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PROPOSAL FOR DOMESTIC INSURANCE

Broker Name		TRA Broker Code		
To ensure best possible rates, the Proposer is to complete all sections and questions in full				
Details of Proposer				
Full Name of Insured				
Occupation of the Insured				
RSA Identity Number		Passport Number		
Postal Address				
		Postal Code		
Full Risk Address				
		Postal Code		
Contact Details		E-Mail Address		
Telephone Number		Fax		
		Cellular Phone		
Previous Insurance and Losses sustained				
Please provide details of your existing Insurer				
Please provide your existing Insurer's Policy Number				
Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?				
Yes <input type="checkbox"/>		No <input type="checkbox"/> If yes, please provide the details hereunder		
Please provide and/or attach details of any losses, whether claimed for or not, in the last 3 years.				
Date of loss	Type of claim	Brief detail	Amount Paid	Insurer Name
			Proposer's Initials	

Underwriting Information						
Thatch Buildings						
Is any business or profession carried out at the premises?						
No		Yes		If yes please provide full details		
Is your property surrounded by Fynbos within a 100m radius ?						
No		Yes		If yes please provide full details		
Kindly indicate the name of and distance from the nearest town / city with a Fire Brigade						
Is the building protected by a drencher system?						
Yes		No		If yes is it	Manual	or Automatic
Are any fire fighting hose reels installed at the premises?						
Yes		No		If yes please provide full details		
Are there Municipal water supplies available for fire fighting?						
Yes		No		If no please provide full details of other water supplies available		
What is the Construction of the Walls? (For example Brick & Mortar and /or Timber) Please provide full details						
Brick & Mortar		Timber		Other (Please provide details)		
What is the Construction of the Roof? (For example Thatch and /or Timber) Please provide full details						
Thatch		Timber		Corrugated Iron		Tiles
Other (Please provide details)						
What is the name of your Thatching Company?						
What is the age of the roof?						
What is the present condition of the roof?						
Does the building have an approved lightning conductor?						
Yes		No				
Has a Fire Blanket or Sisalation been installed in the Thatched Roof ?						
Fire Blanket		Sisalation				
(Please attach Proof of the fire blanket installation to the proposal form)						
Has the thatch been treated with any of the following Fire Retardants ?						
Thatchsayf		Thatchbor		Thatch Guard		Supercote
Fire Marshall				Date of application		
(Please attach Proof of the fire retardant application thereof to the proposal form)						
						Proposer's Initials

Underwriting Information Continued					
Thatch Buildings					
Does the kitchen have a concrete ceiling?					
Yes		No		If no please provide full details	
Do you have an Electrical Compliancy Certificate ?					
Yes		No		If yes please provide the date of issue	
(If available, please attach a copy of the Electrical Compliancy Certificate to this proposal form.)					
Is there a lapa on the premises?					
Yes		No		If yes please confirm the following ?	
Is the lapa attached to the premises and if not, what is the distance from the building ?					
Yes		No		Distance from the building	
Is the percentage proportion of the Square Meterage of the Thatch in relation to the Non Thatch Roofed areas less than 15%				Yes	No
Does the building and/or lapa and/or braai area have one or more chimney(s)?					
Yes		No		If yes please confirm the following ?	
Chimney extends 1 metre or more above the roofline ?				Yes	No
Chimney penetrates the thatch roof ?				Yes	No
Chimneys are fitted with Spark Arrestors / wire mesh?				Yes	No
Are the chimneys maintained on a regular basis?				Yes	No
Are there any fire places installed and are these fuelled by solid fuels (e.g. wood)?					
Yes		No		If yes please provide full details	
Is LP Gas used on the premises ?					
Yes		No		If yes please provide full details	
Is the building presently under construction?					
Yes		No		If yes please provide full details	
Are you planning any alterations to the building(s) in the near future ?					
Yes		No		If yes please provide full details	
<p>The following minimum requirement is a condition of cover.</p> <p>The Insured must install fire extinguishers in each kitchen and / or cooking area as well as in each storey/loft of the building if not a single storey. The capacity of the total amount of fire extinguishers per floor / storey / kitchen must not be less than 4,5kg respectively.</p>					
				Proposer's Initials	

