



**RENASA**  
INSURANCE COMPANY LIMITED

**PERSONAL LINES APPLICATION FORM**

**Renasa Insurance Company Limited**

<i>For Office /Broker use</i>	
Name Of Broker.....	Policy number.....
Contact person .....	Broker code .....

**1. General Information**

Please complete this proposal in "Block" capitals

Tick (x) applicable boxes thus

Your title (Dr, Mr., Mrs.< Miss etc

Surname .....

First Name & Initials .....

Nationality .....

Business or occupation .....

Capacity in which employed .....

Your postal address .....

	Print where space is provided for	
Date of Birth	d d m m y y	
Sex	Male	Female
I.D. no		

Work no. ....	Fax no. ....
Home no .....	Cell no. ....
Postal code .....	E-Mail .....

Inception date of the insurance .....

**Address of property to be insured - only complete if different from your postal address**

..... How long have you lived at this address?  
 Years ..... Months .....

1.1 Is your dwelling a	House, Flat, etc	
1.2 Approximate age of dwelling		
1.3 Is your dwelling roofed with thatch?		YES NO
1.4 If "Yes", is the roof protected by a lightning conductor approved by the SABS?		YES NO
1.5 Are the walls constructed of brick, stone or concrete?		YES NO
1.6 Is the roof constructed of slate tile, concrete, asbestos or metal?		YES NO
1.7 Will your dwelling be Left unoccupied for more than 30 days during any one 12 month period?		YES NO
1.8 Will you and your family be away from home for more than 10 consecutive days during the first 3 months of cover?		YES NO
1.9 Is any form of business conducted on or from your dwelling? If "Yes" state what kind of business?.....		YES NO
1.10 Is there any vacant ground, sport fields, Taxi Ranks, Parks or open area adjoining your property and/or is any construction work in progress in the vicinity?		YES NO
1.11 Is your dwelling an above ground floor flat with all accessible windows fitted with burglar bars and all external doors fitted with security gates?		YES NO
1.12 Is your dwelling situated in a complex surrounded by security walls / fences with access controlled at the gate and at all time by security guards?		YES NO
1.13 Is your dwelling protected by an automatic burglar alarm with a radio link to a SAIDSA registered Security organization? With whom have you got a current contract for armed response in the event of the alarm being triggered? .....		YES NO
1.13.1 Does the security organization keep records for at least two months which will enable you to prove when you last tested your alarm and when it was triggered?		YES NO
1.13.2 Do you arm (set) this alarm at night when you retire?		YES NO
1.14 Are all the opening windows (including louvre windows) of your dwelling protected by bars?		YES NO
1.15 Are all external doors of your dwelling protected by security gates?		YES NO

**2. House Owners Insurance**

This section caters for your dwelling and domestic outbuildings including landlord's fixtures and fittings, swimming pools including fixed filtration plant (not automatic pool cleaners), tennis courts, sauna and spa rooms and baths, borehole equipment, gates, walls, fences (excluding hedges) and driveways, paths and patios constructed of brick, concrete, pavers, asphalt or stone (not gravel). The sum insured should represent the current full rebuilding cost plus the cost of rubble removal, architect's fees and other incidental change required for rebuilding.

**Minimum sum insured R 500 000** **Sum insured required R.....**  
 (Round off to Rands)

Should you have a Cottage, Thatch Lapa or a second dwelling on the property which is not of the same construction as the main residence, please give full details .....  
**Sum insured required R.....**  
 (Round off to Rands)

**3. Household Contents**

This section caters for household goods and personal effects in your dwelling and domestic outbuildings, which belong to you and members of your immediate family normally resident with you. The sum insured should be calculated on current replacement cost without any deduction for depreciation.

**Minimum sum insured R 250 000 for houses** **Sum insured required R .....**  
**R 150 000 for flats** (Round off to Rands)

**Please complete the inventory attached**

Are you entitled to a No Claim Bonus/Claim-free Discount? Claim-free year (**Attach proof from your previous insurer**)

(Tick the appropriate block) 

1	2	3	4	5
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(should you wish to insure the contents of a second house please complete another proposal)

**4. All Risks Insurance**

**Unspecified articles** of wearing apparel and personal effects normally worn or designed to be carried on the person (excluding cellular telephones, contact lenses, sunglasses in excess of R250.00, firearms and furs) but limited to 25% by the unspecified articles sum insured per article, pair or set of articles.

The cover is worldwide. **Minimum sum insured: R5 000** **Sum insured Required R.....**  
 (Round off to Rands)

**Specified articles**

**A valuation certificate or invoice to support value must be attached for jewellery, photographic equipment, cellphones and furs and each article described below insured for more than R1 000.**

**1. ON CAR RADIO, make: (specify the vehicle to which it is fitted)**

Serial number: \_\_\_\_\_ R.....

