

PERSONAL PROPOSAL FORM – MY PRESTIGE PORTFOLIO

Wherever the word 'you' appears, it means the insured

Title	Initials	Surname	Date of birth
ID number	Passport number (if non-SA resident)		
Occupation			
Postal address			Post code
Telephone Work (code)	Home (code)	Cell	
Fax number (code)	E-mail address		

GENERAL INFORMATION Please complete (applicable to all sections)

Inception date of this insurance _____ Language preferred Eng Afr

Are you 55 or older and a bona-fide pensioner, i.e. not employed at all YES NO

Physical address of your private residences

Residence (1)	Residence (2)
_____	_____
_____	_____
Post code	Post code
_____	_____

To be completed if cover is required for Household Goods, Buildings or the All Risks sections

SITUATION OF RESIDENCE	RESIDENCE 1		RESIDENCE 2	
Smallholding/Plot/Farm (Cover must be confirmed by Hollard in writing)	YES	NO	YES	NO
High-security complex – 24-hr guards, access control and electric fencing linked to 24-hr response company	YES	NO	YES	NO
Security complex	YES	NO	YES	NO
Retirement complex	YES	NO	YES	NO
Enclosed access-controlled area	YES	NO	YES	NO
Residential area, no access control	YES	NO	YES	NO
Are there any of the following within 1 km radius	YES	NO	YES	NO
Informal settlement	YES	NO	YES	NO
Taxi rank	YES	NO	YES	NO
From which date have you lived at the residence _____				

CONSTRUCTION

	RESIDENCE 1		RESIDENCE 2	
Is the roof of standard construction (i.e. slate, tiles, asbestos, concrete, corrugated iron or metal)	YES	NO	YES	NO
Is the roof constructed of thatch	YES	NO	YES	NO
If YES, Thatch Questionnaire must be completed				
If YES, is SANS-approved surge protection installed	YES	NO	YES	NO
If YES, is an SABS-approved lightning mast installed	YES	NO	YES	NO
If neither of the above, please specify the roof construction _____				

Number of geysers installed on the premises

Is there an outbuilding of non-standard construction situated on premises, please provide details		YES	NO	YES	NO
Are the main walls constructed of	• brick, stone or concrete	YES	NO	YES	NO
	• timber, part timber, framed metal	YES	NO	YES	NO
	• asbestos	YES	NO	YES	NO
	• fibreglass	YES	NO	YES	NO
Are there any retaining walls on the premises		YES	NO	YES	NO
Is there a thatch lapa situated on the premises		YES	NO	YES	NO
If YES, Thatch questionnaire to be completed					
Is the residence situated close to water		YES	NO	YES	NO
If YES, how far? Indicate whether it is a dam, sea, river, lake, stream, etc.					

TYPE OF HOME AND SITUATION OF THE RISK

Detached house/cottage	YES	NO	YES	NO
Semi-detached house/cottage	YES	NO	YES	NO
Apartment/flat (ground or first floor)	YES	NO	YES	NO
Apartment/flat (above first floor)	YES	NO	YES	NO

OCCUPANCY (Residences occupied as communes are not acceptable)

Will the residence be left unoccupied	• for more than 7 consecutive days within the first 30 days	YES	NO	YES	NO
	• during working hours	YES	NO	YES	NO
	• for more than a total of 60 days per year	YES	NO	YES	NO
Is the residence a holiday home		YES	NO	YES	NO
Will the residence be rented or let out		YES	NO	YES	NO
If YES, provide details					

SECURITY

Are all opening windows burglar-barred		YES	NO	YES	NO
Are all fixed windows burglar-barred		YES	NO	YES	NO
Does any outbuilding or garage adjoining the residence have an interleading door		YES	NO	YES	NO
If YES, is this door protected by an alarm or security gate		YES	NO	YES	NO
Are external access doors fitted with security gates		YES	NO	YES	NO
Are external sliding doors fitted with:					
•	security gates or	YES	NO	YES	NO
	frame-mounted key-operated locking bolts	YES	NO	YES	NO
Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8 m in height		YES	NO	YES	NO
Are there full-time security guards on your property		YES	NO	YES	NO
Is the residence protected with an approved alarm system linked to a 24-hour control room with armed-response		YES	NO	YES	NO
Is the property monitored by CCTV cameras		YES	NO	YES	NO
Are there laser beams installed at the premises and are they linked to an armed-response company		YES	NO	YES	NO

