

# PERSONAL PROPOSAL FORM

## Special Coverages Application

### Details

Name and Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Y	Y	Y	Y	M	M	D	D
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Address \_\_\_\_\_

Code \_\_\_\_\_

Tel. number \_\_\_\_\_

Email \_\_\_\_\_

Nature of Business \_\_\_\_\_

Family Net Worth

<input type="checkbox"/> Y	ZAR 1,000,000 – ZAR 2,500,000	<input type="checkbox"/> Y	ZAR 2,500,001 – ZAR 5,000,000
<input type="checkbox"/> Y	ZAR 5,000,001 – ZAR 7,500,000	<input type="checkbox"/> Y	ZAR 7,500,001 – ZAR 10,000,000
<input type="checkbox"/> Y	ZAR 10,000,001 – ZAR 15,000,000	<input type="checkbox"/> Y	ZAR 15,000,001 – ZAR 25,000,000
<input type="checkbox"/> Y	ZAR 25,000,001 – ZAR 35,000,000	<input type="checkbox"/> Y	ZAR 35,000,001 – ZAR 50,000,000
<input type="checkbox"/> Y	ZAR 50,000,001 – ZAR 100,000,000	<input type="checkbox"/> Y	ZAR 100,000,001 – ZAR 500,000,000
<input type="checkbox"/> Y	ZAR 500,000,001 – ZAR 1,000,000,000	<input type="checkbox"/> Y	+ 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

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List security precautions in place

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Limits requested

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 order to provide you with insurance, we have to process your personal information. We will 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.

Signature

Date

Y	Y	Y	Y	M	M	D	D
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Name and Title