**Valuation Attached**

2.		Yes	No	R
3.		Yes	No	R
4.		Yes	No	R
5.		Yes	No	R
6.		Yes	No	R

**If you have more items to insure please continue on another page**

**5. Personal Liability Insurance & Extended Liability**

This section provides cover for claims for accidental injury or damage caused by you or members of your immediate family normally resident with you and for which you are legally liable. Please indicate the limit of indemnity you require.

(Should you wish to insure the contents of a second house please complete another proposal.)

R 1 000 000

R 3 000 000

**6. Personal Accident, Insurance**

Full names of person/s to be insured (First Names) (Second Name)

.....  
(If you wish to insure more than two persons continue on another proposal)

6.1	Personal Accident benefits	(Round off to Rands)	(Round off to Rands)
	Death	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Permanent Total Disablement	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Temporary Total Disablement (for a maximum of 104 weeks)	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per Week	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per Week
	Do you require Medical expenses cover?	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>

6.2 Please answer the following questions relating to the Insured Person/s

6.2.1 Occupation .....

6.2.2 Date of birth

6.2.3 Has any physical or other defect, disorder, weakness, disease or illness of any kind suffered from during the past 5 years resulted in disablement for more than 7 consecutive days?

6.2.4 To your knowledge, has any either of the persons been exposed to any contagious disease during the past 21 days?

6.2.5 To your knowledge, has either of the persons' close relatives ever suffered from hereditary disease or mental illness?

6.2.6 If you have answered "YES" to any of questions 6.2.3, 6.2.4 or 6.2.5 please give full details below.  
(First Person's)

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

(Second Person)  
.....  
.....  
.....

6.2.7 Is any of the person/s to be insured above involved in any hazardous sport i.e. including mountain climbing, paragliding, scuba diving etc.  
.....  
.....  
.....

**7. Vehicle Insurance (Including Motor Cycles)**

7.1 Make .....

7.2 Model .....

7.3 Engine capacity and number of cylinders     cc  cylinders

7.4 Is the engine turbo charged  Yes  No

7.5 Registration number .....

7.6 Date of manufacture / First registration

7.7 Chassis number .....

7.8 Engine number .....

7.9 VIN - Vehicle identification number .....

7.10 Sum insured - Should be adequate to cover your vehicle, including accessories and Credit Shortfall (Should you require credit shortfall cover, indicate the amount owing below in 7.17) R .....

7.11 Please indicate the type of cover you require

Comprehensive  Third party, fire and theft  Balance of third party only

7.12 The premium for a comprehensively insured vehicle (excluding motor cycles) will be reduced if you elect to bear voluntary excess in addition to the basic policy excesses. (Please tick the applicable block)

Voluntary excess  NIL  R1 000  R2 000  R2 500  R5 000  R10 000

7.13 Has the vehicle been: Modified in any way after leaving the manufacturer?  Yes  No  
Specify non standard accessories .....

Re-built or previously been written off by an insurance company?  Yes  No

7.14 Indicate the Class of Use of the vehicle (Please tick the applicable block)

Social, domestic and pleasure purposes only Excluding travel to and from work  Use 1

Social, domestic and pleasure purposes including travel to and from work but, excluding business use  Use 2

Social, domestic, pleasure and business or professional but Excluding commercial traveling, driving instruction for reward or for use in connection therewith.  Use 3

7.15 Is the driver entitled to a No Claim Bonus / Claim-free Discount? (Please tick the applicable number)

0  1  2  3  4  5  6 (Attach proof from your previous insurer)

7.16 Name of registered owner .....

7.17 Is the vehicle subject to a credit (hire purchase) or similar agreement?  Yes  No

Name of the institution .....

Type of Agreement ..... Amount owed R .....

7.18 Approximately how many kilometres do you expect do you expect this vehicle to travel over the next 12 months?

.....km

**Car Hire Extension**

7.19 Do you require Care Hire following Theft / Hi-jack  Yes  No

7.2 Do you require Care Hire following Theft / Hi-jack / Accident  Yes  No

**8. Gear lock, Tracking Device and Immobiliser**

8.1 Please specify if the vehicle is fitted with one of the following:

Gear lock  Yes  No Tracking device  Yes  No Immobiliser  Yes  No

8.1.1 The make and model of device/s .....

8.1.2 Is the device/s Factory fitted?  Yes  No

8.1.3 Is the device/s in working condition?  Yes  No

Please attach copies of the installation certificates for the gear lock, immobiliser or tracking device.

**9. Possible drivers of the vehicle**

9.1 Usual driver: name ..... Occupation .....

9.2 Spouse  Yes  No

9.3 Family members not under 30 years of age  Yes  No

9.4 Family members under 30 years of age  Yes  No If YES, please give names, ages, relationship

Date of issue of drivers license and years of driving experience .....

9.5 Any other person not under 30 years of age  Yes  No

9.6 Any other person under 30 years of age  Yes  No If YES, please give names, ages, relationship

Date of issue of drivers license and years of driving experience .....

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**10. Parking of the vehicle**

10.1 Address where the vehicle is parked at night .....

Where at this address is the vehicle parked e.g. In the street, in the driveway, in a securely locked garage?  
.....