CONTENTS

	RESIDENCE 1		RESIDENCE 2	
	YES	NO	YES	NO
Do you require this insurance				
Sum insured: Insure for new replacement costs	R		R	
Are parts of the premises used for business purposes	YES	NO	YES	NO
If YES, complete the Business run from home questionnaire				
Are you entitled to a claim-free group	YES	NO	YES	NO
If YES, state number of years				

Subsidence and landslip

Is the property situated in a mining area or within 1 km of quarries, gravel pits, landfill, underground facilities, motorway or railway cutting, major civil engineering works	YES	NO	YES	NO
Are any visible cracks present on the property	YES	NO	YES	NO
Are you aware of any other signs of damage that may be caused by subsidence	YES	NO	YES	NO
If the answer to any of the above is YES – complete a Subsidence and landslip questionnaire				

Information about your safe

Are all jewellery items with a value in excess of R50 000 kept in a safe when not in use	YES	NO	YES	NO
Provide the total value of valuables including jewellery kept in the safe at any time	R		R	
Is the safe protected by electronic alarm detectors which are linked to an armed-response company that monitors the safe	YES	NO	YES	NO
Are jewellery items kept in a bank safe deposit when they are not in use	YES	NO	YES	NO
If YES, provide the value of the items kept in the bank safe deposit	R		R	

OPTIONAL COVER

Bed-and-Breakfast cover	Sum insured	R	YES	NO	YES	NO
Excess options for Contents (Please specify if you require one of the following options)						
Excess waiver	(@ additional premium)		YES	NO	YES	NO
Voluntary excess (specify amount)	R		YES	NO	YES	NO
Flat excess (specify amount)	R		YES	NO	YES	NO

CONTENTS – ASSETS OUT

This section forms part of your contents section under additional benefits and provides you with 'unspecified cover' up to 10% of your contents sum insured for personal belongings, clothing, cell phones, laptops and any items normally worn or designed to be carried including jewellery and watches, subject to valuation certificates.

Amount of cover (up to 10% of sum insured with a maximum of R250 000 any one incident and/or item limit, whichever is the lesser)

When any one person removes or wears jewellery and watches at any one time, will the amount exceed the Assets Out amount selected?	YES	NO	YES	NO
If YES, please state the maximum total value of the items when removed from the main residence	R		R	

CONTENTS – ADDITIONAL COVER

Your additional cover have Flexi limits and these are shown in the table below, You can choose either Flexi or Flexi Plus limits for your cover. Flexi limits will apply unless you ask us for Flexi Plus limits and you pay the extra premium that applies. The limit of your choice will be shown on your schedule, including the extra premium (if applicable).

Flexi limits apply to	Flexi limits for any one incident		
	Flexi (automatic default cover and limits)	Flexi Plus limits (choose value)	Tick selection
Assets Out (limit under Flexi Plus R500 000 per incident, maximum R250 000 per item)	10% of sum insured max R250 000	R _____	
Business contents at the main address	R250 000	R _____	
Camping equipment	R100 000	R _____	
Contents in fish tank	R50 000	R _____	
Garden and outdoor items	R100 000	R _____	
Personal baggage	R100 000	R _____	
Sports equipment	R100 000	R _____	

Excess options for home and contents (Please specify if you require one of the following options)		Home		Contents	
Excess waiver	(@ additional premium)	YES	NO	YES	NO
Voluntary excess (specify amount)	R _____	YES	NO	YES	NO
Flat excess (specify amount)	R _____	YES	NO	YES	NO

ASSETS SPECIFIED

The following items should be specified when removed from the residence (If you specify jewellery or watches under this section, then the following policy conditions will not be applicable: Safe Warranty Requirement and Forcible and Violent Entry Requirement, subject to valuation certificates)

Items to be specified	Item description	Proof of ownership		Specify value	Tick selection
Items in excess of Flexi or Flexi Plus limits (10% of sum insured minimum R75 000 maximum R250 000/R75 000 maximum R500 000) as well as: <ul style="list-style-type: none"> Items kept in a bank vault – if more than 30% of contents sum insured Motorised and non-motorised wheelchairs/mobility scooters/shop riders Parachutes, para-gliders and hang-gliders 	1.	YES	NO	R _____	
	2.	YES	NO	R _____	
	3.	YES	NO	R _____	
	4.	YES	NO	R _____	
	5.	YES	NO	R _____	
	6.	YES	NO	R _____	
	7.	YES	NO	R _____	
	8.	YES	NO	R _____	
	9.	YES	NO	R _____	
Items kept in bank vault	_____	YES	NO	R _____	
Motorised and non-motorised wheelchairs	_____	YES	NO	R _____	

Mobility scooters/shop riders	YES	NO	R
_____			_____
Parachutes/Para-gliders/ Hang-gliders	YES	NO	R
_____			_____

If you need to add more jewellery and watch items, please provide a separate list of items that will be taken out of the home on a temporary and/or permanent basis. Valuation and/or proof will be required at point of claim for any one item in excess of R25 000.

