

Body Corporate Proposal Form



IMPORTANT: This proposal forms the basis of the insurance contract between you (the Proposer) and the Insurer. Making a false statement or withholding any material fact may give us the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception. A material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by you.

DETAILS OF THE BROKER

Broker: _____ Telephone: _____
Contact Name: _____ Fax: _____
Agency Code: _____ Email: _____

Proposed inception date of the policy: (subject to Merx Commercial Underwriters approval) / /

DETAILS OF THE PROPOSER:

Name of Proposer: _____ Trading Name: _____
Contact Name: _____ ID Number: _____
Vat Registration Number: _____ Company Registration Number: _____
Type of Business: _____ Type of Carrier: Private Public
Has any Proposer / Partner or Shareholder traded under any other name? Yes No
If yes please supply name(s): _____

CLIENT DETAILS

First Name: _____ Surname: _____
Telephone: _____ Fax: _____
Cell Phone: _____ Language: English Afrikaans
Email: _____

Physical Address:

Postal Address:

Postal Code: _____ Postal Code: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

BUILDINGS

Buildings:

Standard - wall / roof Non-standard - thatch / wooden

Water heating systems:

Electric Solar Heat pumps

Buildings at the premises as described above:

Yes No Sum insured: R _____

COMMON PROPERTY

Geysers Gate house Servants quarters Storerooms Paved / tar roads
 Boundary walls Electric gates / intercom Swimming pool Landscaping / irrigation Dams / streams / rivers
 Lifts Substation Water tanks / boilers Generators Sewage plants / pumps

RETAINING WALLS

Cover for retaining walls will only be approved subject to a satisfactory Engineer's Report and Stability Certificate to be produced prior to cover being bound.

Cover required: Yes Cover extends to include loss / damage resulting from storm, wind, water, hail, snow. Sum insured: R _____
 No Cover excluded for loss / damage resulting from storm, wind, water, hail, snow.

SUBSIDENCE AND LANDSLIDE

Comprehensive cover is subject to a satisfactory Geotech Report and signed Engineer's Completion Certificate at time of development.

Cover required: Yes *Comprehensive cover* No *Limited cover (automatically included)* Sum insured: R _____
Escalation _____% Current period of insurance: Yes No
Further reinstatement period: Yes No Sum insured: R _____

GROSS RENTALS

Gross rentals included: Yes No Limit of indemnity: R _____
Additional claims preparation costs: Yes No Limit of indemnity: R _____

ACCIDENTAL DAMAGE

Loss or damage to insured property: Yes No Limit of indemnity: R _____
(excluding brittle/fragile items as well as marble and granite tops)
Brittle and / or fragile items: Yes No Limit of indemnity: R _____
Marble and / or granite tops: Yes No Limit of indemnity: R _____

OFFICE CONTENTS

Office contents: Yes No Limit of indemnity: R _____

Documents: Yes No Limit of indemnity: R _____

Legal liability - documents: Yes No Limit of indemnity: R _____

Locks and keys replacement: Yes No Limit of indemnity: R _____

Theft - non-forcible and non-violent entry: Yes No Limit of indemnity: R _____

Forcible and violent entry: Yes No Limit of indemnity: R _____

GLASS

Internal and external glass: Yes No Limit of indemnity: R _____

Costs and expenses: Yes No Limit of indemnity: R _____

ALL RISKS

Gardening and other maintenance related equipment: Yes No Limit of indemnity: R _____

Gate motors: Yes No Limit of indemnity: R _____

Extensions: *(Increase in cost of working)* Yes No Limit of indemnity: R _____

(Non-forcible and violent entry from vehicle extension) Yes No Limit of indemnity: R _____

Intercom: Yes No Limit of indemnity: R _____

Other: _____

MONEY

Major limit: Yes No Limit of indemnity: R _____

FIDELITY, EXTENSIONS: RECOVERY COST

Blanket basis: *(All employees of the insured)* Yes No Limit of indemnity: R _____

Named basis: Yes No Limit of indemnity: R _____

Name or position

Extensions: *(Recovery costs)* Yes No Limit of indemnity: R _____

(Reinstatement of office records) Yes No Limit of indemnity: R _____

BROADFORM PUBLIC LIABILITY

Public liability:

Limit of indemnity: R _____

Pollution:

Limit of indemnity: R _____

Additional optional extensions

- Statutory defence costs: (R50 000)

Yes No

Limit of indemnity: R _____

- Wrongful arrest: (R75 000)

Yes No

Limit of indemnity: R _____

- Defamation:

Yes No

Limit of indemnity: R _____

TRUSTEES' INDEMNITY

All trustees of the Body Corporate as insured:

Limit of indemnity: R _____

EMPLOYER'S INDEMNITY

All the employees of the Insured:

Limit of indemnity: R _____

MACHINERY BREAKDOWN

All the machinery of the Insured:

Limit of indemnity: R _____

Description of machinery: _____

ELECTRONIC EQUIPMENT

Material damage:

Yes No

Limit of indemnity: R _____

Description of item/s: _____

Consequential loss

- Increase in cost of working

Yes No

Limit of indemnity: R _____

- Reinstatement of data

Yes No

Limit of indemnity: R _____

Extensions

- Non-forcible and non-violent entry into vehicle

Yes No

Limit of indemnity: R _____

- Telkom access lines

Yes No

Limit of indemnity: R _____

MOTOR

Description of vehicle: _____

VIN number: _____ Engine number: _____

Finance house: _____ Finance acc. number: _____

Vehicle def.: _____ Reg. number: _____

Year: _____ CFG: _____

Sum insured: R _____

DECLARATION

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form. I am also not aware of any claims against me other than those mentioned above.

Any untrue or incorrect statements in this claim form may result in the claim being rejected.

I / We hereby declare that all the information given is true and correct.

Name: _____ Designation: _____

Signature: _____ Date: _____