



LION'S HEAD

INSURANCE BROKERS (PTY) LTD

Company Reg No: 2003/018476/07

Tel: (021) 701 5702 • Fax: (021) 701 6392

Email: lionlink@iafrica.com

Website: www.lionshead.co.za

Postnet Suite #83, Private Bag X12, Tokai, 7966

No. 49 Bell Crescent, Westlake Business Park, Westlake

Authorised financial services provider licence number 1406

SECTION	PREMIUM
UNSPECIFIED ALL RISKS	R
SPECIFIED ALL RISKS	R
CARAVANS/TRAILERS	R
HOUSEHOLD CONTENTS	R
BUILDINGS	R
WATERCRAFT	R
MOTOR	R
PERSONAL LEGAL LIABILITY	R 3.00
SASRIA	R
POLICY FEE	R
TOTAL MONTHLY PREMIUM	R

PERSONAL INSURANCE PROPOSAL

Broker	LION'S HEAD INSURANCE BROKERS		
Insurer		Policy No	

CLIENT INFORMATION

English	Afrikaans	Title	Initials
First Name(s)	Surname:		
ID Number/Passport number			
Postal Address			Postal Code
Residential address			Postal Code
Tel (Work)	Tel (Home)	Fax No	
Cellular no	E-mail address		
Occupation			
Commencement date of insurance cover			D D M M C C Y Y

DETAILS OF PREVIOUS INSURANCE AND LOSSES

Name of previous insurer	Policy number		
Has any previous Insurer ever cancelled, restricted or endorsed your policy or any section thereof	Yes	No	
If yes, please give details			
Have you ever been insolvent or been under judicial management?	Yes	No	
Have you ever had any criminal convictions or pending cases against you?	Yes	No	
How many losses have you suffered during the past Three years?	Vehicle section	Non-vehicle section	
If yes to the above specify:			
PERSONAL LEGAL LIABILITY (automatically included with Household Contents & Buildings)		Limit R3,000,000	R3.00

ALL RISK SECTION

COVER REQUIRED?

YES	NO
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Unspecified Clothing & Personal effects

Amount	R	PREMIUM
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Any item, pair or set with a value in excess of R1,000 must be separately specified in the Schedule.

SPECIFIED PERSONAL POSSESSIONS

Specify below those items not covered under item 1 and enclose evidence of value for each item in excess of R1,000 – PLEASE ADVISE MAKE, MODEL & SERIAL NUMBERS	VALUE	PREMIUM
1.	R	R
2.	R	R
3.	R	R
4.	R	R
5.	R	R
6.	R	R
7.	R	R
8.	R	R
9.	R	R
10.	R	R
11.	R	R
12.	R	R

Do you keep valuables in a safe?	Yes	No
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CELLULAR PHONES

RATE %

[For Serial No / IMEI – dial * # 0 6 #]

Make & Model:	Serial no:	R
Make & Model:	Serial no:	R
Make & Model:	Serial no:	R
Make & Model:	Serial no:	R

CARAVANS / TRAILERS

COVER REQUIRED?

YES	NO
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Make & Model	Year Model:	Value R
Registration No:	VIN No:	
Do you wish to cover caravan contents?	Yes	No
Insured Value R		
Description of items:		
		PREMIUM R

BUILDINGS AND/OR CONTENTS SECTION
COVER REQUIRED?
YES
NO
1. ADDRESS: Main Residence

Postal code							Number of consecutive days unoccupied p.a.											
Sum insured:	CONTENTS			PREMIUM			R			BUILDINGS			PREMIUM			R		
	R									R								

ADDRESS: Second Residence

Postal code							Number of consecutive days unoccupied p.a.											
Sum insured:	CONTENTS			PREMIUM			R			BUILDINGS			PREMIUM			R		
	R									R								

2. TYPE OF BUILDING

	<i>Main residence</i>		<i>Second residence</i>	
Detached house/cottage	Yes	No	Yes	No
Ground floor flat	Yes	No	Yes	No
Townhouse/duplex/semi-detached home	Yes	No	Yes	No
Above ground flat	Yes	No	Yes	No
Retirement/security village with 24 hr security/cluster housing/holiday house/flat	Yes	No	Yes	No

3. CONSTRUCTION

<i>Main residence</i>							
Walls:	Standard	Brick	Cement	Concrete	Stone		
Roof:	Standard	Tiles	Thatch	Corrugated iron	Concrete	Asbestos	Slate
<i>Second residence</i>							
Walls:	Standard	Brick	Cement	Concrete	Stone		
Roof:	Standard	Tiles	Thatch	Corrugated iron	Concrete	Asbestos	Slate
Any other construction is regarded as non-standard.							

