



Application for Internet Monthly Domestic Insurance Policy

Agency/broker _____ Agency number _____

Important Notes

- 1. Please print in BLOCK LETTERS
- 2. No policy is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.
- 3. Please tick (✓) the applicable blocks for yes/no answers.
- 4. If insufficient space is available on the form please provide answers on a separate sheet.

Cover is available for all the following classes of insurance. Please tick (✓) the classes you require insurance cover on and complete the relevant sections in the application form. No proposal is required for SASRIA as we purchase this on your behalf.

1 Cover required

Section: Buildings All Risks Public Liability Personal Accident Extended Liability
 Section: Contents Computer Equipment Motor Pleasurecraft Legal Plan

2 Personal details

First name(s) _____ Surname _____
 Identity No. _____ Date of birth _____
 Occupation _____
 Postal address _____
 _____ Post code _____
 Telephone No.: Work _____ Home _____ Cell _____
 Other: Fax _____ e-mail _____
 Date cover required from: _____ Language preference E A

3 General information

1. Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms? Yes No
 If "Yes", give details. _____

Type of loss (Fire, Motor, Accident, Burglary, etc.)	Year	Amount paid (Approx.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do you intend going on holiday within the next two months? Yes No
 If "Yes", give details. _____

4. Will the premises be left vacant for longer than 60 days in any calendar year? Yes No
 If "Yes", give details. _____

3 General information (continued)

5. Is the residence occupied during the day?
If "Yes", by whom? Yes No

6. Is any part of the premises used for business purposes?
If "Yes", give details. Yes No

7. Is the property isolated, e.g. on a plot or agricultural holding? Yes No

8. Pensioner information – tick if you are:
- a. Over 50 and still working
 - b. A bona fide pensioner
 - c. A bona fide pensioner living in a retirement village

4 Applicable to buildings and contents sections

In respect of property to be insured please state:

Details		Premises 1	Premises 2
Physical address			
		Postal Code	Postal Code
Construction	Walls		
	Roof		
Type of residence (tick)	House		
	Townhouse		
	Flat		
	High security villiage or complex*		
	Retirement villiage		
Occupied by you as (tick)	Owner		
	Tenant		

*A high security villiage or complex is defined as a complex that has security such as perimeter walling with razor coil or electrified fence on top of the perimeter wall, a manned security gate or access restricted by an intercom, remote control or register at the gate, security patrols and security lighting.

5 Buildings section

"Building" is defined as the private residence, all garages and outbuildings; brick, concrete or tar driveways, paths or patios; walls, gates and fences (other than hedges); tennis and squash courts; structure or fabric of swimming pools, sauna or spa baths and bore hole pumps situated at the address stated in the schedule.

Sum insured (current replacement cost) Premises 1 Premises 2
R _____ R _____

6 Contents section

The completion of the inventory form on the last page of this application will assist in establishing correct current replacement cost of contents.

Details	Premises 1	Premises 2
Sum insured (current replacement cost)	R _____	R _____
Are you entitled to a claim free discount?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", name the company and attach proof of discount		
Are all opening windows protected by burglar proofing?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

6 Contents section continued

Details

Are external doors protected in any way other than their normal devices?

Are all external doors fitted with security gates?

Are the premises alarmed? If "Yes"

Do you have armed response and a maintenance contract?

Name of your service provider

Premises 1

Yes No

Yes No

Yes No

Yes No

Premises 2

Yes No

Yes No

Yes No

Yes No

7 All risks section

Item	Description	Sum Insured
1	Unspecified items Personal effects and clothing normally worn or carried by you. Limit any one item (other than clothing) - 20% of the total sum insured. This item excludes the following which can be individually specified: contact lenses, pedal cycles, cellular telephones, firearms, car sound systems, portable radios, tape decks, compact disc players, pagers, audio or video tapes or compact discs / DVDs.	R
2		R
3		R
4		R
5		R
6		R
7		R
8		R
9		R
10		R
11		R
12		R
13		R
14		R
15		R

Notes: 1. Attach valuation certificates for items of specified jewellery.
2. Where applicable, include serial numbers of specified items.
3. Describe items as fully and accurately as possible.

8 Computer equipment section

Item	Description	Sum Insured
1		R
2		R
3		R
4		R
5		R
6		R
7		R
8		R
9		R
10		R
11		R
12		R

Do you require cover for reinstatement of data?

