --- |
| YES  | NO  |

Noting of Interest

If yes, please give details: …………………………………………………………………………………………………………

Gas Appliances:

If yes, please give details: …………………………………………………………………………………………………………

Type of residence (Please mark with an X):

|  |  |  |  |
| --- | --- | --- | --- |
| OWNER  | RENTED  | BONDED  | LODGER  |

|  |  |
| --- | --- |
| YES  | NO  |
| YES  | NO  |
| YES  | NO  |

Subsidence and landslide

Borehole

Water course

Unoccupied Days (If more than 60 days, give reason):

....................................................................................................................................................

....................................................................................................................................................

....................................................................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No Claim Bonus**  | 1  | 2  | 3  | 4  | 5  |

|  |  |  |
| --- | --- | --- |
| **HOUSEHOLDERS SECTION (CONTENTS):**  | YES  | NO  |

The condition of equality applies here.

Risk Address:

 ....................................................................................................................................................

.......................................................................................................... Code: ................................

**Sums Insured:**

Main dwelling & outbuildings**:** ................................................ Lapa(s): ..........................................

**Sums Insured:**

Main dwelling & outbuildings**:** ................................................ Lapa(s): ..........................................

Type of dwelling (please mark with an X):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HOUSE  | FLAT (GROUND FLOOR)  | FLAT (ABOVE GROUND FLOOR)  | HOLIDAY HOME  | SECTIONAL TITLE COMPLEX  |
| PARK HOME  | DOUBLE STORY TOWNHOUSE  | DOUBLE STORY DWELLING  | STORE FACILITY  | OTHER  |
|  Location (please mark with an X):   |  |  |  |
| RESIDENTIAL AREA  | SECURITY COMPLEX  |  | PLOT  |  | FARM  |

|  |  |  |  |
| --- | --- | --- | --- |
| TILES  | SINK  | THATCH  | OTHER  |
| BRICKS  | CEMENT  | WOOD  | OTHER  |

**ROOF:**

**WALLS:**

|  |  |
| --- | --- |
| YES  | NO  |

Thatch roof, is a lightning conductor installed according to SABS specifications?

When last served……………………………………………………

Describe the firefighting measures / equipment ………………………

**Thatch Lapa**

|  |  |
| --- | --- |
| YES  | NO  |

How far from main building? ………………………. (m)

**Protections:**

Gas appliances: If Yes, do the installations and firefighting equipment comply with legislation?

|  |  |
| --- | --- |
| YES  | NO  |

|  |  |  |
| --- | --- | --- |
| Burglar bars on all opening windows?  | YES  | NO  |
| Burglar bars on some opening windows?  | YES  | NO  |
| Safety gates at all external doors?  | YES  | NO  |
|  Alarm system equipped and in working condition / connected with armed response (only siren)? | YES  | NO  |
| Name of Reaction Unit  | YES  | NO  |
| 24 hours security and access control  | YES  | NO  |
| Neighbourhood watch patrols?  | YES  | NO  |
| In the case of Secure Complex, is there controlled access  | YES  | NO  |

**GENERAL**

|  |  |  |
| --- | --- | --- |
| Does the property have a borehole?  | YES  | NO  |
| Is property within 50 meters of a water course?  | YES  | NO  |
| Is property adjacent to open ground/ veld?  | YES  | NO  |
| Is property adjacent to a construction site?  | YES  | NO  |
| Is the property occupied during the day by a Family member? By whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES  | NO  |
| Is property undergoing construction, alterations or modifications? If yes, theft cover is excluded  | YES  | NO  |
| Is a profession/ business/ home industry run from your home? Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES  | NO  |

 **EXTENSIONS / LIMITATIONS:**

|  |  |  |
| --- | --- | --- |
| Accidental damage  | YES  | NO  |
| Subsidence and landslide  | YES  | NO  |
| Limited cover option (theft/ burglary is subject to forcible entry and cancelled over 60 consecutive unoccupied days):  | YES  | NO  |

Voluntary Excess:

(Amount)......................................................................................................................................

Unoccupied Days (If more than 60 consecutive days, give reason): .................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No Claim Bonus**  | 1  | 2  | 3  | 4  | 5  |

|  |  |  |
| --- | --- | --- |
| **ALL RISK SECTION (PERSONAL):**   | YES  | NO  |

**Sum Insured**:

Unspecified (clothing & personal effects – as described – minimum of R7.500):

R.......................................... (Limit per item is 25% of Sum Insured)

Jewellery (Specify): ......................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

(Valuation certificates not older than 2yrs required)

(If the space provided is inadequate, please complete a separate list and attach to this proposal)

Spectacles, sun glasses & contact lenses: ......................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

Sporting equipment (including golf clubs, bicycles, etc.)...................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

Motor radios (**Registration number of vehicle required**): ............ R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

Cell phones, iPods, MP3 players, etc. (**serial numbers required**): ... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

Personal laptops, I-pads, E-readers etc.: name/ mode l **(serial numbers required)**

...................................................................................................... R ........................................

...................................................................................................... R ........................................