4. SITUATION

	<i>Main residence</i>		<i>Second residence</i>	
Smallholding/plot	Yes	No	Yes	No
Newly developed area	Yes	No	Yes	No
Retirement/security village with 24 hour security/cluster housing	Yes	No	Yes	No
Building alterations in progress	Yes	No	Yes	No
Holiday house/flat	Yes	No	Yes	No
Near open fields/taxi ranks/business complex/train station	Yes	No	Yes	No
Other (please specify)	Yes	No	Yes	No

5. SECURITY AND OCCUPANCY

	<i>Main residence</i>		<i>Second residence</i>	
Are all opening portions of all windows protected by burglar bars/grilled?	Yes	No	Yes	No
Do security gates protect all exterior doors?	Yes	No	Yes	No
Are the premises protected by a fully operational burglar alarm linked to a 24hour control centre armed response?	Yes	No	Yes	No
Are the premises fully walled?	Yes	No	Yes	No
Does an electronic fence protect the premises?	Yes	No	Yes	No
Will the residence be occupied during the day?	Yes	No	Yes	No
Will you be going on holiday within the next 30 days?	Yes	No	Yes	No
Is the residence occupied by anyone other than yourself and members of your immediate family?	Yes	No	Yes	No
Do you or anybody else perform any professional/business activities from the residence?	Yes	No	Yes	No

WATERCRAFT SECTION
COVER REQUIRED?
YES
NO

PARTICULARS OF HULL				PREMIUM	R
Name of vessel		Make and Model			
Type of vessel	Rubber duck	Windsurfer	Jetski/Wetbike	Sailing craft	
Motor boat (max speed 60kph)			Motor boat (over 60kph – max 100kph)		
Length	Year Built	Material of Hull	Built By	Registration	Sum Insured

PARTICULARS OF MOTORS

Engine 1	PREMIUM	R	Engine 2	PREMIUM	R
Sum Insured	R		Sum Insured	R	
Year			Year		
Manufacturer			Manufacturer		
Type	Inboard	Outboard	Type	Inboard	Outboard
H.P.			H.P.		
Serial No.			Serial No.		
Do you require skiers' liability cover?		Yes		No	
Do you require surf-launching cover?		Yes		No	
Do you require cover for glitter finish?		Yes		No	

PARTICULARS OF TRAILER
RATE
%

Year of Trailer	Make & Model	Built By	Registration No.	Sum Insured

ACCESSORIES/SPECIAL EQUIPMENT
RATE
%

Serial numbers for all Global Positioning Systems (GPS) and Two Way Radio Systems including all Electronic Equipment must be supplied

Item No.	Description	Serial No.	Sum Insured

State the address where the vessel is normally kept

In what waters will the vessel be used	Inland	Coastal
Have you had any accidents or losses in connection with any vessel you have sailed or owned	Yes	No
If YES, provide details		
Is the vessel subject to a credit or similar agreement	Yes	No
If YES, state the Bank and Account No.		

MOTOR SECTION

COVER REQUIRED?

YES

NO

REGULAR DRIVER DETAILS (1)					
First Name/s:				Surname:	
Identity/Passport No:				Female	Male
Relationship of regular driver to you:			Registered owner:		
Physical Address:					Code:
Occupation:			Job Title:		
Student		Full Time		Part Time	

VEHICLE DETAILS (1)			PREMIUM	R
Make:	Model:		Year of Manufacture:	
Value:	Registration:			
VIN No:	Engine No:			
Finance House :	Credit Shortfall / Top-Up cover:		Yes	No

VEHICLE ACCESSORIES & OPTIONAL EXTRAS (1) optional with additional premium			PREMIUM	R
Car Radio – Make & Model:	S/No.		Value:	
Cell Car Kit – Make & Model:	S/No.		Value:	
Extras : (eg. Mags, Aircon, etc.)			Value:	
			Value:	
			Value:	

