



BAY UNION

FSP NO - 12235

DOMESTIC PROPOSAL FORM

FULL NAMES OF PROPOSER: _____

POSTAL ADDRESS _____ CODE _____

RESIDENTIAL ADDRESS _____

_____ CODE _____

OCCUPATION _____ I.D. No. _____

TEL NO (H) _____ (W) _____ (CELL) _____

FAX NO _____ E-MAIL ADDRESS _____

COMMENCEMENT DATE _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER

It is a requirement that all facts material to the risks proposed for are given to the Insurance Company and that the questions on this form are answered correctly and in detail.

Give details of your previous insurance including policy number _____

Give details of all losses or claims that have occurred in the last 5 years caused by any of the perils now proposed to be insured _____

Has any insurer or underwriter ever declined to accept or refused to renew or imposed any special terms for any of the insurance for which this proposal is being made? If so please give full details

DEBIT ORDER AUTHORITY

Payor's Name _____ Bank/Building Society _____

Branch _____ Clearing Code _____

Account Number _____ Type of Account _____

I hereby grant permission for Bay Union to arrange to withdraw from my bank or building society account the monthly premium due in terms of the policy (including any amendments that may be made during the life of the policy) in accordance with the debit order system.

HOUSEOWNERS INSURANCE

(The building of the private residence)
subject to reinstatement value conditions

Building and Fittings of the Private Dwelling House, Outbuildings, Swimming Pool, Walls, Gates & Fences. Incl. the cost of demolition, architects, quantity surveyors and consulting engineers fees.

Sum Insured: _____

Situation of Building _____

HOUSEHOLDERS INSURANCE

(The contents of the private residence – household goods and personal effects of every description)
subject to reinstatement value conditions

Sum Insured: R _____

Situation of Residence _____

ALL RISKS INSURANCE

- 1. Wearing Apparel & Personal Effects R _____
- 2. R _____
- 3. R _____
- 4. R _____
- 5. R _____
- 6. R _____
- 7. R _____
- 8. R _____
- 9. R _____
- 10. R _____

Please provide a full description of items to be covered as well as Valuation Certificates & Invoices

PERSONAL LIABILITY

Personal Liability insurance is only applicable to policies where the Householders Section applies

Limit of Indemnity: R _____

PERSONAL ACCIDENT INSURANCE

BENEFIT

- Death R _____
- Permanent Total Disablement R _____
- Temporary Total Disablement (for 104 weeks) R _____
- Medical Expenses R _____

MOTOR VEHICLE INSURANCE

Bakkies used for the carriage of goods for trade purposes are not eligible for insurance under this policy.

Vehicle Details:

Written proof of CFG is required

	Vehicle 1	Vehicle 2	Vehicle 3
Make	_____	_____	_____
Model	_____	_____	_____
Year of Manufacture	_____	_____	_____
Registration Number	_____	_____	_____
Engine Number	_____	_____	_____
Value	_____	_____	_____
Class of Use	_____	_____	_____
Cover	_____	_____	_____
Claim Free Group	_____	_____	_____
Name of Driver	_____	_____	_____
Date of Birth	_____	_____	_____
Occupation	_____	_____	_____
Colour of Vehicle	_____	_____	_____

Motor Insurance Questions to be Answered:

1. Is the vehicle subject to a finance agreement? If yes, please give name of Finance Company

2. Name Registered Owner _____
3. Have the vehicles been modified in any way? If yes, give details

4. Vehicles are required to be fitted with approved anti-theft devices. Please give details and furnish certificates of proof

5. Where are the vehicles normally parked? Night _____ Day _____
6. Will the vehicle be driven by any person under the age of 25 Years? If yes please give details

7. Do any of the drivers have any Physical Defects? _____
8. Have any of the Drivers had any Criminal Convictions? _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER

1. Description of Private Residence
 - a) Private House _____
 - b) Housing Complex _____
 - c) Ground Floor Flat _____
 - d) Above Ground Floor Flat (Please give floor) _____
 - e) Other _____
2. Construction of Building: Walls _____ Roof _____
3. Apart from yourself and your immediate family does any one else reside in the residence with you. _____
4. Is it likely that the residence will be left unoccupied for more than 60 days in any one year?

5. Is your home occupied during the day, and if so by whom? _____
6. Is your home protected by a Burglar Alarm System? _____
Is it Monitored with an Armed Response? _____
If yes, please name the company _____
7. Do you have a Safe secured to the building for the security of valuables? _____
8. Do you have Burglar Guards on all opening windows including Louvres? _____
9. Do you have Security Gates on all external doors? _____
10. What precautions do you take for the protection of the property during absence of more than 24 hours? _____
11. Are any of the outbuildings of different construction to the Main Dwelling? _____

DECLARATION

I hereby declare that all particulars and answers in this proposal and specification are true and complete in every respect and that no material fact has been withheld.

SIGNATURE: _____

DATE: _____