Excess options for Contents (Please specify if you require one of the following options)		Home		Contents	
Excess waiver	(@ additional premium)	YES	NO	YES	NO
Voluntary excess (specify amount)	R	YES	NO	YES	NO
Flat excess (specify amount)	R	YES	NO	YES	NO

FINE ARTS

Summarise the values of Fine Arts where the value of any one item exceeds R50 000. This section specifically caters for Fine Arts and Antiques with specific covers.

Description	Residence 1	Residence 2	Description	Residence 1	Residence 2
Antiques/Furniture	R	R	Collectibles	R	R
Precious metals	R	R	Wine	R	R
Silverware	R	R	Objects d'art	R	R
Carpets and rugs	R	R	Collector's guns	R	R
Paintings	R	R	Furs	R	R
Clocks	R	R	Rare books	R	R
Decorative arts	R	R	Musical equipment	R	R
Ornaments	R	R	Stamps and coins	R	R
Totals	R	R	Totals	R	R

Are any of the above items to be exhibited at an art exhibition or anywhere else YES NO

If YES, please give details _____

OPTIONAL COVER

Exhibitions cover	Sum insured	R	YES	NO	YES	NO
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Excess options for Fine Arts (Please specify if you require one of the following options)		Fine Arts	
Excess waiver	(@ additional premium)	YES	NO
Voluntary excess (specify amount)	R	YES	NO
Flat excess (specify amount)	R	YES	NO

HOME

Do you require this insurance	YES	NO	YES	NO
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Sum insured: Insure buildings and outbuildings for replacement value	R		R	
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Is the building bonded and do you require the bondholder's interest noted	YES	NO	YES	NO
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If YES, provide details of bondholder and account number _____

Are parts of the premises used for business purposes	YES	NO	YES	NO
--	-----	----	-----	----

If YES, complete the Business run from home questionnaire

Subsidence and Landslip cover (limited cover) – complete a Subsidence and landslip questionnaire	YES	NO	YES	NO
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OPTIONAL COVER

Subsidence, landslip or ground heave – extended cover YES NO YES NO

If YES, complete a Subsidence and landslip questionnaire

MOTOR VEHICLES

Must be completed if cover is required for motor vehicle, motorcycle or trailer/caravan vehicles

A copy of the licence/registration papers must be attached for each vehicle for which cover is required

INFORMATION ABOUT THE DRIVER OF THE VEHICLE

MOTOR VEHICLE 1

MOTOR VEHICLE 2

Specify the vehicle registration number for which the driver information is completed

Are you or your spouse the registered owner

YES

NO

YES

NO

If NO, state the name of the registered owner

Name and gender of usual driver

M

F

M

F

Date of birth of the usual driver

Occupation of the usual driver

Year in which licence of the usual driver was first obtained

Does the usual driver or any person who may drive the vehicle:

- suffer from defective vision, hearing or from any physical or mental infirmity

YES

NO

YES

NO

If YES, provide details

- have a conviction or paid an admission of guilt fine for a driving offence in the past 3 years or is there any prosecution pending

YES

NO

YES

NO

If YES, provide details

- does the usual driver reside at the same risk address

YES

NO

YES

NO

If NO, provide details of risk address where vehicle will be kept overnight

MOTOR VEHICLE

Retail value (include finance costs)

R

R

Registration number

Make and model

Year of manufacture

Engine number

VIN number

Has the vehicle been modified to alter the performance level

YES

NO

YES

NO

If YES, provide the following modifications

Tare

Tare

Kilowatt

Kilowatt

Cover required	Comprehensive	YES		YES	
	Third Party, Fire and Theft	YES		YES	
	Third Party only	YES		YES	
Class of use	Private	YES		YES	
	Private and work	YES		YES	
	Private, work and business	YES		YES	
Has the usual driver had any claims		YES	NO	YES	NO
If YES, indicate the number of claims:					
• number of claims in previous 12 months					
• number of claims in previous 13 to 24 months					
• number of claims in previous 25 to 36 months					
If YES, state number of years and provide proof of qualification of NCB					
Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa)		YES	NO	YES	NO
Is the vehicle fitted with a Vesa-approved/VSS-approved	• immobiliser	YES	NO	YES	NO
	• gear lock	YES	NO	YES	NO
	• tracking and recovery device:				
	– early warning	YES	NO	YES	NO
	– dormant/passive	YES	NO	YES	NO
If YES, attach a copy of the certificate from the service provider					
Is the vehicle kept in a locked garage overnight		YES	NO	YES	NO
If NO, indicate where the vehicle will be kept overnight					
Provide the suburb and postal code where the vehicle is parked overnight					
Does the vehicle or the windscreen have existing damage		YES	NO	YES	NO
If YES, provide details					
Is the vehicle subject to a credit or similar agreement		YES	NO	YES	NO
If YES, state Bank and Account number					
Do you wish to insure any non-standard accessories		YES	NO	YES	NO

