

Rest insured • Rus verseker

APPLICATION FORM FOR PERSONAL INSURANCE

Please complete and sign the application, ticking all the applicable blocks. Make sure that all questions are answered completely. Cover in terms of the policy will only commence after the official approval of your application by Ancor Brokers. Please note that if any information contained in this form is untrue, misleading or incorrect, the assessment of the risk may be affected. Ancor Brokers reserves the right to re-assess the risk at any time, whether before or after the issue of any policy if any of the information contained in this form is subsequently discovered to be untrue, misleading or incorrect.

DETAILS OF POLICYHOLDER

Surname:	<input style="width: 95%;" type="text"/>	Initials:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 95%;" type="text"/>
Occupation:	<input style="width: 95%;" type="text"/>	ID No:	<input style="width: 95%;" type="text"/>		
Marital Status:	<input style="width: 95%;" type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Language of correspondence:	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans	Vat Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Vat No.:	<input style="width: 95%;" type="text"/>		

CONTACT DETAILS OF POLICYHOLDER

Telephone numbers:	(w) <input style="width: 95%;" type="text"/>	(h) <input style="width: 95%;" type="text"/>
	(fax) <input style="width: 95%;" type="text"/>	(cell) <input style="width: 95%;" type="text"/>
	Email address: <input style="width: 95%;" type="text"/>	
Postal Address:	<input style="width: 95%;" type="text"/>	
	<input style="width: 95%;" type="text"/>	
	Code:	<input style="width: 95%;" type="text"/>

CONSENT QUESTIONS

To enable Ancor Brokers to underwrite risk fairly and to combat insurance fraud, we need to have your consent to verify and share policy information with insurers and other institutions as well as to access credit information held by other institutions.

Do you give Ancor Brokers consent?

☐ Yes

☐ No

INSURANCE / CLAIMS HISTORY OF POLICYHOLDER

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof) or imposed any special conditions? (Tick "Yes" even if only one part of the question applies):

☐ Yes

☐ No

If "Yes", supply full details:

INSURANCE / CLAIMS HISTORY OF POLICYHOLDER continued			
Are you currently insured against the risks you are applying for now?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", supply name of insurer: _____			
If you are not currently insured but were previously, please supply the following:			
Last date of insurance: _____		Name of Insurer: _____	
Current NCB: House Contents <input type="checkbox"/>		Vehicles <input type="checkbox"/> Motorcycle <input type="checkbox"/> Caravan <input type="checkbox"/>	
Have you suffered any losses or damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", supply full details (if more than 4 please complete details on a separate page):			
DATE:	DESCRIPTION OF EVENT:	AMOUNT:	

DETAILS OF OTHER INSURED (any other person that has financial or legal interest in the property items noted on the following pages)			
Surname: _____	Initials: _____ Title: _____		
Occupation: _____	ID No: _____		
Marital Status: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> Afrikaans			

PART 1 – PROPERTY INSURANCE				
HOUSE CONTENTS				
Type of Residence:	<u>House Contents 1</u>		<u>House Contents 2</u>	
	<input type="checkbox"/> Main Residence	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> Main Residence	<input type="checkbox"/> Holiday Home
Street Address:	_____		_____	
	_____		_____	
	_____ Code: _____		_____ Code: _____	
Sum Insured:	R _____		R _____	
Wall Construction:	Standard (e.g. Brick, cement)	Non-Standard (e.g. Wood)	Standard (e.g. Brick, cement)	Non-Standard (e.g. Wood)
Roof Construction:	Standard (e.g. Tiles, Iron)	Non-standard	Thatch	Thatch with thatchsayf
Type of Premises:	Residential	Smallholding	Farm	Other
Use of dwelling:	Standard	Commune	Hotel	Guesthouse
	Boarding House	Retirement Home		
Are the premises occupied during the day?	Yes No		Yes No	

