

EXECUTIVE HOME COVER

QUESTIONNAIRE FOR QUOTATION PURPOSES



This quote is valid for 14 days from date of issue

Broker	Contact (<i>initials & surname</i>)			Date
	Tel No.	Fax No.	E-mail	
Insured	Surname	Initials	ID/Passport No.	Date of Birth
	Policy No (<i>If existing client</i>)	Mobile No.	Occupation	
Risk Address				Code

Home Details			
Wall Construction		Roof construction (<i>If thatch please complete additional questionnaire</i>)	
Any section used for business purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Residence Type Main Residence <input type="checkbox"/> Cottage <input type="checkbox"/> Holiday Home <input type="checkbox"/> Other <input type="checkbox"/>	Any part of house let out for B&B purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Security measures Alarm & armed response <input type="checkbox"/> Bars & gates <input type="checkbox"/> Armed guards <input type="checkbox"/> Secure Estate <input type="checkbox"/> <i>(If yes, please complete additional questionnaire)</i>
Unoccupied more than 60 days? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of rooms?	
Do you own this property? Yes <input type="checkbox"/> No <input type="checkbox"/>		Detached cottages? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sums Insured				Optional Benefits
Buildings	R	Contents (<i>Including valuables</i>)	R	Average waiver benefit required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Main Home		Specified valuables		Subsidence & landslip cover required? <i>(If yes, please complete additional questionnaire)</i>
Outbuildings		B&B Contents		
Total		Total		Yes <input type="checkbox"/> No <input type="checkbox"/>
		All Risks (<i>no item limit</i>)		Home assist cover
		1. Unspecified		Yes <input type="checkbox"/> No <input type="checkbox"/>
		2. Specified (attach list of specified items):		

CPT
PHONE +27 21 525 6200 **FAX** +27 21 525 6300
ADDRESS Block A & B Edison Square Cnr. Edison Way
 & Century Avenue Century City
POSTAL PO Box 84 Century City 7446

DBN
PHONE +27 31 275 8600 **FAX** +27 31 265 1719
ADDRESS Viewz 11 The Boulevard, Westway Office Park,
 Westville 3630
POSTAL PO Box 2725, Westway 3630

JHB
PHONE +27 11 560 0600 **FAX** +27 11 327 1710
ADDRESS MUA House, 26 Sturdee Avenue,
 Rosebank, Johannesburg 2196
POSTAL PO Box 131152, Bryanston 2021

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Claims History *(Please provide details of any losses in the last 3 years)*

Date of Event	Description of Event	Amount Claimed
Has any insurer ever refused, cancelled or declined to renew any policy held by you? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please provide details:		
Current Insurers	Renewal Date	Current CFG

General

- This quotation is inclusive of VAT, SASRIA but excludes broker fees.
- This quotation is subject to the terms, exceptions, conditions, limits of indemnity and standard excesses of the company's standard home policy
- No basic excess for insured persons over the age of 55, on any section of our home policies

Name & Surname	Signature	Date
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