



## NEW BUSINESS QUESTIONNAIRE

**Introducer:**

Name: \_\_\_\_\_  
 FSP no: \_\_\_\_\_  
 ID: Y/N  
 Proof of Address: Y/N

**APPLICANT:**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ Language: \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone nr (W): \_\_\_\_\_ House: \_\_\_\_\_  
 Cell phone no: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Street address: \_\_\_\_\_

**GENERAL:**

1. Has an 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? If YES supply full details: \_\_\_\_\_

2. Are you currently insured against the risks you are applying for now? \_\_\_\_\_

3. If you are currently not insured but were previously, please provide the following:

Last date of insurance: \_\_\_\_\_ Name of insurer: \_\_\_\_\_

4. Please supply full details of all loses you have experienced during the last 3 years:

TYPE OF LOSS	YEAR	AMOUNT	INSURER

**HOUSE CONTENTS:**

Type of residence: 

Main residence	Holiday Home	Other residence
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Risk address: \_\_\_\_\_

Construction of roof:	Standard	Non-Standard	Thatch	Thatch with thatchsaf
Construction of wall:	Standard	Non-standard		
Type of dwelling:	Smallholding	Farm	Other	
Use of residence:	Standard	Commune	Hotel	

Sum Insured: \_\_\_\_\_

Accidental damage: 

Yes	No
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 Sum insured: R \_\_\_\_\_

Burglar bars in front of all window that can open:	yes	no
Security gates in front of all external doors:	yes	no

Alarm:	yes	no
Security area:	yes	no

**ALL RISKS:**

<u>Description</u>	<u>Insured amount</u>
_____	R _____
_____	R _____
_____	R _____

**BUILDING:**

Type of residence:

Main residence	Holiday Home	Other residence
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Risk address: \_\_\_\_\_

Construction of walls:

Standard	Non-standard
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Construction of roof:

Standard	Non-standard	Thatch
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Accidental damage to machinery:

Yes	No	R _____
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Sum insured:

R \_\_\_\_\_

**VEHICLES:**

Registered owner:

Applicant	Spouse	Financially dependent child
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Year of manufacture: \_\_\_\_\_

Model: \_\_\_\_\_

Where is the vehicle parked at night: \_\_\_\_\_

Class of use:

Private	Business
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Type of cover:

Comprehensive	Theft excluded	Third party, fire and theft
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Sum insured: Its brand new

R \_\_\_\_\_

Additional extras:

R \_\_\_\_\_

VESA approved immobiliser

Yes	No
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VESA approved gear lock:

Yes	No
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Tracking Device:

Yes	No
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Top-up:

Yes	No
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Car hire:

Yes	No
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Waiver of excess:

Yes	No
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Vehicle breakdown service:

Yes	No
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**Details of caravan/trailer:**

Registered owner:

Applicant	Spouse	Financially dependent child
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Type:	Caravan	Trailer
Make:	_____	Year: _____
Sum insured:	R _____	Contents: _____

**Details of motorcycle:**

Registered owner:	Applicant	Spouse	Financially dependent child
Class of use:	Private	Business	
Type of cover:	Comprehensive	Third party, fire and theft	
Year of manufacture:	_____	Make:	_____
Model:	_____		
Sum insured:	R _____	_____	

**PERSONAL LEGAL LIABILITY:**

R 5,000,000

Yes	No
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**EXTENDED PERSONAL LEGAL LIABILITY:**

R 10,000,000

Yes	No
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SASRIA will be added to all sections unless declined  
in writing

<b>Applicant signature</b> _____	<b>Date</b> _____
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