

Home Owners Insurance Application



Broker : _____

Branch : _____

Personal Information:									
Language:	English		Afrikaans		Gender:	Male		Female	
Surname, Initials & Title:									
ID Number:					Occupation:				
Bond Holder:									

Financial & Previous Insurance History:									
Has any insurer ever refused any proposal of yours, cancelled any policy, refused to renew any policy or imposed any special conditions?									
Yes		No		If yes, please provide detail:					
Do you currently have short-term insurance for the risk you are applying for?						Yes		No	
Insurer:					Policy Number:				
Does this policy replace an existing policy that inceptioned within the last four months?								Yes	No
Please supply full details of all losses (insured or not) during the last five years. Please include type, year & amount of loss:									

Contact information:									
Home Phone:	()				Work Phone:	()			
Cell Number:					Fax Number:	()			
E-mail Address:									
Postal Address:									

Property Details:									
Street Address:				Suburb:					
Town:				Postal Code:					
Erf Description:				Replacement Value:					
Type of Residence:			Main Residence		Holiday Home		Other (Please Specify):		
The Residence is occupied by:			Owner		Tenant				
Area type:	Residential		Security Complex		Small Holding		Farm		Gated Community
Other (Please Specify):									
Would the building be left unoccupied for more than 60 consecutive days in any one year?						Yes		No	
Wall construction:	Brick & plaster			Timber			Asbestos		Other
Roof Construction:	Iron / Aluminum			Tiles			Concrete		Asbestos
	Slate			Timber			IBR		Thatch
	Treated thatch			Roof type:			Pitched		Flat
SABS Approved Lightning conductor:				Yes		No			
Thatch Lapa:	Yes		No		Is the thatch lapa situated within 5m from the main residence?			Yes	No
Swimming pool:	Yes		No		Is the lapa treated with a fire resistant material?			Yes	No
Age of Building:	< 1 year			1-10 years			10-25 years		> 25 years
Do you have any electronic fixtures (security and home management systems) in the sum insured?				Yes		No		If yes, please state replacement value:	
Do you require Geyser Replacement Cover?				Yes		No		No. of geysers:	

Account Details: This serves as an Authority for FPA to debit premium from the account stated below:										
Inception Date:				Payment Frequency:			Annual		Monthly	
Account Holder:										
Type of Account:	Current		Savings		Transmission		Bond			
Bank	Branch			Account number:						

I hereby waive any right to privacy with regards to any insurance information provided by me or, on my behalf, in respect of any insurance policy or claim/s made.
 I warrant that the information contained in this proposal is correct and complete.

Signature of applicant:		Date:	
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