PROPOSAL FORM
Personal
Special Coverages Application

iTOO™

DETAILS

Name and Surname _____

Date of birth _____ ID Number _____

Address _____ Code _____

Tel. number _____

Email _____

Nature of Business _____

Family Net Worth

- ☐ ZAR 1,000,000 – ZAR 2,500,000
- ☐ ZAR 2,500,001 – ZAR 5,000,000
- ☐ ZAR 5,000,001 – ZAR 7,500,000
- ☐ ZAR 7,500,001 – ZAR 10,000,000
- ☐ ZAR 10,000,001 – ZAR 15,000,000
- ☐ ZAR 15,000,001 – ZAR 25,000,000
- ☐ ZAR 25,000,001 – ZAR 35,000,000
- ☐ ZAR 35,000,001 – ZAR 50,000,000
- ☐ ZAR 50,000,001 – ZAR 100,000,000
- ☐ ZAR 100,000,001 – ZAR 500,000,000
- ☐ ZAR 500,000,001 – ZAR 1,000,000,000
- ☐ ZAR 1,000,000,001 +

Other persons to be included in the coverage

Name	Age	Occupation	City and Country of residence	Relationship with insured
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

For additional family members – attach list

Provide detailed foreign travel – include frequency, countries visited, and number of persons traveling at one time

_____

_____

_____

List security precautions in place

_____

_____

_____

Limits requested _____

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

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iTOO Special Risks (Pty) Ltd (Reg No: 2016/281463/07) is an authorised Financial Services Provider (FSP No. 47230). Underwritten by The Hollard Insurance Company Limited (Reg No. 1952/003004/06), a Licensed Non-Life Insurer and an authorised Financial Services Provider

If applicable, provide details of prior kidnapping / extortion or kidnapping / extortion attempt

Please provide details of coverage currently in place if applicable

Please provide details of increased visibility of applicant

PRIVACY

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

The undersigned, on behalf of the applicant and all insureds, declares to the best of their knowledge that all the statements and answers set forth herein are true and accurate and that no information has been withheld. The undersigned further agrees, on behalf of the applicant and all insureds, that if the information supplied on this application changes between the date the application is executed and the time the proposed insurance policy is bound or coverage commences, the insured shall immediately notify the insurer in writing of such changes, and the insurer may modify or withdraw its proposal and/or agreements to bind the insurance.

Name: _____ Title: _____

Signature: _____ Date: _____

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