...................................................................................................... R ........................................

|  |
| --- |
| Software: ....................................................................................... R ........................................ ...................................................................................................... R ........................................ ...................................................................................................... R ........................................ ...................................................................................................... R ........................................ |
| Video cameras & photographic equipment (**serial numbers required**):  |
| ...................................................................................................... R ........................................ ...................................................................................................... R ........................................ ...................................................................................................... R ........................................ ...................................................................................................... R ........................................ Other .................................................................................................................................................  |

 ……………………………………………………………………………………………………………………………………………..

R…………………………………………..

**PLEASE NOTE: Evidence of ownership / valuation certificates will be required in case of loss or damage.**

**High value items that should be specified more specifically, eg. collectors, coins, jewelry, etc. Must be listed under the Household section, will only have limited coverage and must be stored as required in the policy schedule. Failure to do so may affect your cover during a loss.**

|  |  |  |
| --- | --- | --- |
| **MOTOR VEHICLE SECTION:**  | YES  | NO  |

 **VEHICLE 1**

|  |  |
| --- | --- |
| YEAR & M&M CODE  |   |
| MAKE & MODEL  |   |
| REGISTRATION NO  |   |
| ENGINE NO  |   |
| VIN NO  |   |
| COLOUR OF VEHICLE  |   |
| TYPE OF USE  | PRIVATE | PROFESSIO NAL | BUSINESS |
| TYPE OF COVER  |  |
| SECURITY MEASURES  | VESA IMMOBILIZER | DATA DOT |
| TRACKING DEVICE (NAME & TYPE)  |   |
| SUM INSURED (Without Extras)  |   |
| EXTRAS  |   |
| REGISTERED OWNER  |   |
| DRIVER’S NAME & SURNAME  |   |
| DRIVER’S ID NO  |   |  |  |  |
| TYPE CODE OF DRIVER’S LICENCE  |   |  |  |  |
| 1STE ISSUE DATE OF LICENCE  |   |  |  |  |
| FINANCE DETAILS  |   |  |  |  |
| PHYSICAL ADDRESS WHERE THE VEHICLE IS NORMALLY KEPT  |   |  |  |  |
| OVERNIGHT PARKING  | LOCKED GARAGE | BEHIND LOCKEDGATES | IN STREET | CARPORT |
| VEHICLE MODIFIED?  |   |  |  |  |
| IS THE VEHICLE REBUILD (CODE 3)  |   |  |  |  |
| EXCESS WAIVER  |   |  |  |  |
| VOLUNTARY EXCESS (AMOUNT)  |   |  |  |  |
| HAS ANYONE WHO WILL DRIVE THE VEHICLE BEEN CONVICTED OF A DRIVING CRIMINAL OFFENCE? IF YES, GIVE REASON  |   |  |   |   |

 **VEHICLE 2**

|  |  |
| --- | --- |
| YEAR & M&M CODE  |   |
| MAKE & MODEL  |   |
| REGISTRATION NO  |   |
| ENGINE NO  |   |
| VIN NO  |   |
| COLOUR OF VEHICLE  |   |
| TYPE OF USE  | PRIVATE  | PROFESSIO NAL  | BUSINESS  |
| TYPE OF COVER  |   |
| SECURITY MEASURES  | VESA IMMOBILIZER | DATA DOT |
| TRACKING DEVICE (NAME & TYPE)  |   |
| SUM INSURED (Without Extras)  |   |
| EXTRAS  |   |
| REGISTERED OWNER  |   |
| DRIVER’S NAME & SURNAME  |   |
| DRIVER’S ID NO  |   |  |  |  |
| TYPE CODE OF DRIVER’S LICENCE  |   |  |  |  |
| 1STE ISSUE DATE OF LICENCE  |   |  |  |  |
| FINANCE DETAILS  |   |  |  |  |
| PHYSICAL ADDRESS WHERE THE VEHICLE IS NORMALLY KEPT  |   |  |  |  |
| OVERNIGHT PARKING  | LOCKED GARAGE  | BEHIND LOCKED GATES  | IN STREET  | CARPORT  |
| VEHICLE MODIFIED?  |   |  |  |  |
| IS THE VEHICLE REBUILD (CODE 3)  |   |  |  |  |
| EXCESS WAIVER  |   |  |  |  |
| VOLUNTARY EXCESS (AMOUNT)  |   |  |  |  |
| HAS ANYONE WHO WILL DRIVE THE VEHICLE BEEN CONVICTED OF A DRIVING CRIMINAL OFFENCE? IF YES, GIVE REASON  |   |  |   |   |

**Notes to the Motor section:**

1. Due to vehicle value fluctuations during the policy period the sum insured in the policy schedule represents the **maximum indemnity** only and the **actual value is to be determined at the time of a loss**.

1. If the vehicle is a “rebuilt” or “code 3” a valuation from an authorized dealer has to be on record before a loss occurs.

1. Additional “first amounts payable” will apply in respect of age and license or special circumstances. Refer to policy schedule.