Supply list and value of each item

1. _____	R	2. _____	R
3. _____	R	4. _____	R
5. _____	R	6. _____	R

OPTIONAL COVER

Car Hire Options	Monthly premium	Vehicle 1		Vehicle 2		Vehicle 3	
Group D Automatic	R80	YES	NO	YES	NO	YES	NO
Group B 30 days	R75	YES	NO	YES	NO	YES	NO
Group B 45 days	R85	YES	NO	YES	NO	YES	NO

OPTIONAL COVER (cont...)

Car Hire Options	Monthly premium	Vehicle 1		Vehicle 2		Vehicle 3	
Group C 30 days	R75	YES	NO	YES	NO	YES	NO
Group D 30 days	R80	YES	NO	YES	NO	YES	NO
Group E 30 days	R85	YES	NO	YES	NO	YES	NO
Group F 30 days	R95	YES	NO	YES	NO	YES	NO
Group G 30 days	R110	YES	NO	YES	NO	YES	NO

Excess Options (Please specify if you require one of the following options)		Vehicle 1		Vehicle 2		Vehicle 3	
Voluntary excess*	Cannot be taken with excess waiver	YES	NO	YES	NO	YES	NO
Specify amount		R		R		R	
Excess waiver*	@ additional premium	YES	NO	YES	NO	YES	NO
Excess waiver on windscreen only	@ additional premium	YES	NO	YES	NO	YES	NO
Flat excess	Cannot be taken with excess waiver	YES	NO	YES	NO	YES	NO
Specify amount		R		R		R	
Motorcycle excess options are indicated with a *							
Credit shortfall				YES	NO	YES	NO
4x4 cover (Off-road)				YES	NO	YES	NO
Diminution in value extension – additional 10% of vehicle value if stolen and recovered				YES	NO	YES	NO

MOTORCYCLE

Retail value (include finance costs)	R	Registration number	
Make and model		Year of manufacture	
Engine number		VIN number	
Has the vehicle been modified to alter the performance level		YES	NO
If YES, provide details			
Cover required	Comprehensive	Third Party only	Third Party, Fire & Theft
Class of use	Private (to and from work only)	Private and work	
Is there any existing damage to the vehicle		YES	NO
If YES, provide details			
Occupation of usual driver			
Is the usual driver entitled to a no-claim bonus or claim-free group		YES	NO
If YES, state number of years and provide proof of qualification of NCB			
Is the vehicle kept in a locked garage/enclosed carport overnight		YES	NO
If NO, indicate where the vehicle will be kept overnight			
Is the vehicle fitted with a Vesa-approved/VSS-approved	<ul style="list-style-type: none"> immobiliser 	YES	NO
	<ul style="list-style-type: none"> tracking and recovery device 	YES	NO
If YES, attach a copy of the certificate from the service provider			

Do you wish to insure any non-standard accessories
Supply list and value of each item

YES NO

1. _____ R _____	2. _____ R _____
3. _____ R _____	4. _____ R _____
5. _____ R _____	6. _____ R _____

Is the vehicle subject to a credit or similar agreement

YES NO

If YES, state Bank and Account number _____

TRAILER/CARAVAN

Retail value (include finance costs)	R _____	Registration number	_____
Make and model	_____	Year of manufacture	_____
VIN number	_____		

Is the trailer/caravan usually kept undercover and behind locked gates overnight

YES NO

If NO, provide details _____

Is the trailer/caravan subject to credit agreement

YES NO

If YES, state Bank and Account number _____

PERSONAL LIABILITY

Personal liability cover (compulsory if Umbrella liability cover chosen)	YES	NO
Umbrella liability cover	YES	NO

PERSONAL ACCIDENT

Persons to be insured (We cannot offer this cover to persons over the age of 75)

Name and gender	M	F	M	F
Date of birth	_____		_____	
Occupation	_____		_____	
ID number	_____		_____	
Relationship to you	_____		_____	

Benefits required

Death (compulsory benefit)	R _____	R _____	
Permanent disablement	R _____	R _____	
Maximum not to exceed the death benefit			
Temporary total disablement (max 104 weeks)	R _____	per week	R _____ per week

