



APPLICATION FOR INSURANCE
RESIDENTIAL SECTIONAL TITLE POLICY

BROKER

Company name
Account Executive
Policy handler

THE INSURED

Name of Body Corporate
Postal address
Physical address
.....
SS number
Managing Agent
Contact Person
Phone number
Cell number
E mail

CONSTRUCTION

Roof	Standard / thatch
Any wooden construction?	
Thatch Lapas?	
Walls	
Shade netting / Carports?	
Basement Parking	

Retaining Walls	
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SUMS INSURED

DESCRIPTION	SUM INSURED
Total replacement value of all Buildings and Common Property Contents	R
Common Property Buildings if not included above	R
Intercoms, electric fences, gate motors, etc	R
20% automatic inflation	included
30% Rent and Alternative accommodation	included
Additional Property inflation (if required)	%
Number of geysers to be insured	
Indicate the size / capacity of the geysers to be insured	
Indicate the insured value per m2	R

PREVIOUS INSURANCE HISTORY

Who were you last insured with

Name of insurers

.....
.....
.....

Has any other insurer ever

Refused to insure you?Yes / No

Refused to renew your policy?Yes / No

Applied special terms or excesses or excluded cover?Yes / No

If "Yes", please supply the details on a separate sheet.

History of previous losses / claims.

Please supply the details of all losses you sustained during the past three years, including all claims that were paid and rejected OR attach a detailed 3 year claims experience.

Type of loss	Year	Amount	Insurer
.....
.....
.....
.....
.....

PREMIUM PAYMENT

Period of Insurance and premium payment

From.....to.....

Monthly

Annual

For monthly debit order payments please provide the following details

Name of Account holder	
Name of Bank	
Branch	
Account number	
Branch clearance number	
Type of account	<input type="checkbox"/> cheque <input type="checkbox"/> savings

Debit order agreement

I / We instruct FPA or its' authorised representative to draw on my / our account at the abovementioned institution in any manner agreed on between FPA and such institution, the amount of the premium payable, and request the aforesaid institution to debit my / our account with all debits drawn against it by FPA. All such withdrawals from my/our bank account by FPA shall be treated as though they had been signed by me/us personally.

.....

Signature of account holder

.....

Assisted by

DECLARATION (this declaration is the basis of the contract between us. You are urged to ensure that the information supplied to us and upon which we submitted terms is true and accurate in every way).

I / We hereby declare that the particulars and declarations made by us in this proposal or any other submission made by us or on our behalf in respect of the insurance now applied for are correct and complete and include all information known to me / us which concern the risk to be insured. I / we agree that any other written declaration made by or on behalf of me / us for the sake of the requested insurance will be the foundation of, and will be incorporated in, the agreement between us and FPA and that it will be binding on me / us. It is further declared and understood that should this application be completed and signed by our broker / agent the broker / agent will be considered to have been authorised by us to act as the our agent for the purpose of filling out the application and submitting risk details upon which FPA's acceptance of this application for insurance has been paid based. This includes the premium, terms, conditions and excesses applied by the insurer.

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Date

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Signature of applicant

or

.....

Signature of broker