HOUSE CONTENTS continued									
Type of dwelling: Are the premises unoccupied for more than 60 days in a year? Activities in your area? Security: (Tick all that apply)	Private	Flat - groundfloor	Flat - above groundfloor	Town house	Private	Flat - groundfloor	Flat - above groundfloor	Town house	
	Double storey townhouse	Double storey dwelling	Parkhome	Storage facility	Double storey townhouse	Double storey dwelling	Parkhome	Storage facility	
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Construction on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				Construction on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Within 2km of Informal Settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No				Within 2km of Informal Settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Burglar bars (on all opening windows) (including louvres) <input type="checkbox"/>				Burglar bars (on all opening windows) (including louvres) <input type="checkbox"/>				
	Security gates (on all external doors, including sliding doors) <input type="checkbox"/>				Security gates (on all external doors, including sliding doors) <input type="checkbox"/>				
	Alarm linked to 24hr control room <input type="checkbox"/>				Alarm linked to 24hr control room <input type="checkbox"/>				
	Security area (24hr controlled access) <input type="checkbox"/>				Security area (24hr controlled access) <input type="checkbox"/>				
Voluntary Excess:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If Yes: R (Excess options: R250, R500, R1 000, R1 750, R2 500, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000)				If Yes: R (Excess options: R250, R500, R1 000, R1 750, R2 500, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000)				
Optional Cover: Accidental Damage: Mechanical / electrical breakdown: Subsidence / Landslip: Home Industry: (5% of Contents SI, maximum R30000) Limited Bed & Breakfast:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
	R _____				R _____				
	R _____ (Cover is only available if Accidental damage cover has been selected)				R _____ (Cover is only available if Accidental damage cover has been selected)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
	R _____				R _____				
	Type of HI _____				Type of HI _____				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
ALL RISKS (Item Sum Insured limited to 50% of Content Sum Insured)									
DESCRIPTION					SUM INSURED				
Clothing and personal effects					R _____				
Stamp and coin collections and personal documents					R _____				
Transport of groceries and household goods					R _____				
Keys, locks and remote control units					R _____				
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ALL RISKS continued

Other Items - **Please include full description and Serial Numbers where applicable, especially i.r.o. electronic equipment / cellphones:**

Bicycles and Wheelchairs

Mobile communication devices

Audiovisual equipment (camera's, binoculars, TV's, decoders, portable DVD players, iPods, MP3 and MP4)

Computing equipment (laptops, personal computers)

Items in a bank vault (guns, jewellery, coin collections, other)

Other specified articles (jewellery, sound equipment, other)

1	_____	R	_____
2	_____	R	_____
3	_____	R	_____
4	_____	R	_____
5	_____	R	_____
6	_____	R	_____
7	_____	R	_____
8	_____	R	_____
9	_____	R	_____
10	_____	R	_____

BUILDINGS

	<u>Building 1</u>				<u>Building 2</u>			
Type of Residence:	Main Residence	Holiday Home	Other		Main Residence	Holiday Home	Other	
Street Address:	_____				_____			
	_____				_____			
	_____ Code: _____				_____ Code: _____			
Sum Insured:	R _____				R _____			
Wall Construction:	Standard (e.g. Brick, cement)		Non-Standard (e.g. Wood)		Standard (e.g. Brick, cement)		Non-Standard (e.g. Wood)	
Roof Construction:	Standard (e.g. Tiles, Iron)	Non-standard	Thatch	Thatch with thatchsayf	Standard (e.g. Tiles, Iron)	Non-standard	Thatch	Thatch with thatchsayf
Type of Premises:	Residential	Smallholding	Farm	Other	Residential	Smallholding	Farm	Other
Is the residence unoccupied for the first 30 days?	Yes		No		Yes		No	
Voluntary Excess:	Yes		No		Yes		No	
	If Yes: R _____ (Excess options: R500, R1 000, R2 000, R3 000, R4 000, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000)				If Yes: R _____ (Excess options: R500, R1 000, R2 000, R3 000, R4 000, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000)			