UNDERWRITING INFORMATION (1)			
Type of Cover:	Comprehensive	Third Party Fire & Theft	Third Party only
Class of use:	Strictly Private	Professional	Business
Is the vehicle fitted with a Security System installed by the vehicle manufacturers (VSS compliant)		Yes	No
Is the vehicle fitted with a VESA/SAIA approved:			
- Immobiliser		Yes	No
- Gearlock		Yes	No
- Tracking and recovery device (If YES, attach a copy of the Certificate)		Yes	No
Is the vehicle secured overnight:	Garaged	Behind locked gates	Car Port
Is the vehicle:	Turbo Charged	Cabriolet	Imported Modified
If modified, explain:			

CAR HIRE (1) optional with additional premium			
Car Hire: Limited – Total Loss and Theft only	Yes	No	PREMIUM:
Car Hire: Full – Partial Damage, Total Loss and Theft	Yes	No	PREMIUM:

REGULAR DRIVER DETAILS (2)				
First Name/s:		Surname:		
Identity/Passport No:		Female	Male	
Relationship of regular driver to you:		Registered owner:		
Physical Address:				Code:
Occupation:		Job Title:		
Student	Full Time	Part Time		

VEHICLE DETAILS (2)			PREMIUM:	R
Make:	Model:	Year of Manufacture:		
Value:	Registration:			
VIN No:	Engine No:			
Finance House :	Credit Shortfall / Top-Up cover:	Yes	No	

VEHICLE ACCESSORIES & OPTIONAL EXTRAS (2) optional with additional premium			PREMIUM	R
Car Radio – Make & Model:	S/No.	Value:		
Cell Car Kit – Make & Model:	S/No.	Value:		
Extras : (eg. Mags, Aircon, etc.)	Value:			
	Value:			
	Value:			

UNDERWRITING INFORMATION (2)				
Type of Cover:	Comprehensive	Third Party Fire & Theft	Third Party only	
Class of use:	Strictly Private	Professional	Business	
Is the vehicle fitted with a Security System installed by the vehicle manufacturers (VSS compliant)	Yes		No	
Is the vehicle fitted with a VESA/SAIA approved:	Yes		No	
- Immobiliser	Yes		No	
- Gearlock	Yes		No	
- Tracking and recovery device (If YES, attach a copy of the Certificate)	Yes		No	
Is the vehicle secured overnight:	Garaged	Behind locked gates	Car Port	
Is the vehicle:	Turbo Charged	Cabriolet	Imported	Modified
If modified, explain:				

CAR HIRE (2) optional with additional premium			
Car Hire: Limited – Total Loss and Theft only	Yes	No	PREMIUM: R
Car Hire: Full – Partial Damage, Total Loss and Theft	Yes	No	PREMIUM: R

Debit Order Form

SURNAME AND FIRST NAMES OF ACCOUNT HOLDER (If payer is a Company, state name of Company in full)	
ADDRESS OF ACCOUNT HOLDER	
INSTITUTION AND BRANCH WHERE ABOVE ACCOUNT IS CONDUCTED	
BRANCH CLEARING CODE	
ACCOUNT NUMBER	
TYPE OF ACCOUNT i.e. Current, Transmission or Savings	

Notes:

1. Monthly Premium payments are paid in advance i.e. on the first working day of the month for that month.
2. Monthly premiums are collected on the first working day of each month.

I/We hereby authorise Lion's Head Insurance Brokers (Pty) Ltd and/or Eagle Scape (Pty) Ltd, to draw on my/our account (wherever it may be) at the abovementioned institution, in any manner agreed on between Lion's Head Insurance Brokers (Pty) Ltd and/or Eagle Scape (Pty) Ltd, the amount of the premium payable and I/we request the aforesaid institution to debit my account with all debits drawn against it by Lion's Head Insurance Brokers (Pty) Ltd and/or Eagle Scape (Pty) Ltd.

SIGNATURE OF ACCOUNT HOLDER

DATE

DECLARATION

I hereby warrant that all the above particulars and statements are true and complete and contain all information known to me affecting the risks under the sections insured and that this and any written statement made by me or on my behalf for the purpose of the proposed insurance(s) shall be the basis of and incorporated in the contract between me and Lion's Head Insurance Brokers cc.

SIGNATURE OF PROPOSER

DATE

NB: No liability will attach to Lion's Head Insurance Brokers (Pty) Ltd until this proposal has been accepted.