

Contact Details
 Tel: 082 601 8288
 Fax: 086 498 1683
 FSP 47088
 www.certainure.co.za



Physical Address
 2 Carlisle Close
 West Beach
 Cape Town
 7441

Personal Insurance Policy

Application Form

Broker Details	
Agency/broker	
Inception Date	
Personal Details	
First name(s)	
Surname	
Identity number	
Date of birth	
Postal address	
	Postal code
Physical address	
	Postal code
Insured's occupation or business	
Contact details	
Telephone number (work)	
Telephone number (home)	
Telephone number (cell)	
Fax number	
Email address	

Co-insured	
First name(s)	
Surname	
Identity number	
Date of birth	
Postal address	
	Postal code
Co-insured's occupation or business	
Contact details	
Telephone number (work)	
Telephone number (home)	
Telephone number (cell)	
Email address	
General Information	
Previous insurance?	Yes No
If yes, give full details, i.e. name of insurer, policy number, inception and cancellation date(s)	

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Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?			Yes	No
If yes, give full details				
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)		
Do you intend going on holiday within the next two months?			Yes	No
If yes, give full details				
Will the premises be left vacant for longer than 60 days in any calendar year?			Yes	No
If yes, give full details				
Is the premises occupied during the day?			Yes	No
If yes, by whom?				
Is any part of the premises used for business purposes?			Yes	No
If yes, give full details				
Is the property isolated, e.g. on a plot or agricultural holding(s)?			Yes	No
If yes, the Plot Questionnaire is to be completed				
Pensioner information (mark appropriate)				
Not a pensioner	Pensioner over 55			
Employed over 50	Pensioner in retirement village			
Will the premises be unoccupied during the year (mark appropriate)				
More than 60 days	90 days	120 days	150 days	
180 days	210 days	240 days	270 days	
Buildings (Home) and Household Contents Sections				
In respect of property to be insured please state				
Details		Premises 1	Premises 2	
Physical address				
		Postal code	Postal code	
Construction	Walls: Standard or non-standard			
	Roof:			

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	Standard or non-standard If thatch, the Questionnaire is to be completed		
Dwelling type (please specify)	Cluster home		
	Private dwelling home		
	Farm dwelling		
	Flat/apartment		
	Retirement village'		
	Simplex/duplex		
	Holiday home		
	Townhouse		

Details		Premises 1		Premises 2	
Occupied by you as		Owner		Owner	
		Tenant		Tenant	
Security protections requirements	Burglar bars on all opening windows	Yes	NO	Yes	NO
	Security gates on all opening doors	Yes	NO	Yes	NO
	Alarm with armed response	Yes	NO	Yes	NO
	If yes, is a maintenance contract in place?	Yes	NO	Yes	NO
	Name of security service provider				
	Secure complex/retirement village	Yes	NO	Yes	NO

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Buildings (Home) Section			
Building (Home) 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.			
Interest noted (mortgagee)			
Details	Premises 1		Premises 2
Sum insured	R		R
Optional cover			Maximum amount of cover
Accidental damage not otherwise insured	Yes	NO	R
Optional- Minimum R5,000; Maximum R100,000			
Breakdown of fixed machinery	Yes	NO	R
Optional- Minimum R5,000; Maximum R100,000			
Additional power surge (optional to limited cover)	Yes	NO	R
Optional- Minimum R5,000; Maximum R100,000			
Full subsidence and landslip	Yes	NO	R
(Geotechnical report required)			
Household 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	R		R
Are you entitled to a claim free discount?	Yes	No	Yes NO
If yes, name the company and attach proof of discount			
Business from home	Yes	NO	Yes NO
Limited to sum insured of R30 000			
Optional cover			Maximum amount of cover
Accidental damage not otherwise insured	Yes	No	R
Optional- Minimum R5,000; Maximum R 100,000			
Electrical and mechanical breakdown	Yes	NO	R
Optional - Minimum R5,000; Maximum :R1 00,000			
Additional power surge (optional to limited cover)	Yes	NO	R
Optional- Minimum R5,000; Maximum R100,000			
Subsidence and landslip	Yes	NO	R
(Geotechnical report required)			