BUILDINGS continued						
Optional Cover:						
Accidental Damage to Machinery:	Yes		No			
	R _____					
	Yes		No			
Comprehensive Subsidence / Landslip cover	Yes		No			
	R _____					
	Yes		No			
VEHICLES						
	Vehicle 1			Vehicle 2		
Year of manufacture:						
Make:						
Model:						
Registration No:						
Vin No:						
Engine No:						
Class of Use:	<input type="checkbox"/> Private <input type="checkbox"/> Business <input type="checkbox"/> Farming			<input type="checkbox"/> Private <input type="checkbox"/> Business <input type="checkbox"/> Farming		
Type of Cover:	Comprehensive	Third Party, Fire and Theft	Third Party Only	Theft Excluded	Comprehensive	Third Party, Fire and Theft
Sum Insured:	R _____			R _____		
Overnight Parking facilities:						
Security:	VSS Approved <input type="checkbox"/>			VSS Approved: <input type="checkbox"/>		
	Ancor approved Immobiliser: <input type="checkbox"/>			Ancor approved Immobiliser: <input type="checkbox"/>		
	Ancor approved gearlock: <input type="checkbox"/>			Ancor approved gearlock: <input type="checkbox"/>		
	Data Dot: <input type="checkbox"/>			Data Dot: <input type="checkbox"/>		
	Tracking device: <input type="checkbox"/>			Tracking device: <input type="checkbox"/>		
	Type of Tracking: _____			Type of Tracking: _____		
Registered Owner:	<input type="checkbox"/> Policy holder <input type="checkbox"/> Spouse <input type="checkbox"/> Financially dependent Child			<input type="checkbox"/> Policy holder <input type="checkbox"/> Spouse <input type="checkbox"/> Financially dependent Child		
Voluntary excess:	Yes		No			
(Cannot select both Voluntary and Excess)	If Yes:				If Yes:	
	(Excess options: R250, R500, R1 000, R2 000, R3 000, R4 000, R5 000, R6 000, R7 000, R8 000, R9 000, R10 000, R15 000, R20 000, R25 000, R30 000)				(Excess options: R250, R500, R1 000, R2 000, R3 000, R4 000, R5 000, R6 000, R7 000, R8 000, R9 000, R10 000, R15 000, R20 000, R25 000, R30 000)	
Vehicle Extra's (e.g. alloy wheels)	_____ R _____		_____ R _____		_____ R _____	
	_____ R _____		_____ R _____		_____ R _____	
	_____ R _____		_____ R _____		_____ R _____	
	_____ R _____		_____ R _____		_____ R _____	
	_____ R _____		_____ R _____		_____ R _____	

VEHICLES continued										
Specified accessories (e.g. radio)	Yes		No		R					
	Make/Model: _____									
Tools, spare parts, travel accessories	Yes		No		R					
Excess Waiver:	Yes		No		(Cannot select both Waiver and Voluntary Excess)					
<u>Optional Cover:</u>	Difference in market value/ hire purchase (Top up Cover):						Difference in market value/ hire purchase (Top up Cover):			
	Car Hire:						Car Hire:			
	Car hire Group: B, E, F or G						Car hire Group: B, E, F or G			
	Vehicle Breakdown Service:						Vehicle Breakdown Service:			
	4x4 Cover:						4x4 Cover:			
	Luxury Vehicle Cover:						Luxury Vehicle Cover:			
Is the Policyholder the Regular driver of this vehicle?	Yes		No							
	If Yes: Date of first issue of drivers licence: _____									
	Code: _____									
Regular driver details: (if other than policyholder)	Surname: _____									
	Initials: _____		Title: _____							
	Occupation: _____									
	ID No: _____									
	Marital Status: _____									
	Gender:		Male		Female					
	Date of first issue of drivers licence: _____									
	Code: _____									
	NCB: _____									
	Have you suffered any losses/damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not?									
	Yes		No							
	If "Yes", supply full details (if more than 3 please complete details on a separate page):									
	DATE:	DESCRIPTION:	AMOUNT:							
Have you suffered any losses/damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not?										
Yes		No								
If "Yes", supply full details (if more than 3 please complete details on a separate page):										
DATE:	DESCRIPTION:	AMOUNT:								