Medical benefit: Has any person to be insured sustained a recent physical injury (e.g. broken limb)

YES NO

If YES, provide details _____

Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity

YES NO

If YES, provide details _____

What is the occupation of the person to be insured _____

Does the person to be insured take part in dangerous sporting activities YES NO

(parachuting, skydiving, bungi-jumping, bridge-jumping, hang-gliding, paragliding, polo, steeple-chasing, rugby, sports of any kind on ice or snow, ice hockey, wrestling, martial arts, scuba-diving, or waterskiing, speed or endurance tests or racing (other than on foot, flying other than as a passenger in a licensed passenger-carrying aircraft piloted by a duly qualified person, big-game hunting or mountaineering where the use of ropes or a guide is necessary)

Do you wish to nominate a beneficiary YES NO

If YES, state name and ID number _____

WATERCRAFT

Do you require this insurance YES NO

Name of watercraft _____	Make and model _____
Type of watercraft	<div style="display: flex; justify-content: space-between;"> Rubber-duck Windsurfer Jet-ski/Wet-bike Motor-boat (max speed 60 kp/h) </div>
	<div style="display: flex; justify-content: space-between;"> Sailing craft Motor boat over 60 kp/h – max 100 kp/h Length of watercraft _____ </div>
Is the watercraft self-built	<div style="display: flex; justify-content: space-between;"> YES NO Does the watercraft have a glitter finish </div>
	<div style="display: flex; justify-content: space-between;"> YES NO </div>
Engines	
Sum insured	R _____
Hull	Sum insured R _____
Number of engines	Year of manufacture _____
Material of hull	Serial/HIN number _____
Engine make	Year of manufacture _____
Type of engine	<div style="display: flex; justify-content: space-between;"> Inboard Outboard Serial number of engine(s) _____ </div>

OPTIONAL COVER – Specified Accessories

Serial numbers for all Global Positioning Systems (GPS) and two-way radio systems including all electronic equipment must be supplied.

Item 1 Description	Serial No. _____	Sum insured	R _____
Item 2 Description	Serial No. _____	Sum insured	R _____
Item 3 Description	Serial No. _____	Sum insured	R _____
Item 4 Description	Serial No. _____	Sum insured	R _____
Total sum insured	R _____	Hull, engine and accessories: Total sum insured	R _____

State the address where the watercraft is normally kept _____

Is the watercraft kept in a locked garage overnight _____

What are the security arrangements at this address _____

Is the watercraft still in mooring _____

What are the security arrangements at the mooring _____

Will the watercraft be surf-launched _____

In what waters will the watercraft be used Inland Coastal

Have you had any accidents or losses in connection with any watercraft you have sailed or owned YES NO

If YES, provide details _____

Skipper's experience Years _____ Qualifications (if any) _____

Is the watercraft subject to a credit or similar agreement YES NO

If YES, state the Bank and Account number _____

DECLARATION – You must complete and sign this section

1. What is your business or occupation _____

2. In what capacity are you employed _____

3. Have you previously been insured YES NO

If YES, supply the policy number and names of insurance companies _____

4. Have you or has any member of your household:

• had any application for insurance declined or insurance cancelled or renewal refused or not invited or had special conditions imposed YES NO

If YES, provide details _____

• been involved in any civil or criminal litigation in the past 3 years or have you had a civil judgment against you YES NO

If YES, please give the amount of the loss and describe what happened. Also give the names of the insurance companies and policy numbers if you were insured at the time. Claims rejected must be mentioned.

• during the past 3 years submitted any claims or suffered any other losses not claimed for (for example – a burglary, or a lost camera, etc.) YES NO

If YES, please supply the value of the loss and describe what happened. Supply the name of the insurer and policy number if you were insured at the time. Declined claims should also be recorded.

Date of loss	Description of loss	Claimed Amount
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R

PAYMENT OPTIONS AND BANKING DETAILS Please **mark** the appropriate blocks

Premium payment method	Annually	Monthly debit order
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If paying monthly, date for the debiting of premiums will be the first working day of the month.

DEBIT ORDER ACCOUNT

Bank	_____	Branch	_____	Branch code	_____
Account number	_____	Account holder name	_____		
Type of account	Transmission				
	Cheque				
	Savings	Account holder Signature		Date	

Sharing of insurance information

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognized sources or databases.

I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's standard policy.

I UNDERSTAND that this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reasons here:

I warrant that the answers given are true, and I do not know of any material facts that should be communicated, even though specific questions about them have not been asked. This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

Signature _____ Date _____