Underwriting Information Continued				
Thatch Buildings				
Subsidence and Landslip				
What is the proximity of the premises to the closest body of water?				
Please indicate the type of body of water, ie Dam, River, Ocean, Swimming Pool :				
How far are the premises from the 50 and/or 100-year flood line?				
Have there been any cases of flood, subsidence or landslip at the premises or in the immediate neighbourhood?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide full details
Please Indicate if Subsidence and Landslip Cover is required				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Security Precautions of the Main Residence				
Are you and your family the sole occupants of the premises?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no please provide full details
Are all opening windows protected by burglar bars?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do all external doors have security gates?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have an Alarm system?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide full details
Is the alarm system linked to a 24-hour control centre?		Yes	<input type="checkbox"/>	No
Does your security company provide armed response?		Yes	<input type="checkbox"/>	No
Will the residence be unoccupied for a period longer than 60 days of each calendar year?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide full details
				Proposer's Initials

Proposed Covers Required						
Buildings						
Description and Risk Address		Roof Construction			Replacement Sum Insured	
Main Premises Risk Address						
Residence		Thatch		Non-Thatch		
Outbuildings		Thatch		Non-Thatch		
Holiday home		Thatch		Non-Thatch		
Additional Premises Risk Address:						
Residence		Thatch		Non-Thatch		
Outbuildings		Thatch		Non-Thatch		
Holiday home		Thatch		Non-Thatch		
Household Contents						
Description and Risk Address		Roof Construction			Replacement Sum Insured	
Main Premises Risk Address						
Residence		Thatch		Non-Thatch		
Outbuildings		Thatch		Non-Thatch		
Holiday home		Thatch		Non-Thatch		
Do you require Electrical and/or Mechanical Breakdown to Household Appliances?				Yes		
Additional Premises Risk Address						
Residence		Thatch		Non-Thatch		
Outbuildings		Thatch		Non-Thatch		
Holiday home		Thatch		Non-Thatch		
Do you require Electrical and/or Mechanical Breakdown to Household Appliances?				Yes		
Security Precautions of additional premises						
Are you and your family the sole occupants of the premises?						
Yes		No		If no please provide full details		
Are all opening windows protected by burglar bars?						
Yes		No				
Do all external doors have security gates?						
Yes		No				
Do you have an Alarm system?						
Yes		No				
Is the alarm system linked to a 24-hour control centre?						
		Yes		No		
Does your security company provide armed response?						
		Yes		No		
Will the residence be unoccupied for a period longer than 60 days of each calendar year?						
Yes		No		If yes please provide full details		
				Proposer's Initials		

Proposed Covers Required Continued					
Household Contents Continued					
An Inventory Form is available from our offices and or website, to assist you in the calculation of the full replacement sum insured of your household contents. Website www.tra.co.za					
Personal All Risks					
Description					Sum Insured
Wearing apparel and personal effects normally worn or carried on the person, but excluding furs, car sound equipment, cellular telephones, contact lenses, sunglasses and any items of greater value than 20% of the sum insured by this item.					
Specified Items : Please note that valuation certificates will be required in respect of all jewellery items and full description, make and model as well as serial numbers where applicable, in respect of other items					
Optional Extension					Maximum Limit Required
Mobile devices (available on request and subject to an additional premium.)					
Cellphones, Portable Satellite navigation equipment, Laptops, Notebooks, I pads and Tablets are insured up to the maximum limit per event as indicated on the policy schedule, less a first amount payable of R 500 per event.					
Liability (R10 000 000.00 liability cover is included in terms of the Houseowners and Household Contents Sections of the policy)					
Should you require an Extended limit of indemnity please select the limit required.					
R 10 000 000		R 20 000 000		R 50 000 000	Cover is available at an additional premium
R 30 000 000		R 40 000 000			
Caravans and Trailers : Comprehensive Cover only					
Caravan					
Make and Model					Registration Number
Year of Manufacture					Current replacement Value
Trailer					
Make and Model					Registration Number
Year of Manufacture					Current replacement Value
					Proposer's Initials