MOTORCYCLES						
Registered owner:	Motorcycle 1			Motorcycle 2		
	Policy holder	Spouse	Financially dependent Child	Policy holder	Spouse	Financially dependent Child
	Private			Business		
	Comprehensive	Third Party, Fire and Theft	Third Party Only	Comprehensive	Third Party, Fire and Theft	Third Party Only
	Year of manufacture:			Year of manufacture:		
	Make:			Make:		
	Model:			Model:		
Registration Number:						
Sum Insured:	R _____			R _____		

CARAVAN / TRAILER						
Type:	Caravan / Trailer 1		Caravan / Trailer 2			
	Caravan	Trailer	Caravan	Trailer		
	Policyholder	Spouse	Other	Policyholder	Spouse	Other
	Year of manufacture:		Year of manufacture:			
	Make/Model:		Make/Model:			
	Registration No.		Registration No.			
	Sum Insured:		Sum Insured:			
Contents of caravan	Yes	No	R _____	Yes	No	R _____

WATERCRAFT						
Registered owner:	Craft 1		Craft 2			
	Policyholder	Spouse	Other	Policyholder	Spouse	Other
	Year of manufacture:		Year of manufacture:			
	Type of craft (e.g. ski boat)		Type of craft (e.g. ski boat)			
	Make/hull class (e.g. seafarer)		Make/hull class (e.g. seafarer)			
	Glitter Finish	Yes	No	Glitter Finish	Yes	No
	Length of hull	_____ m		Length of hull	_____ m	
Maximum Speed	_____ Km/h		Maximum Speed	_____ Km/h		
Name of Craft	_____		Name of Craft	_____		
Sum Insured:	R _____		Sum Insured:	R _____		

WATERCRAFT continued				
Outboard Motors	Yes		No	
	Year		Year	
	Make		Make	
	Horsepower		Horsepower	
	Sum Insured R		Sum Insured R	
Specified accessories	Yes		No	
	Sum Insured R		Sum Insured R	
	Description:		Description:	

PART 2 – LIABILITY AND LEGAL COSTS AND LEGAL EXPENSES INSURANCE			
Personal Legal Liability (R5 000 000)		Yes No	
(Is compulsory for House contents or Houseowners insurance)			
Extended Personal Legal liability		Yes No	
If Yes, Select Sum Insured		R10 000 000 R20 000 000	
Legal Costs and Legal Expenses		Yes No	
If Yes, Select Sum Insured		R30 000 R60 000 R100 000	

PART 3 – FAMILY PROTECTION INSURANCE					
Personal Accident (cover against death or disability due to an accident – world wide)					
	<u>Insured person 1</u>			<u>Insured person 2</u>	
Name:					
Surname:					
Relation to Policyholder					
Gender	Male	Female		Male	Female
ID Number					
Marital Status					
Occupation					
Sum Insured (R1000 to R1 000 000)					
<u>Optional Cover:</u>					
Temporary Total Disablement (104 weeks)	Yes	No		Yes	No

Death Benefit Plan				
(Underwritten by Sanlam Customised Insurance Limited, an authorised financial services provider)				
Family Cover	Yes No			
If Yes, Select sum insured	R 3,000	R 5,000	R 7,500	R10 000

