

Personal Proposal Form

Applicant and other insured's details:

| | | |
|-----------------------|---|---|
| | Applicant | Co-insured 1 |
| Full name: | sdadsadasdsad | |
| Date of birth: | asdsdasdsad | |
| Gender: | Male: <input type="checkbox"/> Female: <input type="checkbox"/> | Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
| ID / passport number: | asdasdsad | |
| Title: | asdasdsad | |
| Marital status: | | |
| Occupation: | | |

Further details of applicant:

| | | | |
|-------------------|--|-----------------|--|
| Work telephone: | | Home telephone: | |
| Fax number: | | Cellphone: | |
| Email: | | Postal address: | |
| Physical address: | | | |

To enable us to underwrite the risk fairly and combat insurance fraud, we need your consent to verify and share policy information with insurers and other institutions as well as access to information held by other institutions? Yes: ☐ No: ☐

Broker details:

| | | | |
|------------|--|-----------------|--|
| Brokerage: | | Contact person: | |
| Cellphone: | | Email: | |

General

| | |
|---|--|
| Have you ever been informed of cancellation of insurance, advised to arrange alternative insurance or refused renewal of insurance? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
|---|--|

| | |
|-----------------------|--|
| If yes, give details: | |
|-----------------------|--|

| | | | |
|---|--|---------------|--|
| If you are currently not insured but were previously, please provide the following: | | | |
| Last date of insurance: | | Insurer name: | |

| Have you had any incidents in the past 3 years whether a claim was submitted or not? Please provide details below: | | | |
|--|------|--------|---------|
| Type of loss | Year | Amount | Insurer |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



BluOrange
FINANCIAL SERVICES

Address: Black Umbrellas Office, Capital Junction, 1226 Francis Baard Street, Hatfield, Pretoria, 0002

Postal: 29 The Hudson, Amamapondo Drive, Amberfield City, Centurion, 0157

Telephone: 012 941 9350

Email: director@bluorangeinsure.co.za

For All Your Insurance Needs

BluOrange Financial Services is an authorised Financial Services Provider. FSP No 49178 Reg No 2015/443309/07

Mark the insurance sections which you require:

| PART 1: PROPERTY AND PERSONAL ACCIDENT | | PART 2: LIABILITY AND LEGAL | |
|--|---------------------|-----------------------------|------------------------------------|
| Buildings: | Contents: | Legal costs: | Identity theft: |
| All risk: | Computer equipment: | Personal legal liability: | Extended personal legal liability: |
| Vehicles: | Motorcycles: | | |
| Trailers and caravans: | Water craft: | | |
| Personal accident: | | | |

PART 1:

BUILDINGS

Type of residence:

Physical address:

Flat above ground floor?

Roof construction:

Lightning conductor?

Wall construction:

Number of geysers on premises:

Thatch lapa?

Distance from house (in meters):

No-claim bonus (in years):

Unfurnished?

Unoccupied?

Subsidence / landslip cover (extended cover)?

Accidental damage to fixed machinery?

Generator hire following insured event?

Sum insured of buildings:

Bond holder:

| Building 1: | | | Building 2: | | |
|------------------------|-----|--------------------------|------------------------|-----|--------------------------|
| Main residence: | | Holiday home: | Main residence: | | Holiday home: |
| Other residence: | | | Other residence: | | |
| | | | | | |
| Yes: | | No: | Yes: | | No: |
| Thatch: | | Thatch with thatch sayf: | Thatch: | | Thatch with thatch sayf: |
| Yes: | | No: | Yes: | | No: |
| | | | | | |
| | | | | | |
| Size in m ² | | | Size in m ² | | |
| | | | | | |
| Yes: | No: | Period: | Yes: | No: | Period: |
| Yes: | | No: | | | |
| Yes: | No: | Amount: | Yes: | No: | Amount: |
| Yes: | | No: | | | |
| | | | | | |
| | | | | | |



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