



PERSONAL LINES QUOTE FORM

LIONEL ISAACS

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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

CLIENT INFORMATION

Full Name	
ID Number / Passport 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:
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BUILDINGS

Sum insured (minimum R1 000 000) This figure should represent the cost to re-build the house excluding the land	Sum Insured:
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Roof:	Tile, Flat, Metal 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	
	Guesthouse	Yes		No	
	Hotel	Yes		No	
	Boarding House	Yes		No	
	Retirement Home	Yes		No	
Premises Occupied During the Day		Yes		No	
Type of Dwelling:	Private	Yes		No	
	Flat on Ground Floor	Yes		No	
	Flat above Ground Floor	Yes		No	
	Townhouse	Yes		No	
	Double Storey House	Yes		No	
	Double Storey Townhouse	Yes		No	
	Parkhome	Yes		No	
	Storage Facility	Yes		No	

Premises unoccupied more than 60 days a year:	Yes		No	
Is there currently construction underway on the premises:	Yes		No	
Is your premises within 2kms of an informal settlement:	Yes		No	
OPTIONAL COVERS:				
Voluntary Excess	Yes		No	
Accidental Damage	Yes		No	
Accidental Damage Sum Insured	Sum Insured (R) :			
Mechanical/Electrical Breakdown (only if Accidental Damage cover Included)	Yes		No	
Subsidence & Landslip	Yes		No	
Home Industry:	Yes		No	
Home Industry Sum Insured:	Sum Insured (R) :			
Type of Home Industry				
Limited Bed and Breakfast	Yes		No	
ALL RISKS				
Unspecified All risk cover (min R 10,000) This section provides cover for items lost/stolen away from the home. Please specify the amount of cover required.	Sum Insured:			
Specified All Risks Cover We would need a list of items with their separate sums insured. Items that are defined as portable possessions such as Cell Phones, Laptops, iPads, iPods, Bicycles, Jewellery etc. must be specified.				
Specified items:				

	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. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys.

Privacy clause:

By completing this form, you give us your permission to process the information you provide, and to market our products and services to you. We will treat your personal information with caution and we have put reasonable security measures in place to protect it. You are welcome to request access to any of your personal information that we hold. Our Official Privacy Policy is available on our website www.liib.co.za.

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 applying for. 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:

Claim number	Claim detail	Claim paid (Yes / No)
1.		
2.		
3.		
4.		
5.		
6.		

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. I hereby agree to the terms relating to the processing and sharing of my personal information.

Signature of Proposer

Date