



**Section 1**

**Household Goods**

Required? 

Yes	No
-----	----

(See also questionnaire below)

Please remember you are responsible for setting the correct value to your property and adjusting this if your goods appreciate. Insurance is on a current replacement costs basis. This section must exclude any items insured under Section 5 (All Risks).

I wish to insure my household goods for

Is the dwelling roofed with thatch?

Are you a Pensioner over 55 and NOT employed?

High Security Living. Does the dwelling comply with the requirements in the attached High Security Living Declaration?

**Optional Extension** - Accidental Damage Cover

**Alternative Cover** - Limited Cover

Voluntary Excess	Amount	Discount	Max (p.m.)
	R 1 000	7.5%	R 20
	R 2 500	15%	R 38
	R 5 000	25%	R 96
	R10 000	40%	R179

Capitals		Dwelling 1		Dwelling 2	
		R .....		R .....	
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No

**QUESTIONNAIRE FOR HOUSEHOLD GOODS INSURANCE.** (Ignore questions 3.1 to 3.4 and 4.1 to 4.6 if proposer qualifies for High Security Living. See below.)

Type of home 

Detached house/cottage	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Flat/Apartment block	<input type="checkbox"/>
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1. How long have you lived at your home address? Years  Months

2. If your home has a thatch roof is it protected by a lightning conductor approved by the SABS?

3. Is your home
- 3.1 a holiday home?
  - 3.2 in an established built-up area?
  - 3.3 on a smallholding or farm?
  - 3.4 near or adjoining public property e.g. vacant stand, park, sports field, golf course, school or shopping centre?

4. Please tell us if
- 4.1 all ground floor opening windows are burglar barred?
  - 4.2 your home has an alarm system?  
If Yes, is it serviced at least once a year?  
Does it have radio communication with a security organisation?
  - 4.3 there are full-time security guards on the property?
  - 4.4 your home has external sliding doors?  
If Yes, are they fitted with a frame-mounted, key operated locking, bolt, or a security gate?
  - 4.5 security gates are fitted to all other external doors of your home?
  - 4.6 your home is usually occupied during normal working hours?  
If Yes, by you or a member of your family?
  - 4.7 this cover replaces an existing insurance for household goods?
  - 4.8 during the last 24 months you or any member of your household has suffered any burglary/theft losses at present address?  
If Yes, number ..... and costs of losses R.....  
What steps have you taken to prevent further losses?  
.....

Capitals		DWELLING 1		DWELLING 2	
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No

5. Are you entitled to a No Claim Bonus?

(Please supply documentary evidence from your previous insurer of number of years claim free.)

Yes		No		Yes		No	
1	2	3	4	5	Years		

**HIGH SECURITY LIVING DECLARATION** (tick one only)

The proposer/policyholder lives in the following premises where all major building construction has been completed:

1.  HIGH SECURITY DEVELOPMENT COMPLEX where

- \* there is a perimeter wall at least 1,8m in height which surrounds the whole complex
- \* there is controlled access to the development.

2.  DETACHED HOUSES/COTTAGES (OTHER THAN IN SECURITY DEVELOPMENTS) where

- \* a response alarm is fitted to both the private residence and outbuildings and will be kept in full working order
- \* a perimeter wall at least 1,8m in height surrounds the dwelling
- \* electronically operated gates control access to the property
- \* all opening windows (including louvers) are burglar barred and external sliding doors are fitted with security gates
- \* it is not opposite to or adjoining a park, sports field, golf course, vacant stand, school or shopping centre
- \* it is not situated on a plot, farm or smallholding and is not isolated

3.  FLATS/APARTMENT BLOCKS (GOUND, FIRST OR SECOND FLOOR) where

- \* a response alarm is fitted to both the private residence and outbuildings and will be kept in full working order
- \* a perimeter with at least 1.8m in height surrounds the dwelling

4.  FLATS/APARTMENT BLOCKS (OTHER THAN 3 ABOVE) where

- \* there is no controlled access to the grounds or at the main entrance
- \* premises are situated above the second floor (e.g. 3<sup>rd</sup> floor and above)
- \* all passage windows are burglar barred
- \* all entrance doors are fitted with security gates

We declare that the dwelling indicated above complies with the security requirements shown. It is understood that the insurer has the right to repudiate liability for loss or damage arising out of theft or attempted theft if at the time of the loss or damage the above security requirements have not been complied with.

**SIGNED** ..... **DATE** .....  
**PROPOSER/POLICYHOLDER**

**Section 2** Personal Liability

This cover is included with household goods insurance. You are automatically covered against claims up to the policy limit for accidental injury or damage caused by yourself or by your family and for which you are legally liable.

**Section 3** Building

Required? 

Yes	No
-----	----

I wish to insure my dwelling for

Is the dwelling roofed with thatch?

Capitals	<b>Dwelling 1</b>		<b>Dwelling 2</b>	
	R .....	R .....	R .....	R .....
	Yes	No	Yes	No

The sum insured for each dwelling should represent the full rebuilding cost of your residence, including outbuildings, tennis courts, swimmingpool, walls, gates, paving and fences. Include the cost of rubble removal, architect's fees and other incidental charges required for rebuilding.

**Subsidence Extension** Rate refer to the Company 

Yes	No	Yes	No
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**Section 4**

**Personal Accident**

Required? 

