

NEED ANALYSIS AND PROPOSAL FORM

(PERSONAL LINES)

www.garrun-group.co.za



All questions to be answered in full

BROKER'S CHECKLIST:

1. Letter of Introduction
2. Completed and signed Needs Analysis with annexure (including previous Insurance Policy Schedule)
3. Printed Quotation
4. Complete Record of Advice
5. Letter of Appointment
6. Collect Copies of ID, Driver's licence, Vehicle Licence and Registration Documents (if applicable)
7. Send Policy Schedule with Disclosure Notice

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

CLIENT CONTACT DETAILS:

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)

Gender:

MALE	FEMALE
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Nationality:.....

Marital Status:

SINGLE	MARRIED	DIVORCE	WIDOWED
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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 The Garrun Group but will remain in place i.e. other short-term policies):

.....
.....

What social media do you use?

FACEBOOK	TWITTER	LINKEDIN	OTHER
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If other, please specify:.....

Sports/Hobbies/Recreational/Activities:.....

.....

What is your preferred means of communication?

E-MAIL	SMS	POST	TELEPHONE	FAX
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Do you wish to receive marketing promotional information?.

YES	NO
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Effective date of cover: / /

ANNUAL POLICY	MONTHLY POLICY
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PREVIOUS INSURANCE HISTORY:

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

YES	NO
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Is this cover still active?

YES	NO
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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:

<u>DATE:</u>	<u>DESCRIPTION OF LOSS/DAMAGE:</u>	<u>AMOUNT:</u>
.....
.....
.....
.....

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

YES	NO
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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
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If yes, please provide details:

.....

.....

HOUSE OWNERS SECTION (BUILDINGS):	YES	NO
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Risk Address:

.....

.....

.....

Type of Dwelling:

HOUSE	FLAT	COMPLEX	HOLIDAY HOME	OTHER
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if other please specify:

Sums Insured: Main dwelling & outbuildings: Lapa:

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Location (Please mark with an X):

RESIDENTIAL SUBURB	SECURITY COMPLEX	PLOT	FARM	OTHER
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Construction of:

ROOF:	TILES	SINK	THATCH	OTHER
WALLS:	BRICKS	CEMENT	WOOD	OTHER

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

YES	NO
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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:

Thatched Lapa

YES	NO
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How far from main building?..... (m)

Name and Details of bondholder:

Noting of Interest

YES	NO
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If yes, please give details:

Type of residence (Please mark with an X):

OWNER	RENTED	BONDED	LODGER
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Subsidence and landslide

YES	NO
YES	NO
YES	NO

Borehole

Water course

Voluntary Excess: (Amount).....

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

No Claim Bonus	1	2	3	4	5
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The average clause been explained to the client?

YES	NO
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Average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

HOUSEHOLDERS SECTION (CONTENTS):	YES	NO
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Risk Address:

.....

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
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ROOF:

TILES	SINK	THATCH	OTHER
BRICKS	CEMENT	WOOD	OTHER

WALLS:

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

YES	NO
-----	----

Present firefighting measures / equipment:

Thatch Lapa

YES	NO
-----	----

How far from main building?(m)

Protections:

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 (siren only)	YES	NO
Alarm system with reaction? 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 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
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Has the average clause been explained to the client?

YES	NO
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Average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

ALL RISK SECTION (PERSONAL):	YES	NO
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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



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

Spectacles, sun glasses & contact lenses: R

..... R

..... R



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

..... R

..... R

Car radios (**Registration number of vehicle required**): R

..... R

..... R



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

..... R

..... R

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

..... R

..... R

Software: R

..... R

Video cameras & photographic equipment (**serial numbers required**): R

..... R

..... R

Other R

..... R

Note: proof of ownership/valuation certificates will be required in case of loss or damage

Has the average clause been explained to the client?

YES	NO
-----	----

Average condition means that if your sum-insured does not adequately represent a new replacement value, you will be penalised in the event of a claim to the same extent that you are underinsured.