Death Benefit Plan continued									
Individual Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Complete the Insured person's details: Waiting period for natural death is 6 months from inception.						
Initials: Surname: Relation to Policyholder: Gender: ID Number: Marital Status: Occupation: Sum Insured: R3 000, R5 000, R7 500 or R10 000.	<u>Insured person 1</u>			<u>Insured person 2</u>			<u>Insured person 3</u>		
	Male	Female		Male	Female		Male	Female	
Hospital Benefit Plan									
Waiting period is 24 hours.									
Family Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Select daily benefit R _____ (R50 – R400 in multiples of R50)						
Individual Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Complete the Insured person's details:						
Initials: Surname: Relation to Policyholder: Gender: ID Number: Marital Status: Occupation: Daily Benefit: (R50 – R400 in multiples of R50)	<u>Insured person 1</u>			<u>Insured person 2</u>			<u>Insured person 3</u>		
	Male	Female		Male	Female		Male	Female	
Debit Order / Banking details									
Inception Date	<input type="text"/> D <input type="text"/> D		<input type="text"/> M <input type="text"/> M		<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y				
Choice of Payment	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual		Sasria (riot Cover)		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Debit Order date	On, or first working day before				<input type="text"/> 29th	<input type="text"/> 30th	<input type="text"/> 31st	<input type="text"/> 1st	
	On, or first working day after				<input type="text"/> 25th	<input type="text"/> 26th	<input type="text"/> 27th	<input type="text"/> 28th	
	Two working days after				<input type="text"/> 15th				
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Debit Order / Banking details continued						
Banking details	Branch Code: _____ Bank: _____ Account No: _____ Account Holder: _____ Type of Account: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px 10px;">Cheque</td> <td style="padding: 2px 10px;">Transmission</td> <td style="padding: 2px 10px;">Savings</td> </tr> </table>			Cheque	Transmission	Savings
Cheque	Transmission	Savings				
Authorisation by Account Holder	<p>I, the undersigned hereby authorise Ancor Brokers to deduct the amount of the premium from my account at the aforementioned institution in any way that Ancor Brokers and the institution have agreed upon. Ancor Brokers may pay any amount that is owed to me, into the bank account reflected above. All deductions from my account by Ancor Brokers will be regarded as having been authorised by me. Ancor Brokers may not cede it's rights in respect of this authorisation to a third party without my written consent.</p> <p>Signature of Account Holder _____ Date _____</p>					
FOR USE BY BROKER/AGENT						
Agent Number	_____	Name of Agency	_____			
Telephone No	_____	Fax No	_____			
DECLARATION BY POLICYHOLDER / OTHER INSURED						
<p>I, the undersigned do hereby declare and state as follows that:</p> <ol style="list-style-type: none"> The information contained in this application form is true and correct and that I understand that the information contained herein will be used for the assessment of my risk. I acknowledge that the sharing and accessing of information (including credit information held by other institutions) for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies, assess and re-assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf. I consent to such information being stored on any shared database to which Ancor Brokers or its agents, from time to time, subscribe and for such information to be processed and reprocessed as set out above. I also consent to such information being disclosed to any insurer or its agent. I further consent to any underwriting information and credit information held by other institutions being accessed and verified on databases. I also consent to the underwriting, claims or credit information referred to above being retained on any shared database and shared with insurers and/or other institutions for underwriting purposes and/or to reduce the incidence of fraud, notwithstanding the cancellation of my policy by myself or by insurer. <p>Signature of policyholder or person signing on behalf of the policyholder _____ Date _____</p>						
DECLARATION BY INTERMEDIARY IF THE FORM IS SIGNED ON BEHALF OF THE POLICYHOLDER						
<p>I, the undersigned do hereby declare and state as follows that:</p> <ol style="list-style-type: none"> I am duly authorised by the policyholder to complete and sign this application form on his/her/its behalf. I have explained the contents regarding sharing of policyholder information as contained under the heading "Declaration by policyholder/other insured" I am authorised in writing by the policyholder to give the necessary consent as contemplated under the heading "Declaration by policyholder/other insured" on his/her/its behalf. I am aware that Ancor Brokers reserves the right to request proof of the written consent issued by the policyholder at any time. <p>Signature of intermediary _____ Date _____</p>						

insurer is an authorised financial services provider (licence number 3416)