Yes No

If "Yes" state the amount to be insured (NB Minimum R1,000)

R _____

9 General liability section

Tick limit of indemnity required. Note that this cover is compulsory if you want to purchase extended liability cover.

- R1,000,000
- R2,000,000
- R3,000,000
- R5,000,000

10 Motor section

A. Applicable to motor cars and light delivery vehicles

Details	Vehicle 1	Vehicle 2
Make		
Model		
Year of manufacture / first registration		
Colour	<input type="radio"/> Beige <input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Bronze <input type="radio"/> Burgundy <input type="radio"/> Cerise <input type="radio"/> Champagne <input type="radio"/> Charcoal <input type="radio"/> Copper <input type="radio"/> Cream <input type="radio"/> Gold <input type="radio"/> Green <input type="radio"/> Grey <input type="radio"/> Ivory <input type="radio"/> Jade <input type="radio"/> Maroon <input type="radio"/> Mustard <input type="radio"/> Orange <input type="radio"/> Pink <input type="radio"/> Purple <input type="radio"/> Red <input type="radio"/> Silver <input type="radio"/> Tan <input type="radio"/> Turquoise <input type="radio"/> White <input type="radio"/> Yellow	<input type="radio"/> Beige <input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Bronze <input type="radio"/> Burgundy <input type="radio"/> Cerise <input type="radio"/> Champagne <input type="radio"/> Charcoal <input type="radio"/> Copper <input type="radio"/> Cream <input type="radio"/> Gold <input type="radio"/> Green <input type="radio"/> Grey <input type="radio"/> Ivory <input type="radio"/> Jade <input type="radio"/> Maroon <input type="radio"/> Mustard <input type="radio"/> Orange <input type="radio"/> Pink <input type="radio"/> Purple <input type="radio"/> Red <input type="radio"/> Silver <input type="radio"/> Tan <input type="radio"/> Turquoise <input type="radio"/> White <input type="radio"/> Yellow
Overnight parking	<input type="radio"/> Carport <input type="radio"/> Locked carport <input type="radio"/> Lockup garage <input type="radio"/> Behind locked gates <input type="radio"/> In the open <input type="radio"/> Secure parking garage	<input type="radio"/> Carport <input type="radio"/> Locked carport <input type="radio"/> Lockup garage <input type="radio"/> Behind locked gates <input type="radio"/> In the open <input type="radio"/> Secure parking garage
Limit of indemnity (retail value)	R	R
Details of any financial interest		
Is credit shortfall cover required? (load value above)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
No of claims in the past year	<input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three or more	<input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three or more
Estimated annual kilometres travelled	<input type="radio"/> up to 10,000 <input type="radio"/> 10,001 to 15,000 <input type="radio"/> 15,001 to 20,000 <input type="radio"/> 20,001 to 25,000 <input type="radio"/> 25,001 to 30,000 <input type="radio"/> 30,001 to 40,000 <input type="radio"/> 40,001 to 50,000 <input type="radio"/> Over 50,000	<input type="radio"/> up to 10,000 <input type="radio"/> 10,001 to 15,000 <input type="radio"/> 15,001 to 20,000 <input type="radio"/> 20,001 to 25,000 <input type="radio"/> 25,001 to 30,000 <input type="radio"/> 30,001 to 40,000 <input type="radio"/> 40,001 to 50,000 <input type="radio"/> Over 50,000
Details of usual driver	First name(s)	First name(s)
	Surname	Surname
	Date of birth	Date of birth
SA citizen?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", provide ID number		
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female

10 Motor section continued

If "Yes", give details

Details	Vehicle 1	Vehicle 2
Marital status	<input type="radio"/> Cohabitant <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widow <input type="radio"/> Widower	<input type="radio"/> Cohabitant <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widow <input type="radio"/> Widower
Date of issue of driver's licence and code		
Details of any driving offences		
Details of any disabilities		
Is the vehicle to be driven by any person under 25 years of age, or who has held a valid driver's licence for less than two years	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Registration No. of vehicle		
Protections	<input type="radio"/> None <input type="radio"/> Alarm <input type="radio"/> Immobiliser <input type="radio"/> Gearlock <input type="radio"/> Tracking <input type="radio"/> Recovery ID	<input type="radio"/> None <input type="radio"/> Alarm <input type="radio"/> Immobiliser <input type="radio"/> Gearlock <input type="radio"/> Tracking <input type="radio"/> Recovery ID
If a tracking device is fitted, state		
Name of system and model		
Device serial number		
Installation date		
Cover required	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire & theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire & theft <input type="radio"/> Third party only
Claim free group per previous insurer (provide proof)		
Class of use (see below for descriptions)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
A. Private and business use: Social, domestic, pleasure purposes including travel to and from place of business or profession without making business calls on the journey. B. Full business use: Social, domestic, pleasure, business and professional purposes. C. Private use only: Social, domestic and pleasure purposes only.		
Engine number		
VIN / Chassis number		
Name of registered owner of the vehicle		
Is the vehicle modified or specially imported?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", give details		