**STANDARD COVER:**

This Section covers towing of comprehensively insured vehicles that have been involved in an accident. Please refer to the brochure for the vehicle breakdown. Home assistance benefits are included in this product.

.

|  |  |  |
| --- | --- | --- |
| **Inception Value Policy** | YES | NO |

* + IVP settles the sum insured (set at the retail value at date of taking out the IVP policy) of your vehicle/s less the retail value (at the loss date)

|  |  |  |
| --- | --- | --- |
| **CARAVAN SECTION:**  | YES  | NO  |

|  |  |  |
| --- | --- | --- |
|  | **ITEM 1**  | **ITEM 2**  |
| YEAR  |   |   |
| MAKE AND MODEL  |   |   |
| VIN NR  |   |   |
| SUM INSURED  |   |   |

|  |  |  |
| --- | --- | --- |
| **PLEASURE CRAFT (BOATS / SKIES): Loss or Damaged**  | YES  | NO  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type (Mark)  | Ski Boat  |   | Inland/FW Boat  |   | Rubber Duck  |   | Jet Ski  |  |

Sum Insured:

..............................................................................................................................................

**Hull:**

Make: …………………….. Model: ……………………Year: …….……….….. Use: ……………………..……………

**Engine 1**: Make: …………………….. Model: …………………… Year: ………………… Use: …………………..

**Engine 2**: Make: …………………….. Model: …………………… Year: ………………… Use: ………………….

|  |  |  |
| --- | --- | --- |
| **PERSONAL ACCIDENT SECTION (external injury / death up to 70 year)**  | YES  | NO  |

**Insured Person**:

...................................................................................................................................

ID number: ……….........................................................

Occupation: .................................................................

Death & Permanent Disability R.....................................................................................

Temporary Disability (per week) R.................................................................................

Medical Expenses R......................................................................................................

**Spouse/ partner**: ..................................................................................................................................

ID Number: …...............................................................

Occupation: ..................................................................

Death & Permanent Disability:

R................................................................................................................................

Temporary Disability (per week):

R................................................................................................................................

Medical Expenses: R.................................................................................................................................

**Other relative**: ….....................................................

ID Number: ...............................................................

Occupation: ...............................................................

Death & Permanent Disability:

R................................................................................................................................

Temporary Disability per Week: ………………………………………………………………………………..

Medical Expenses: R ………………………………………………………………………………………………..

|  |  |
| --- | --- |
| **STANDARD COVER:**  |   |

* Personal Liability Section: Monthly Premium: ………………..

* General personal domestic and extended liability: R 21 000 000

**Would you like a quotation on the following?:**

|  |  |  |
| --- | --- | --- |
| 1. Cyber liability and hacking insurance | YES | NO |
| 2. Kidnap and Ransom insurance | YES | NO |
| 3. Other | YES | NO |

**Together with the application, the following documents are added to make the agreement binding:**

|  |  |
| --- | --- |
| * Letter of Introduction
* Authorization to Obtain Information and Advisor Appointment
 | * Signed Quotation
* Signed and Completed Advice Record
* Signed and Completed Debit Order

 Authorization |

**DECLARATION:**

1. I guarantee that the answers I have given are true and that I do not know about any material facts, even though there are no specific questions asked about it, which should be disclosed to the insurer. I understand that my personal information is required to ensure that proper financial advice is given and I consent to the collection and use thereof, except as otherwise stipulated.
2. I have never refused insurance for the risk that I want to insure, or cancel or restrict any policy in which I have or had an interest. The person who quits this request and completes my application will act as my agent. If I have been refused insurance cover, I have specified details below.
3. Details of any / all terms / guarantees and / or endorsements applied to any previous insurers.
4. Are there any other material facts that could affect the insurer's decision to take the risk or any factors that could risk the risk more risky than usual?
5. I AGREE THAT this request to quote and the application forms the basis of the contract between me and the insurer
6. I UNDERSTAND that this insurance will not begin until the insurers have accepted the application.
7. I AM AFFIRMED OF the Customer Service Fee charged by Smit & Kie Brokers (Pty) Ltd in terms of section 12.4.2 of the Short-term Insurance Act and agree that such a fee has been explained to me and that the exact monetary amount as well as the exact customer service from which the said fee is compiled will be disclosed in my insurance policy. All your rights under this fee remain reserved and are in accordance with legislation
8. I UNDERSTAND that certain personal information may be required to provide proper financial advice and give me permission for the collection of such information or otherwise processing thereof as necessary. If there is any personal information that I do not feel comfortable collecting and / or processing my broker / Smit & Kie Brokers (Pty) Ltd, I will notify them in writing. I agree that such personal information is used by any third party, such as the insurer. I am aware that such personal information will be handled in accordance with the Personal Information Protection Act (POPI) and Smit & Kie Brokers (Pty) Ltd POPI policies as available on their website.
9. If you cannot sign this statement without reservation, please provide your reasons below

Signed at: …..………………………….……………on this…….………………… day of …………20 ………………

Signature: ……………………………………………………..…… Designation………………………………………………

(s/he being duly authorised )