Proposed Covers Required								
Motor								
Approved security tracker systems need to be fitted to vehicles with sums insured of R 500 000.00 and more.								
Credit Shortfall Cover is available on request.				Vehicles must be registered in South Africa.				
Vehicle 1								
Make and Model					Registration Number			
Year of Manufacture					Registered owner			
Chassis Number					Vin Number			
What security System has been fitted to the vehicle								
Use of Vehicle and Cover Required		Private		Professional		Business		
Comprehensive		Third Party Fire & Theft		Third Party only		Current Retail Value		
Current No Claim Bonus earned by the usual driver of the vehicle. Proof thereof will be required								
Loss Of Use Cover Required		Yes		No				
Excess Waivers Required		Yes		No				
Usual Driver Details		Full Name						
South African Identity Number								
Passport Number					Passport Expiry Date			
Date of Birth								
Date of issue of South African Drivers Licence								
Date of issue of current International Drivers Licence					Expiry date			
Vehicle 2								
Make and Model					Registration Number			
Year of Manufacture					Registered owner			
Chassis Number					Vin Number			
What security System has been fitted to the vehicle								
Use of Vehicle and Cover Required		Private		Professional		Business		
Comprehensive		Third Party Fire & Theft		Third Party only		Current Retail Value		
Current No Claim Bonus earned by the usual driver of the vehicle. Proof thereof will be required								
Loss Of Use Cover Required		Yes		No				
Excess Waivers Required		Yes		No				
Usual Driver Details		Full Name						
South African Identity Number								
Passport Number					Passport Expiry Date			
Date of Birth								
Date of issue of South African Drivers Licence								
Date of issue of current International Drivers Licence					Expiry date			
						Proposer's Initials		

Proposed Covers Required			
Motorcycle 1 - Comprehensive Cover only			
Make, Model & Engine Capacity			
Year of Manufacture		Registered owner	
Chassis Number		Vin Number	
Registration Number		Current Retail Value	
Current No Claim Bonus earned by the usual driver of the vehicle. Proof thereof will be required			
Usual Driver Details			
Full Name			
South African Identity Number			
Passport Number		Passport Expiry Date	
Date of Birth			
Date of issue of South African Drivers Licence			
Date of issue of current International Drivers Licence			Expiry date
Motorcycle 2 - Comprehensive Cover only			
Make, Model & Engine Capacity			
Year of Manufacture		Registered owner	
Chassis Number		Vin Number	
Registration Number		Current Retail Value	
Current No Claim Bonus earned by the usual driver of the vehicle. Proof thereof will be required			
Usual Driver Details			
Full Name			
South African Identity Number			
Passport Number		Passport Expiry Date	
Date of Birth			
Date of issue of South African Drivers Licence			
Date of issue of current International Drivers Licence			Expiry date
24 Hour Assist Cover			
Do you require 24 Hour Assist Cover	Yes	No	
SASRIA COVER IS ISSUED AUTOMATICALLY			
Declaration to be signed by the Proposer			
<p>I confirm that the completed proposal shall form the basis of the contract between Thatch Risk Acceptances (Pty) Ltd on behalf of Compass Insurance and myself on acceptance of cover. I further confirm that the information provided above is correct and that there is no further information which could negatively affect Thatch Risk Acceptances decision in accepting to insure this risk.</p>			
Signature of Proposer		Date	
Should the Proposer accept our quotation, then a Confirmation of Proposal Form needs to be completed by the Proposer.			