



PROPOSAL FORM

Broker:	Inception date:
Full name of proposer / Legal entity	
ID or Passport No.	
Occupation	
Date of Birth:	
Physical address and code	
Postal address and code	
Email:	Business tel.:
Home tel:	Mobile tel.
Co-insured Full name	
Co-insured ID or Passport No.	
Co-insured Occupation	

Cover required

Cover is available for the following classes of insurance. Please () the classes you require insurance cover on and complete the relevant sections in the application form.

Buildings (Home)	Motor Cycles	
Household Contents	Caravan/Trailers	
Specific Items (All Risks)	Personal Legal Responsibility	
Personal Computer Equipment	Extended Personal Legal Responsibility	
Motor Vehicles	Personal Accident	
Watercraft	Assist	
Car Hire	Excess Buy Down	

General information

Previous insurance?		
If yes, give full details i.e. name of insurer, policy number, inception and cancellation date(s)		
Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?		
Give details of all losses or claims suffered in the last 3 years (whether insured or not)		
Type of loss (fire, motor, accident, burglary, etc.	Year	Amount paid (approximate)

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Risk Details

Risk Address:			
Wall construction:		Rood construction:	
Dwelling type (please specify)			
Is the building and its outbuildings subject to?		<input type="checkbox"/> -renovations <input type="checkbox"/> -rented out? <input type="checkbox"/> -used for business purposes? <input type="checkbox"/> -subject to interest of 3 rd party?	
Unoccupied for more than 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Security

Burglar bars on all opening windows	<input type="checkbox"/>	Security gates on all external doors	<input type="checkbox"/>
Wall construction:	<input type="checkbox"/>	Rood construction:	<input type="checkbox"/>
Perimeter wall:	<input type="checkbox"/>	24-hour security	<input type="checkbox"/>
Linked alarm	<input type="checkbox"/>	Secure complex	<input type="checkbox"/>
Electric fence	<input type="checkbox"/>	Armed guards	<input type="checkbox"/>

Cover details

Buildings					
Main home	<input type="checkbox"/>	R	Accidental damage	<input type="checkbox"/>	R
Outbuildings	<input type="checkbox"/>	R	Geyser	<input type="checkbox"/>	R
Breakdown of fixed machinery	<input type="checkbox"/>	R	Power surge	<input type="checkbox"/>	R
Subsidence and landslip cover	<input type="checkbox"/>	No			
	<input type="checkbox"/>	Yes			

Household Contents Section						
Sum Insured	<input type="checkbox"/>	R	Accidental damage	<input type="checkbox"/>	R	
No claim bonus (attach proof)	<input type="checkbox"/>		Electrical and mechanical breakdown	<input type="checkbox"/>	R	
Subsidence and landslip cover	<input type="checkbox"/>	No	Power surge	<input type="checkbox"/>	R	
	<input type="checkbox"/>	Yes				
Unspecified AI Risk items			R			
Specified All Risk Items						
1.					<input type="checkbox"/>	R
2.					<input type="checkbox"/>	R



3.	R
4.	R
Notes 1. Attach valuation certificates for items such as specified jewellery (exceeding R5,000) and include photographs if available. 2. Where applicable, include serial numbers of specified items. 3. Describe items as fully and accurately as possible.	

Personal Computer Equipment Section	
1.	R
2.	R
3.	R
4.	R

Motor Vehicle Section			
Details	Vehicle 1	Vehicle 2	
Year of manufacture			
Make and model			
Mead & McGrouther Code			
Maximum amount of cover (retail value)	R	R	
Type of cover	Comprehensive	Comprehensive	
	Third party, fire and theft	Third party, fire and theft	
	Third party only	Third party only	
	Comprehensive excluding theft	Comprehensive excluding theft	
Class of use			
Registration number			
Vehicle identification number			
Engine number			
Financial interest			
Claim free group			
Overnight parking			
Security protection			
Tracking device (certificate required)			
Registered owner:			
Name and Surname			
Identity number			
Principal driver details:			
Name and Surname			
Identity number			
Gender			
Marital Status			
Additional drivers (Name, surname and identity number)			



1.		
2.		
3.		
Vehicle accessories (post manufacturing)		
1.	R	R
2.	R	R
3.	R	R
4.	R	R
Credit Shortfall	R	R
Voluntary excess		
Car Hire (30days)	Group B	Group B
	Group D	Group D
	Group M	Group M
	Group H	Group H
	Group W	Group W

Motor Cycle Section		
Details	Motorcycle 1	Motorcycle 2
Quad or off road	Yes	Yes
	No	No
Year of manufacture		
Make and model		
Mead & McGruther Code		
Maximum amount of cover (retail value)	R	R
Type of cover	Comprehensive	Comprehensive
	Third party, fire and theft	Third party, fire and theft
	Third party only	Third party only
Class of use		
Engine capacity		
Imported or modified	Yes	Yes
	No	No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking		
Registered owner:		
Name and Surname		
Identity number		
Principal driver details:		
Name and Surname		
Identity number		



Gender		
Marital Status		
Additional drivers (Name, surname and identity number)		
1.		
2.		
3.		
Vehicle accessories (post manufacturing)		
2.	R	R
2.	R	R
3.	R	R
4.	R	R
Credit Shortfall	R	R

Caravan/Trailer Section			
Details	Caravan/Trailer 1		Caravan/Trailer 2
Year of manufacture			
Make and model			
Maximum amount of cover (retail value)	R		R
Type of cover	Comprehensive		Comprehensive
	Third party, fire and theft		Third party, fire and theft
	Third party only		Third party only
Class of use			
Imported or modified	Yes		Yes
	No		No
Registration number			
Vehicle identification number			
Engine number			
Financial interest			
Claim free group			
Overnight parking			
Credit Shortfall	R		R

Personal Accident Section			
Insured person			
Name and surname			
Identity number			
Occupation			
Specific circumstances covered	Covered		Maximum amount of cover
Death			
Permanent total disablement (PTD)	Yes	No	R



Temporary total disablement (TTD) per week	Yes		No		R
TTD not exceeding 104 weeks	Yes		No		R
Additional medical expenses (medical certificate required)	Yes		No		R

Watercraft Section					
Vessel name			Vessel type		
Inland waters only?		Yes	Inland and coastal waters?		Yes
		No			No
Hull construction:		Year of manufacture:			
Vessel length:		Design speed:			
Auxiliary motors:		Glitter:			
Claim free group:		Class of use:			
Hull:	R	Trailer:		R	
Trailer description:		Trailer registration number:			
Dinghy:	R	Auxiliary motor (yachts)		R	
Special equipment items description					
1.				R	
2.				R	
Make and model:			Year:		
Serial number:			Total maximum amount of cover for watercraft section: R		

Debit order authorisation

I hereby authorise Blue Realm t/as Blue to debit my bank account at	
Bank name:	Branch:
Branch code:	Account type:
Account number:	Account Type:
Name of Account Holder:	
Signature:	Date:

Warranty and information sharing

<p>I hereby warrant that the above information, facts and statements given by me are true and complete and contain all relevant information known to me which affects the assessment of the risk to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of the contract between the Insurance Company Limited, as represented by Blue, and myself. I agree to accept the insurance on the terms, conditions and requirements stated in the policy.</p> <p>Information Sharing Declaration It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.</p> <p>In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to</p>
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<ul style="list-style-type: none">• accept that it is in the public interest for insurers to share insurance information (including credit information);• consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;• accept that any information provided to the insurer may be stored in a shared database;• consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so; and• accept that this information may be checked against other legal sources or databases.	
Signature	Date