MOTOR VEHICLE SECTION:	YES	NO
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	VEHICLE 1			VEHICLE 2		
YEAR & M&M CODE						
MAKE & MODEL						
REGISTRATION NO						
ENGINE NO						
VIN NO						
COLOUR OF VEHICLE						
TYPE OF USE	PRIVATE	PROFESSIO NAL	BUSINESS	PRIVATE	PROFESSIO NAL	BUSINESS
TYPE OF COVER						

SECURITY MEASURES	VESA IMMOBILIZER		DATA DOT		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								
1 ST E ISSUE DATE OF LICENCE								
FINANCE DETAILS								
PHYSICAL ADDRESS WHERE THE VEHICLE IS NORMALLY KEPT								
OVERNIGHT PARKING	LOCKED GARAGE	BEHIND LOCKED GATES	IN STREET	CARPOR T	LOCKED GARAGE	BEHIND LOCKED GATES	IN STREET	CARPOR T
VEHICLE MODIFIED?								
IS THE VEHICLE REBUILD (CODE 3)								
EXCESS WAIVER								
VOLUNTARY EXCESS (AMOUNT)								
CARNECTION (100km free p/d)	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 1	OPTION 2	OPTION 3	OPTION 4
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**.
2. If the vehicle is a "rebuilt" or "code 3" a valuation from an authorized dealer has to be on record before a loss occurs.
3. Additional "first amounts payable" will apply in respect of age and license or special circumstances. Refer to policy schedule

STANDARD COVER:

- **Garrun Assist:** Monthly Premium: R20.00
This Section covers towing of comprehensively insured vehicles that have been involved in an accident. Should this product be taken, the Insurer will only settle R1500 of the tow, the balance being for your account. Please refer to the brochure for the vehicle breakdown. Home assistance benefits are included in this product.
- **Inception Value Policy: COMPULSORY**
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)
- **SASRIA:** Included for all assets.

CARAVAN SECTION:	YES	NO
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	ITEM 1	ITEM 2
YEAR		
MAKE AND MODEL		
VIN NR		
SUM INSURED		

PLEASURE CRAFT (BOATS / SKIES): Loss or Damaged	YES	NO
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Type (Mark)	Ski Boat	See Boat	Rubber Duck	Jet Ski	
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Sum Insured:

Hull: Make: Model: Year:

Engine 1: Make: Model: Year: H/P:

Engine 2: Make: Model: Year: H/P:

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): R

Medical Expenses: R

STANDARD COVER:

- Personal Liability Section: Monthly Premium: R21.00
- General personal domestic and extended liability: R 21 000 000

BANKING DETAILS & DEBIT ORDER AUTHORITY
(If quotation is accepted)

Account Holder:

Name of bank: Branch:

Account no: Type of Account:

Branch Code: Client Signature:

DECLARATION:

1. I warrant that the answers given are true and correct and I do not know of any material facts even though specific questions about them have not been asked that should be communicated to insurers.
2. I have never been refused insurance for the risk I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. If I have been refused insurance Cover, I have stipulated details of such above.

3. Details of any/all conditions/warranties and/or endorsements applied by previous insurers.
.....
4. There are no material facts that could influence insurers decisions in accepting the risk or any factors that could make the risk more hazardous than normal unless stipulated below:
.....
5. I AGREE THAT this proposal shall be the basis of the contract between the insurer and me.
6. I UNDERSTAND THAT my insurance will not start until this proposal has been accepted by the insurers.
7. I AM AWARE OF the Client Service Fee that The Garrun Group charges in terms of Section 8 (5) of the Short-Term Insurance Act and agree that such fee has been explained to me and the exact numerical amount will be disclosed on my Insurance Policy as well as the exact Client Services which make up said fee. I understand that I have the right to request such fee and services be cancelled.
8. I UNDERSTAND THAT certain personal information may be required in order to render proper financial advice and my consent in collecting such or otherwise processing such information is necessary, should there be any personal information I am not comfortable with my Broker/The Garrun Group collecting and/or otherwise processing, I will notify him/her in writing. I consent to such personal information being used by any necessary third party such as the Insurer. I am aware that such Personal Information will be dealt with in accordance with the Personal Protection of Information Act and the Garrun Group POPI Policy which is available on their website.

Signed at:on this day of20

Signature:.....Designation:.....
(s/he being duly authorised)



Signature:.....Designation:.....
(S/he being duly authorised)

INCOMPLETE ANALYSIS DECLARATION:

1. I AGREE THAT I have elected not to allow the broker to complete the above Needs Analysis as required by him/her in terms of the Financial Advisory and Intermediary Services Act. The reasons for my refusal are set out below:
.....
2. The Broker may revisit me on to perform this analysis, but in the interim, I give the Broker permission to provide me with quotations and/or issue my policy as per our verbal/written discussions and my verbal/written instructions.
3. I UNDERSTAND THAT as a result of the above, the quotation and/or cover provided may not be according to my needs and requirements and could potentially result in rejection of claims as a consequence of incomplete or inaccurate information.
4. I AGREE THAT the Broker has attempted to perform this Needs Analysis with me but that I have, for reasons stated above, withheld him/her from doing so.

Signed at: on this day of20

Signature:.....Designation:.....
(s/he being duly authorised)



Signature:.....Designation:.....
(s/he being duly authorised)