What security is there for the vehicle?  
.....

10.2 Your work address .....

Where at this address is the vehicle parked e.g. In the street, in the driveway, in a securely locked garage?  
.....

What security is there for the vehicle?  
.....

**11. Caravan and Trailer Insurance (PRIVATE USE ONLY)**

		Caravan	Trailer
11.1	<b>Make</b>		
	<b>Value</b>		
11.2	<b>Model</b>		

11.3 Year of manufacture 

d	d	m	m	y	y

d	d	m	m	y	y

11.4 Registration 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

11.5 Name of registered owner .....

11.6 Caravan contents should be insured under the All Risks section as separate specified item but covering the total caravan contents except those articles which are supplied as part of a new caravan.

**12. Riot Insurance**

This cover is automatically included in respect of the property detailed on this proposal.

**13. Debit Order Authority**

**A. Authority**

I/ We hereby authorise ..... (broker/ Insurer name) to issue and deliver payment instructions to their bank for collection against my/ our abovementioned account at my / our abovementioned bank on condition that the sum of such payment instructions will not differ from my/ our obligations as agreed to in the Contract Reference Number.

I/ We agree that the first payment instruction will be issued and delivered on .....(date) and thereafter regularly on the ..... day of each month

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree, by way of ticking the adjacent block, that the payment instruction may be debited against my account on the following business day, and that the subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the insurance policy number ..... is cancelled by me/ us by giving you notice in writing

**B. Mandate**

I/ We acknowledge that all payment instructions issued by you shall be treated by my/ our abovementioned bank as if the instruction had been issued by me / us personally\

**C. Cancellation**

I/ We agree that although this authority and mandate may be cancelled by me/ us, such cancellation will not cancel the agreements if the amounts due are paid. I/ We also understand I/ we cannot reclaim amounts which have been withdrawn from my/ our account (paid) in terms of this authority and mandate if such were legally owing to you.

**D. Assignment**

I/ We acknowledge that this authority may be ceded or assigned to a third party if the insurance policy also ceded or assigned to that this party

Name of Account holder .....

Address .....

.....

.....

Name of Bank ..... City/Town

Branch .....

Branch Code ..... (See top right hand corner of cheque)

Account Number ..... 

Cheque	Transmission	Savings
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(Please attach a cancelled or used cheque)

Debit order date  1st  5th  7th  15th

Debit order beneficiary .....

Beneficiary address .....

Abbreviated name reference .....

Policy and / or quote number .....

Account holder's signature ..... Date .....

**14. General**

14.1 Do you or any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical or mental infirmity  YES  NO If yes, please give details

.....

14.2 Have you or any person who you know will drive, been convicted or paid an admission of guilt for any motoring offence (other than parking fines) during the last 5 years or is prosecutions pending?  YES  NO If yes, please give details

.....

14.3 Has your driver's license or that of any person who you know will drive, ever been endorsed, suspended or cancelled?  YES  NO If yes, please give details

.....

14.4 Have your possessions been previously insured?  YES  NO

if "YES", please give the names of your previous insurers, the policy numbers and the dates cover expired

.....

Date	Type of loss	Driver's Name	Whose fault	Cost

14.5 Has any insurer ever cancelled or refused to insure or continue insurance or imposed restrictions for any risks you now wish to insure?  YES  NO If "YES", please give details

.....

14.6 Apart from the details requested under question 14.4, have you or any of the persons to be insured suffered any accidents, illness or losses during the last 5 years which would have been insured had the insurance for which you are now proposing been force.  YES  NO If "YES", please give the amount of loss, brief details of what happened and the insurers if you were insured. A rejected claim must also be mentioned as well as incidents not claim for.

.....

14.7 Are there any other facts that may affect the likelihood of a claim?  YES  NO If "YES", please give details.

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

14.8 If your age is 55 or over and both you and your spouse are retired and you can answer "NO" to the following questions you qualify for our special pensioner discount (employed implies earning and income for gainful employment)

Are you employed?

YES

NO

Is your spouse employed?

YES

NO

15. Please sign the following declaration

Is there any other material fact that may influence the risk for which you have applied for insurance? YES/NO

Please provide full particulars: .....

I warrant that the information in this proposal to be true and correct and complete in every respect and that I have not withheld or changed any material information and that this proposal; forms the basic of the contract between myself and the insurer, ----- acting on behalf of Renasa Insurance Company Limited.

I will accept the Insurer's standard Personal Lines Policy.

I understand that if I have answered "NO" to the question under 14.8 above and my spouse or I become employed on a full time basis, I must inform the Insurer and I agree to pay any additional premium, which may be charged.

I know that this insurance will not commence until this, proposal has been accepted in writing by the Insurer; failure to do so will invalidate cover.

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

Insured's Signature: .....

NB! I confirm that I received, read and understood the statutory notice.

Signature ..... Date.....

I acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On behalf of myself and on behalf of any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also acknowledge that the information provided by me may be verified against other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning myself.

Signature ..... Date .....