Hollard.

DOMESTIC INSURANCE PROPOSAL FORM

PERSONAL DETAILS		
SURNAME	INITIALS	TITLE
ID NO.	DATE OF BIRTH	
MARITAL STATUS	OCCUPATION	
EMAIL	EMPLOYER	
TELEPHONE (H)		
(W)		
(C)		

ADDRESS
POSTAL
RESIDENTIAL

PERIOD OF INSURANCE				
INCEPTION DATE		FROM		TO
ANNUAL	☐	MONTHLY	☐	

SECTION 1 - ☐ HOUSEOWNERS (BUILDINGS)		
BUILDING DETAILS	BUILDING 1	BUILDING 2
STREET ADDRESS		
TYPE OF RESIDENCE		
Is the residence rented out?		
Construction of walls		
Roof construction		
Is the residence unoccupied?		
Period of unoccupancy?		
Do you require subsidence/landslip cover?		
Replacement Value		
Bond holder		

SECTION 2 - ☐ HOUSEHOLDERS (CONTENTS)		
BUILDING DETAILS	MAIN RESIDENCE	HOLIDAY HOME
SUM INSURED		
STREET ADDRESS		
Type of residence eg. Flat, (state which Floor) Townhouse etc.		
Use of residence		
Construction of walls		
Roof construction		
Is the residence rented out?		
Is the residence occupied during the day?		
Period of unoccupancy per annum?		
Do you utilise house sitters when you go on holiday?		
Do you keep dogs on the property?		
Are there burglar bars on all opening windows?		
Are there security gates in front of all external doors?		
Do you have an alarm system?		
Is the alarm linked to armed response?		
Provide name of armed response co. (Satisfactory proof must be attached)		
Do you have electronic gates?		
Is there an electric fence around the total perimeter of the property?		
Is the house situated in a high security complex?		
Is the house situated in a retirement village?		

SECTION 3 -☐ ALL RISKS	
UNSPECIFIED ITEMS / PERSONAL EFFECTS	
DESCRIPTION	**SUM INSURED**
Wearing apparel and personal effects. Individual items less than P1 000 limited to 25% of the Householders Sum Insured. Jewellery limited to 10% of Householders Sum Insured, unless specified.	

SPECIFIED ITEMS	SERIAL NO.	SUM INSURED	PREMIUM
1.			
2.			
3.			
4.			
5.			
6.			
7,			
8,			
9.			
10.			

SECTION 4 - PERSONAL ACCIDENT		
EVENT:	SUM ASSURED:	
DEATH		
PERMANENT TOTAL DISABLEMENT		
TEMPORARY TOTAL DISABLEMENT		No. of weeks
MEDICAL EXPENSES		
NAME		AGE:
BENEFICIARIES		
NAME	AGE:	RELATIONSHIP TO INSURED
NAME	AGE:	RELATIONSHIP TO INSURED

DECLARATION

1. **I hereby declare that all particulars and answers in this proposal are true and complete in every respect, and that no material fact has been withheld.**
2. **I accept that this proposal and declaration shall be the basis of the contract between Hollard Insurance Botswana and myself.**
3. **No insurer has ever cancelled/declined or refused to renew or imposed special terms or conditions on any insurance affecting me.**
4. **I have previously been insured with:**

Name of Insurer _____ **Policy Number** _____

5. **I suffered or was concerned in the following losses during the past three years (whether insured or not):**

YEAR	DESCRIPTION	AMOUNT

6. **All correspondence sent by ordinary mail addressed to me at the above postal address shall be deemed to have been duly received by me in the normal course.**

Signature of Insured _____ **Date** _____

Signed on behalf of Hollard Insurance _____ **Date** _____

SECTION 5 - PUBLIC LIABILITY				
AUTOMATICALLY INCLUDED - MAXIMUM LIABILITY P 2 500 000.				
SECTION 6. - MOTOR				
	VEHICLE 1		**VEHICLE 2**	
TYPE OF COVER	COMPREHENSIVE		COMPREHENSIVE	
	THIRD PARTY, FIRE & THEFT		THIRD PARTY, FIRE & THEFT	
	THIRD PARTY ONLY		THIRD PARTY ONLY	
USE OF VEHICLE	STRICTLY PRIVATE		STRICTLY PRIVATE	
	PRIVATE (Including travelling to & from work)		PRIVATE (Including travelling to & from work)	
STATE NO. OF DAYS PER ANNUM OUTSIDE OF BOTSWANA				
MAKE AND MODEL				
YEAR OF REGISTRATION				
CURRENT MARKET VALUE				
REGISTRATION NUMBER				
ENGINE NUMBER				
CHASSIS NUMBER				
ODOMETER READING				
IMPORTED VEHICLE	YES	NO	YES	NO
IMMOBILISER (Proof must be attached)	YES	NO	YES	NO
FACTORY FITTED IMMOBILISER (If not provide proof)	YES	NO	YES	NO
TRACKING DEVICE (Required on vehicles P700 000 & above)	YES	NO	YES	NO
REGISTERED OWNER IF NOT PROPOSER				
ACCESSORIES (included in vehicle value)				
MAKE & MODEL OF RADIO				
VALUE				
SERIAL NUMBER				
HP DETAILS				
HP BANK				
BRANCH				
REGULAR DRIVER DETAILS				
SURNAME				
FIRST NAMES				
TITLE				
DATE OF BIRTH				
IDENTITY NUMBER				
OCCUPATION				
POSTAL ADDRESS				
RESIDENTIAL ADDRESS				
TELEPHONE NUMBERS	(H)		(H)	
	(W)		(W)	
	CELL		CELL	
CARAVANS/TRAILERS				
MAKE & MODEL				
YEAR				
VALUE				
REGISTRATION NUMBER				

SECTION 7 - MOTOR CYCLES												
MAKE							MODEL				YEAR	
VALUE							REGISTRATION NUMBER					
USE							PRIVATE			BUSINESS		
Is the motor cycle kept in a locked garage overnight?							YES		NO			
TYPE OF MOTOR CYCLE												
ROAD BIKE		CRUISER		OFF-ROAD		QUAD		MOTOR CYCLE TRAILER				
OPTIONAL EXTENSIONS												
LIMITED USAGE							YES		NO			
SECURITY (Tick applicable block)												
A. Self-activating motion sensor alarm							B. Approved tracking device					
C. A and B							D. None					
If "Yes", please attach proof												
HP DETAILS												
BANK							BRANCH					
							DATE					

IMPORTANT NOTES

1. **No cover will be in force until this proposal has been accepted by the Company who reserved the right to decline any proposal or impose special terms.**
2. **No claim shall be payable until such time as the first premium has been received by the Company**
3. **No cover will be granted under the Motor Section unless Vehicle Inspection is submitted to the Company.**

DECLARATION

1. **I hereby declare that all particulars and answers in this proposal are true and complete in every respect, and that no material fact has been withheld.**
2. **I accept that this proposal and declaration shall be the basis of the contract between Hollard Insurance Botswana and myself.**
3. **No insurer has ever cancelled/declined or refused to renew or imposed special terms or conditions on any insurance affecting me.**
4. **I have previously been insured with:**

Name of Insurer _____ **Policy Number** _____

5. **I suffered or was concerned in the following losses during the past three years (whether insured or not):**

YEAR	DESCRIPTION	AMOUNT

6. **All correspondence sent by ordinary mail addressed to me at the above postal address shall be deemed to have been duly received by me in the normal course.**

Signature of Insured _____ **Date** _____

Signed on behalf of Hollard Insurance _____ **Date** _____