



PERSONAL LINES MINI PROPOSAL FORM

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

Please complete the details below by answering all questions in the relevant sections and ticking the appropriate boxes. Please return before quoting can commence. Insurance cover will only commence once a quotation has been issued by Lionel Isaacs Insurance Brokers (Pty) Ltd and accepted by policy holder.

1. DETAILS OF CLIENT AND OTHER CO-INSURED

	POLICY HOLDER		CO-POLICY HOLDER 1		CO-POLICY HOLDER 2	
Surname						
First Names						
Date of Birth						
Gender	Male	Female	Male	Female	Male	Female
ID Number						
Correspondence Language	English	Afrikaans	English	Afrikaans	English	Afrikaans
Title e.g. (Mr or Mrs)						
Marital Status						
Occupation						
Type of Business						

2. FURTHER DETAILS OF POLICY HOLDER

Postal Address				Postal code	
Residential Address				Postal code	
Telephone number (w)			Telephone number (h)		
Cell number			Fax number		
E-mail address 1			E-mail address 2		

- Please note that any documentation or correspondence sent to you by the Underwriter or Administrator will be legally binding via all channels of communication either by fax, mail or e-mail format.

3. CLAIMS HISTORY

Have you or anyone normally living with you suffered any loss or incident (whether insured or not) for risks covered under this proposed insurance, within the last five years?	Yes	No
If yes please provide details:		
YEAR	DETAILS OF INCIDENT	AMOUNT CLAIMED
		R
		R
		R
		R
		R
Have you or anyone normally living with you, had any application for insurance declined or insurance cancelled or refused or not invited or had special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please provide details:		
Have you or anyone normally living with you, been involved in any civil or criminal litigation in the past 5 years or had a civil judgement against you, or been convicted of any offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please provide details:		
Please provide details of current / previous Insurance.		
Last date of current/ previous Insurance:	D	M
	Y	Y
	Y	Y
Name of Insurer:		

4. POLICY DETAILS

Inception Date			D	D	M	M	Y	Y	Y	Y
Method of Payment	Monthly Debit Order	1st	Annual Cash							

5. SHARING OF INSURANCE INFORMATION

Your authorisation to Lionel Isaacs Insurance Brokers (Pty) Ltd as well as mandated insurance companies:

1. I acknowledge that the sharing of information for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
2. On my behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf.
3. I consent to such information being stored in the shared database and used as set out above.
4. I also consent to such information being disclosed to any Insurer or its agent.
5. I further consent to any underwriting information being verified against legally recognised sources or databases.

6. DECLARATION

I hereby warrant that the details contained in the above particulars and statements are true and contain all information known to me affecting the risks insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me and the insurer.

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 form, you agree to the processing and sharing of your personal information. Please refer to our Privacy Policy available at www.liib.co.za.

It is important that you should disclose all material facts, that is, those facts that would influence an insurer in the acceptance or assessment of your proposal. Failure to disclose such facts may result in claims not being met. If you are in any doubt about whether a fact is material you should disclose it. You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract.

POLICY HOLDER SIGNATURE(S)

Policy Holder Signature		Date	D	D	M	M	Y	Y	Y	Y
Co Policy Holder 1 Signature		Date	D	D	M	M	Y	Y	Y	Y
Co Policy Holder 2 Signature		Date	D	D	M	M	Y	Y	Y	Y