



LIONEL ISAACS

INSURANCE BROKERS
 (W) +27 11 483 1802 | (F) +27 11 728 4350
 (E) insurance@liib.co.za

Lionel Isaacs Insurance Brokers (Pty) Ltd
 Registration number: 1988/003853/07 VAT number: 4930103017
 Authorised Financial Services Provider No. 13343
 33 Scott Street, Waverley, 2090; PO Box 3436, Johannesburg, 2000

PERSONAL LINES QUOTE FORM

CLIENT INFORMATION					
Full Name					
ID Number					
Contact Tel No					
Occupation					
Residential Address					
Postal Address					
Email Address					
CONTENTS					
Sum insured (minimum R200 000) This figure should represent the replacement cost of the entire contents of the home		Sum Insured:			
BUILDINGS					
Sum insured (minimum R1 000 000) This figure should represent the cost to re-build the house excluding the land		Sum Insured:			
Roof:	Tile or Thatch				
Wall Construction:	Brick or Wooden				
Security:	Burglar bars on all opening windows	Yes		No	
	Security doors on all outgoing doors	Yes		No	
	Alarm Linked to Armed response	Yes		No	
	24 Hour Security Complex with Electric Fence & Access Control & 24 Hour Guards	Yes		No	
Type of Residence:	Main Residence	Yes		No	
	Holiday Home	Yes		No	
	Other Residence	Yes		No	
Type of Premises:	Residential	Yes		No	
	Smallholding	Yes		No	
	Farm	Yes		No	
	Other	Yes		No	
Use of Dwelling:	Standard	Yes		No	
	Commune	Yes		No	

Vehicle 1	
Year /Make / Model:	
Registration Number:	
VIN Number:	
Engine Number:	
Class of Use:	Private
	Business
	Farming
Type of Cover:	Comprehensive
	Third Party Fire & Theft
	Third Party Only
Sum Insured:	
Overnight Parking:	
Security Measures:	Alarm & Immobiliser
	Gear lock
	Tracking Device
	Data Dot
Registered Owner:	Name
	ID Number
Regular Driver:	Name
	Title
	Occupation
	ID Number
	Marital Status
	Gender
	Date of First Issue of Drivers Licence
	Licence Code
Vehicle 2	
Year/Make/Model:	
Registration Number:	
VIN Number:	
Engine Number:	
Class of Use:	Private
	Business
	Farming
Type of Cover:	Comprehensive
	Third Party Fire & Theft
	Third Party Only
Sum Insured:	
Overnight Parking:	
Security Measures:	Alarm & Immobiliser
	Gearlock
	Tracking Device
	Data Dot
Registered Owner:	Name
	ID Number
Regular Driver:	Name
	Title
	Occupation
	ID Number
	Marital Status
	Gender
	Date of First Issue of Drivers Licence
	Licence Code
Vehicle 3	
Year/Make/Model:	
Registration Number:	
VIN Number:	
Engine No:	
Class of Use:	Private
	Business
	Farming

Type of Cover:	Comprehensive
	Third Party Fire & Theft
	Third Party Only
Sum Insured:	
Overnight Parking:	
Security Measures:	Alarm & Immobiliser
	Gearlock
	Tracking Device
	Data Dot
Registered Owner:	Name
	ID Number
Regular Driver:	Name
	Title
	Occupation
	ID Number
	Marital Status
	Gender
	Date of First Issue of Drivers Licence
	Licence Code
Motorcycles:	
Registered Owner:	Policyholder
	Spouse
	Financially Dependent Child
Year Of Manufacture:	
Make:	
Model:	
Registration Number:	
Sum Insured:	
No Claims Bonus:	
Details of Claims:	Date
	Description
	Amount
Class of Use:	Private
	Business
	Farming
Type of Cover:	Comprehensive
	Third Party Fire & Theft
	Third Party Only
CARAVAN / TRAILER	
Type:	Caravan
	Trailer
Registered Owner:	Policyholder
	Spouse
	Other
Year of Manufacture:	
Make:	
Model:	
Registration Number:	
No Claims Bonus:	
Details of Claims:	Date
	Description
	Amount
Sum Insured:	
OPTIONAL COVERS	
Contents of Caravan	Sum Insured
WATERCRAFT	
Registered Owner:	Policyholder
	Spouse
Year of Manufacture:	

Type of Craft:	Motorboat	
	Ski Boat	
	Sailboat	
	Jet ski	
	Wet bike	
	Rubber duck	
	Canoe	
	Rowing Boat	
	Windsurfer	
	Fishing Smack	
	Dinghy	
Make:		
Length of Hull:		
Maximum Speed:	Up to 40km	
	41 - 75km	
	< 75km	
	>75km	
	Up to 75km	
Name of Craft:		
Sum Insured:		
Outboard Motors:	Sum Insured	
	Year	
	Make	
	Horsepower	
Glitter Finish:	Yes / No	
Specified Accessories:	Sum Insured	
Description:		
PERSONAL ACCIDENT		
Surname:		
Initials:		
Title:		
Relationship to Policyholder:	Policyholder	
	Spouse	
	Child	
	Domestic Worker	
	Residing Family Member	
	Other	
Occupation:		
ID Number:		
Marital Status:		
Gender:		
Sum Insured:	R 5 000	
	R 10 000	
	R 50 000	
Continues up in R 50 000 increments - Maximum R 1 000 000		
Optional Extension:	Temporary Total Disablement	Yes / No

DECLARATION:

To enable insurers to underwrite risks fairly, 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 us consent for the purposes stated above **YES / NO**

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 **YES / NO**

Are you currently insured against the risks you are apply for now. If "Yes" please supply the name of the insurer. _____

Were you previously insured? If "Yes", please provide the name of the insurer _____

Have you experienced any losses in the past five years, including claims that have been paid or not paid. If "Yes", please supply the number of claims with details

I hereby declare that all particulars contained in this proposal are true, complete and correct. I accept that this proposal and declaration shall be the basis of the contract between the Insurers and me should the quote be accepted by myself

Signature of Proposer

Date