10 Motor section continued

Details	Vehicle 1	Vehicle 2
Is the vehicle an imported model?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", give details		
Who is to drive the vehicle?	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only
Do you require car hire cover?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Schedule of specified accessories to be covered:

Item	Description	Vehicle 1	Vehicle 2
1			
2			
3			
4			
5			

B. Applicable to motor cycles

Details	Vehicle 1	Vehicle 2
Make		
Model and engine cubic capacity		
Year of manufacture / first registration		
Limit of indemnity (retail value)		
Is credit shortfall cover required? (If so, load value above)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Details of any financial interest		
Details of usual rider		
First name(s)		
Surname		
Date of birth		
SA citizen?		
If "Yes", provide ID number		
Date of issue of rider's licence and code		
Details of any driving offences		
Details of any disabilities		
Registration number of motorcycle		
Cover required	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire & theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire & theft <input type="radio"/> Third party only
Claim free group per previous insurer (provide proof)		
Class of use (see below for descriptions)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
A. Private and business use: Social, domestic, pleasure purposes including travel to and from place of business or profession without making business calls on the journey. B. Full business use: Social, domestic, pleasure, business and professional purposes. C. Private use only: Social, domestic and pleasure purposes only.		
Engine number		
VIN / Chassis number		
Name of registered owner of the vehicle		

10 Motor section continued

Details	Vehicle 1	Vehicle 2
Is the motorcycle an imported model?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", give details		
If a tracking device is fitted, state		
Tracking system and model		
Device serial number		
Installation date		
Who is to ride the motorcycle?	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only
Is the motorcycle an imported model?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

C. Applicable to caravans and trailers

Type: Caravan or trailer		
Make		
Model and engine cubic capacity		
Year of manufacture / first registration		
Limit of indemnity (retail value)	R	R
Is credit shortfall cover required? (If so, load value above)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Details of any financial interest		
Name of registered owner		
Claim free group per previous insurer (provide proof)		
Are any security devices fitted?		
If "Yes", what type?		
If a tracking device is fitted, state		
Tracking system and model		
Device serial number		
Installation date		
Registration number of caravan or trailer		
Cover required	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire & theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire & theft <input type="radio"/> Third party only
VIN / chassis number		
Is the unit modified or specially imported?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", give details		
Is the unit an imported model?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", give details		
Where is the unit normally kept?		

Schedule of non-factory-fitted accessories to be covered:

Item	Description	Vehicle 1	Vehicle 2
1		R	R
2		R	R
3		R	R
4		R	R

13 Pleasurecraft section**1. General**

Please state name of vessel _____

Type of vessel _____

Where the vessel will be used - NB Max. Sea use = 80 km from shore Inland only Inland and Sea

Where the vessel is usually stored _____

Construction of the hull _____

Year of manufacture _____ Serial number _____

Claim free group per previous insurer (provide proof) _____

Length of vessel (delete inapplicable) _____ Measurement _____ Metres / Feet

Is there an auxiliary motor (applicable to wind vessels)? Yes No

Design speed with current motors (delete inapplicable) _____ Knots / Km per hour

Does the vessel have a glitter finish? Yes No

Was the vessel amateur-built or was it a conversion? _____

Name and address of builder _____
(or dealer if professionally built) _____

Skipper's experience _____ years and qualification (if any) _____

Liability

The standard limit of liability provided is R500,000. If you require more cover, state amount R _____

This excludes water-skiers liability. Do you require water-skiers liability? Yes No**2. Do you require the following extensions?**Road / rail transit Yes NoSubmerged objects – applicable to motorised vessels only Yes NoRacing risks – applicable to yachts only Yes No