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Details	Vehicle 1	Vehicle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Vehicle colour		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking
Security protection Yes NO	Alarm Gearlock Immobiliser Tracking device Recovery identification	Alarm Gearlock Immobiliser Tracking device Recovery identification
Tracking device Yes NO		
If yes, please give the following details and provide certificate		
Tracking device make and model		
Registered owner name and surname		
Identity number		
Main driver name and surname		
Date of licence issued and code of license		
Any license restrictions?		
Identity number		
Gender	Male Female	Male Female
Marital status	Cohabitant Divorced Married Single Separated Widower Widow	Cohabitant Divorced Married Single Separated Widower Widow
Additional driver restrictions?		
Additional drivers Yes No		
Name, surname and identity number		
1.		
2.		
3.		

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Details	Vehicle 1	Vehicle 2
Optional cover	Maximum amount of cover	Maximum amount of cover
Vehicle accessories (post manufacturing)		
Covered	Yes No	Yes No
Items description		
Tow bar Yes NO	R	R
Leather seats Yes NO	R	R
Bluetooth Yes NO	R	R
Other extras – Please specify		
Credit shortfall Yes NO (Comprehensive cover only)		
Excess waiver Yes NO		
Voluntary excess Yes NO	R	R
Optional cover extensions		
Car hire (30 days) Yes NO		
Motor Cycle Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	R	R
Type of cover	Comprehensive Third party, fire and theft Third party only	Comprehensive Third party, fire and theft Third party only
Class of use	A - Private	A - Private
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession.		
Engine capacity		
Imported or modified	Yes No	Yes No
Details	Cycle 1	Cycle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking

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Registered owner details				
Name and surname				
Identity number				
Main driver details				
Name and surname				
Identity number				
Date of issue of license and code of license				
Gender	Male	Female	Male	Female
Marital status	Cohabitant Divorced Married Single Separated Widower Widow		Cohabitant Divorced Married Single Separated Widower Widow	
Additional driver terms / restrictions?				
Additional drivers Yes NO				
Name, surname and identity number				
1.				
2.				
3.				
4.				
5.				
Optional cover	Maximum amount of cover		Maximum amount of cover	
Credit shortfall Yes No	R		R	
(Comprehensive cover only)				

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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 Third party, fire and theft Third party only	Comprehensive Third party, fire and theft Third party only
Class of use	A	A
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession.		
Imported or modified	Yes No	Yes NO
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking
Registered owner details		
Name and surname		
Identity number		
Optional cover	Maximum amount of cover	Maximum amount of cover
Credit shortfall (Comprehensive cover only)	Yes NO R	R
Personal Liability Section		
	Covered	Maximum amount of cover
Personal legal responsibility (Compulsory)	Yes NO	R5 000 000.00
Optional cover		
Business from home (included)	Yes NO	

Extended Liability Section		
	Covered	Maximum amount of cover
Extended personal legal responsibility	Yes No	R10,000,000 R20,000,000

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Personal Accident Section

Insured person		
Name and surname		
Identity number (Date of birth/passport number)		
Occupation		
Specific circumstances covered	Covered	Maximum amount of cover
Death	Yes NO	R
Permanent total disablement (PTD)	Yes NO	R
Temporary total disablement (TID) per week	Yes NO	R
TID not exceeding 104 weeks	Yes NO	R
Additional medical expenses (medical certificate required)	Yes No	R

Motor Personal Accident Section

Cover type	Any driver	Any passenger and driver	Named person(s)
If named person			
Name and surname			
Identity number			
Year of manufacture			
Make and model			
Registration number			
Number of units	Maximum amount of cover: Death and permanent total disablement		Maximum amount of cover: Medical expenses
1.	R250,000		R10,000
2.	R500,000		R20,000
3.	R750,000		R30,000
4.	R1,000,000		R40,000
5.	R1,250,000		R50,000
6.	R1,500,000		R60,000
7.	R1,750,000		R70,000
8.	R2,000,000		R80,000