Yes	No
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You and your spouse can be covered anywhere in the world against accidental death or disablement. The amount of cover is optional. The sum insured is payable in the event of accidental death, with graded amounts for various disabilities.

Sum Insured      Insured      R      Spouse      R

**Section 5**

**All Risks**

Required? 

Yes	No
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List items of jewellery, watches, furs and other individual items worth more than R1 000. (Where applicable indicate the make, model & serial no. and state the replacement value.) Stamp and/or coin collections, car radios/tape players/car phones, contact lenses, pedal cycles and caravan contents should be included under "Specified" irrespective of value.

Item No.	Description – only one line per item	Sum Insured
General	Clothing, personal effects, personal equipment	R
Specified 1		R
2		R
3		R
4		R
5		R
6		R
7		R
8		R
9		R
10		R
<b>Total Sum Insured</b>		<b>R</b>

Continue on a separate sheet if necessary

**Section 6**

**Motor**

Required? 

Yes	No
-----	----

Vehicle	Make & Model	Registration Number	Year of Model	CYL	Value R
1			1 9		
2			1 9		
3			1 9		

	Vehicle 1	Vehicle 2	Vehicle 3						
1. Is the vehicle imported?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
modified or turbo charged to enhance performance?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
kombi type?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
four wheel drive?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
used for goods carrying?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
registered in your name?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
if NOT, in whose name?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
.....									
fitted with a VESA approved device which automatically immobilises the ignition and system or a gearlock?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
fitted with a VESA approved tracking & recovery system?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
at night, parked in a locked garage?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
In a carport with locked gate(s)?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
in a carport and the driveway gates are locked?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
where there is controlled access?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
during the last 24 months, have you or the usual driver had a motor accident or suffered any other loss pertaining to a motor vehicle?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
If Yes, give details	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
.....									
2. Is the usual driver:									
under 25 years of age?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								
pensioner over 55 and NOT employed?	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No								
Yes	No								
Yes	No								

3. For what purpose will the vehicle be used?

0 – Private (excluding travel to and from work and the usual drivers are aged over 25)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1 – Business including travel to and from work but excluding commercial travelling	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
2 – Commercial travelling	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>

4. Cover required

- Comprehensive	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR			
- Third party fire & theft	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR			
- Third party	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Voluntary Excess**

Amount	Disc.	Max (p.m.)						
R 1 000	7.5%	R 15	Yes	No	Yes	No	Yes	No
R 2 500	15%	R 30	Yes	No	Yes	No	Yes	No
R 5 000	25%	R 78	Yes	No	Yes	No	Yes	No
R10 000	40%	R157	Yes	No	Yes	No	Yes	No

5. Are you entitled to a No Claim Bonus?

(Please supply documentary evidence from your previous insurer of Number of years claim free)

Yes	No	Yes	No	Yes	No
1	2	3	4	5	Years

**Optional Extension – Loss of Use**

(Available with comprehensive cover only)

Yes	No	Yes	No	Yes	No
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**Section 7**

**Motor Cycle**

Required?

Vehicle	Make & Model	Registration Number	Year of Model	CC	Value R
1			1 9		
2			1 9		
3			1 9		

1. Year of birth of usual driver      19        19        19

	Item 1	Item 2	Item 3
2. For what purpose will the vehicle be used?			
0 – Private (excluding travel to and from work and the usual driver are aged over 25)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1 – Business including travel to and from work by excluding commercial travelling	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
2 – Commercial travelling	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>

3. Cover required			
Comprehensive	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR			
Third Party	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Have you had an accident in the last 24 months?  
If Yes, when was the accident?

Yes	No	Yes	No	Yes	No
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**Section 8**

**Trailer/Caravan**

Required?

Vehicle	Make & Model	Registration Number	Year of Model	Value R
			1 9	
			1 9	
			1 9	

If cover of caravan contents is required see Section 5 – All Risks

**Section 9**

**Pleasure Craft**

Required?  Yes  No

Type	Vessel/Hull Name	Engine(s)			
		Serial No	Make	Power Rating	Year of Mnfr

(Type - Y = Sailing; M = Motor; S = Ski)

I wish to insure my vessel for R .....

**Section 10**

**Personal Computers**

Required?  Yes  No

Item	Make & Type	Serial No.	Sum Insured
1			
2			
3			

**Section 11**

**Legal Costs**

Required?  Yes  No

Have you or to your knowledge, has any other person to be covered by this insurance been involved in any litigation in the past 3 years? If Yes, give details

Yes  No

Are you aware of the existence of any circumstances likely to give rise to the payment of legal fees or Expenses or any other claims hereunder? If Yes, give details

Yes  No

**DECLARATION**

**I WARRANT THAT** the answers given are true and I do not know of any material facts, even though specific questions about them have not been asked, which should be communicated to PARADIGM RISK CONSULTANTS (PTY) LTD and/or REGENT INSURANCE COMPANY LIMITED, (the insurer), I have never been refused insurance for the risks I wish to insure nor have I had any policy in which I have or had an interest, cancelled or restricted

The person completing this proposal (and attached questionnaire) on my behalf does so as my agent.

**I AGREE THAT** this proposal (and attached questionnaire) shall be the basis of the contract between the insurer and myself.

**I WILL ACCEPT** the insurer's policy.

**I UNDERSTAND THAT** this insurance will not start until this proposal (and questionnaire) has been accepted by the insurer.

If you are unable to sign this very important declaration without qualifications, please give your reasons here:

SIGNATURE ..... DATE .....