If "Yes", state value of masts, spars, standing and running rigging, and the year these were purchased

R _____ Year _____

3. Schedule of items (complete only those items for which you require cover)

Hull, inboard machinery and gear (excluding equipment - see below) R _____

Outboard motor(s): Make and Horsepower	Serial number	Value
1.		R
2.		R
3.		R

Dinghy to parent vessel (detail outboard motor above) R _____

Trailer: Make and model	Registration number	Value
1.		R
2.		R

Special equipment (list all equipment on board for which cover is required)	Value
1.	R
2.	R
3.	R
4.	R
5.	R
6.	R
7.	R
8.	R
9.	R

14 Extended liability section

Tick limit of indemnity required. Please note that this cover cannot be purchased without General Liability

- R10,000,000
- R20,000,000

15 Legal plan section

Tick limit of indemnity required.

- R10,000
- R20,000
- R40,000
- R70,000

16 Monthly debit order authority

The information required below is to enable your monthly premiums to be debited to your bank or transmission account. To validate cheque/current account information please attach a cancelled cheque. Important: if you change your bank account please advise the Company immediately and forward a cancelled cheque from your new cheque book or advise details of your new transmission account. Please note that we are unable to debit from a savings account.

I hereby declare that Zurich Insurance Company South Africa Limited is authorised to debit the monthly premium to my bank account stated below and to adjust such debit as necessary due to changes in cover, risk, sums insured or premiums.

Name of bank

Branch name

Branch number

Account number

Name of account

Type of account

17 Declaration

Consent to information sharing

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between Zurich Insurance Company South Africa Limited and myself.

Signed at this day of

Applicant's signature

19 Contents inventory at new replacement value

Bedroom	1	2	3	4	Study/Workroom	
Bed, mattresses					Bed, mattresses	
Bedside radios					Bedside radios	
Tables, chairs, wardrobes					Tables, chairs, wardrobes	
Curtains, loose carpets					Curtains, loose carpets	
Paintings, ornaments					Paintings, ornaments	
Linen, blankets, bedding					Linen, blankets, bedding	
Clothing, footwear					Clothing, footwear	
Furs, jewellery					Furs, jewellery	
Lamps					Lamps	
Toys					Toys	
TV set, video, hi-fi					TV set, video, hi-fi	
Other					Other	
Total R					Total R	

Bathroom/Toilet	1	2	Passage/Entrance hall		Laundry	
Curtains, loose carpets			Tables, chairs		Washing machine	
Towels, linen			Curtains, loose carpets		Tumble drier	
Shaving equipment			Paintings, ornaments		Iron/ironing board	
Hair dryer			Household heaters		Curtains	
Toiletries			Linen stored		Linen stored	
Other			Other		Other	
Total R			Total R		Total R	

Lounge		Family Room		Dining Room	
Lounge suite		TV/Video/video games/DVD		Dresser, sideboard	
TV/Video/video games/DVD		Hi-fi/tape deck/CD player		Tables, chairs	
Hi-fi/tape deck/CD player		Records/tapes/CDs/DVDs		Crockery, glassware	
Records/tapes/CDs/DVDs		Tables, chairs		Cutlery, silverware	
Display cabinet, articles		Curtains, loose carpets		Reading lamps	
Tables, chairs		Paintings, ornaments		Display articles	
Curtains, loose carpets		Musical instruments		Hot tray	
Paintings, ornaments		Reading lamps		Curtains, loose carpets	
Reading lamps		Liquor, glassware		Paintings, ornaments	
Liquor, glassware		Other		Tea trolley	
Other				Other	
Total R		Total R		Total R	

Kitchen		Garage/Workshop		Domestic employee	
Fridge/freezer and contents		Power/hand tools		Bed, mattress	
Dishwasher		Workbench, vice		Wardrobe	
Mixer, blender		Bicycles		Table, chairs	
Vacuum, polisher		Lawnmower, roller		Curtains, loose carpets	
Electrical appliances		Garden furniture		Paintings, ornaments	
Cutlery, crockery, glassware		Garden implements		Linen, blankets, bedding	
Furniture, curtains		Braai equipment		Clothing, footwear	
Groceries		Camping equipment		Radio, TV, Video	
Utensils		Swimming pool equip.		Other	
Microwave oven		Welding equipment		Other	
Other		Other		Other	
Total R		Total R		Total R	

Grand Total R