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Watercraft Section			
Vessel name			
Vessel type			
Cruising range (Limited to South African territorial waters only- 12 nautical miles)			
	Inland waters only?	Yes	No
	Inland and coastal waters?	Yes	No
Will the vessel be used on inland waters only?	Yes	No	
If no, Questionnaire is to be completed.			
Hull construction			
Year of manufacturer			
Vessel length			
Unit of measure			
Design speed			
Auxiliary motors			
Glitter			
Claim free group			
Class of use	C		
C. Private use only: Social, domestic, pleasure purposes only.			
What is your boat handling experience as a skipper?			
Skipper certificate			
Specific items covered	Covered		Maximum amount of cover
Hull	Yes	No	R
Trailer	Yes	No	R
Trailer description			
Trailer registration number			
Dinghy	Yes	No	R
Auxiliary motor (yachts)	Yes	No	R
Special equipment	Yes	No	
Special equipment items description			Maximum amount of cover
1.			R
2.			R
Inboard	Yes	No	
Outboard	Yes	No	

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Outboard motor details		
Make and model		
Year		
Serial number		
Total maximum amount of cover for watercraft section	R	
Optional extension	Covered	Maximum amount of cover
Road or rail transit	Yes NO	R
Racing risk sails (yacht racing)	Yes No	R
Submerged objects	Yes NO	R
Third party additional sum insured (maximum limit up to R750,000)	Yes NO	R
Passenger additional sum insured (maximum limit up to R750,000)	Yes NO	R
Protection of Personal Information		
<p>The Protection of Personal Information Act 4 of 2013 ("PoPI") gives effect to your constitutional right to privacy in relation to safeguarding your personal information when processed by a responsible party, namely CertainSure Underwriting Managers PTY (Ltd). In this regard, you give consent to CertainSure to retain your personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract. Should you decide to cancel this insurance contract you further consent to CertainSure retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. CertainSure confirms its commitment to ensure that your information is kept confidential and has implemented appropriate measures to prevent loss, damage, unauthorized and unlawful access thereto. Should you, at any point, wish to revoke this consent/authorization, please contact your local CertainSure office or your broker who will contact CertainSure. The appropriate action will be taken in line with your request.</p>		
Monthly Debit Authority		
<p>I/We hereby request you to draw against my/our existing account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly amount due in respect of the undermentioned insurance.</p> <p>I/We agree that this proposal shall form the basis of the Insurance Contract</p>		
Inception date		
Bank		
Account Type		
Account number		
Branch code		
Account holder		
Debit order date		
<p>SIGNED ON THIS _____ DAY OF _____ 2017</p> <p>SIGNATURE OF INSURED:</p>		

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Declaration

I/We hereby declare all answers given in this proposal are true and complete to the best of my knowledge and all material facts have been declared.

The sums insured represents the full value of the property and that I understand underinsurance could result in a proportionately reduced claim payment.

I understand that cover is not effective until acceptance of this proposal has been confirmed by the insurer or my authorized intermediary.

I understand that a policy fee may be charged and such fee will be disclosed to me prior to the activation of the policy.

I understand that Certainure (PTY) Ltd FSP 47088 is an authorized financial services provider registered to sell Shortterm Commercial and Personal Lines products.

I understand, accept and authorize that an ITC credit check may be done on me and any applicant part of this proposal, and such check may influence the premium.

I further understand that any ITC checks and my personal information will be held strictly confidential, and will not be disseminated unless required by the insurance company or if they are compelled to release such information as ordered by a court of law within the Republic of South Africa.

I warrant that this proposal and declaration shall form the basis of the contract between me and the insurer and I will accept and abide by the terms and conditions.

I understand that incorrect or non-disclosure by myself of relevant facts may result in rejection of my claims. This includes any fact (or omission) which increase the risk of loss or damage and includes the facts indicating you may have financial problems etc.

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 service provider 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 recognized 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 Certainure Underwriting Managers PTY (Ltd) and myself.

SIGNED ON THIS _____ DAY OF _____ 2017

SIGNATURE OF INSURED: