



SRIC

Ensuring your tomorrow, today.

PROPOSAL FOR DOMESTIC PROTECTOR INSURANCE

Intermediary	Agency No	Policy No.
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Please answer all questions and tick the appropriate box

This insurance is dependent upon a true and complete answer being given to each question. Even if not asked for, all material information must be disclosed.

PERSONAL DETAILS

Surname First Names

Title MR MRS MISS Date of Birth DD/MM/YYYY Age Next Birthday

Telephone Number (home) Mobile Number

Email Address

Residential Address
(attach copy of water bill/lease agreement/affidavit/ ITC proof/ furniture shop/rates Clearance/ letter from Chief or Indvuna with a chieftdom stamp)

Postal Address

Nationality ID No (attach copy of ID)

(if foreign national, attach certified copy of Passport/Residence permit/Country of origin Identity Document)

EMPLOYMENT DETAILS

Name of Employer

Postal Address of Employer

Physical Address of Employer

Contact Details Telephone Fax

Source of Income (salaried or otherwise) Other Source of Income

Income Bracket

E5 000 and below	<input type="checkbox"/>
E5 001 to E10 000	<input type="checkbox"/>
E10 001 to E20 000	<input type="checkbox"/>
E20 001 and above	<input type="checkbox"/>



COMPANY DETAILS (WHERE APPLICABLE)

Place of Incorporation or Registration

Date of Incorporation or Registration

(attach copies of all relevant certificates, i.e Certificates of Incorporation, Board Resolutions, or letter on letterhead confirming who may sign on behalf of the entity, Form J or Form C (depending on the type of company - small, medium, or large)

Source of Income (attach payslip/bank statement)

AUTHORISED COMPANY REPRESENTATIVES (FILL IN AT LEAST TWO)

Natural persons representing the company (certified copies of National Identity document)

Name	Identity Number	Specimen Signature	Designation
1.			
2.			

Partners if the entity is a partnership

Name	Identity Number	Specimen Signature	Designation
1.			
2.			

Trustees or any other person exercising effective control over the trust property and beneficiary if the entity is a trust

Name	Identity Number	Specimen Signature	Beneficiary & Identity Number
1.			
2.			

Nature of business, profession or trade in which engaged

Commencement Date

Renewal Date

Premium Payment Requirements

Monthly Debit Order

Annually, cash

If Monthly give details below

Name of Bank / Building Society

Branch

Branch Code

Name of Account Holder

Account Number

Have you or has any member of your household had any application for insurance declined or insurance cancelled or renewal refused or not invited or had special conditions imposed

Yes	No
-----	----

Have you previously been insured for any of the risks for which you are now proposing?

Yes	No
-----	----

If Yes to the above questions please give full details including Insurers' names/Branches

No liability will attach to the Swaziland Royal Insurance Corporation until this proposal has been accepted



Please indicate the cover required and complete the relevant section (tick)

Buildings	<input type="checkbox"/>	Contents	<input type="checkbox"/>	All Risks	<input type="checkbox"/>	Motor Car/Motor Cycle	<input type="checkbox"/>
Caravan/ Trailer	<input type="checkbox"/>	Personal Liability	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>		

BUILDINGS SECTION

1 Sum Insured (cost of rebuilding main residence, outbuildings, tennis court, swimming pool, spas, borehole equipment, driveway, patios, walls, gates, and fences) E

2 Do you have further buildings such as second or holiday homes to be insured? Yes No

If YES give address below

Second Home

3 Sum Insured (cost of rebuilding main residence, outbuildings, tennis court, swimming pool, spas, borehole equipment, driveway, patios, walls, gates, and fences) E

4 Second Home

5 Sum Insured (cost of rebuilding main residence, outbuildings, tennis court, swimming pool, spas, borehole equipment, driveway, patios, walls, gates, and fences) E

6 Are all the buildings to be insured constructed solely of brick stone or concrete walls and roofed with tiles slate metal or asbestos? If No, give full details. Yes No

7 Are any of the buildings to be left unoccupied for more than a total of 60 days a year? Yes No

If Yes, give full details.

8 Is the insurance on any of the mortgage to be ceded to a mortgagee? Yes No

If yes, give name of mortgagee

Main Residence

Second Home

Holiday Home

REMINDER it is in your interest to ascertain the current building costs applicable to the standard of construction of your buildings when arriving at your sums assured so as to avoid the application of average due to underinsurance



CONTENTS SECTION

1	Sum Insured (we strongly recommend that you complete the checklist overleaf to assist you in calculating an adequate sum)		E
2	Do you have any further Contents in a second or holiday home to be insured?	Yes	No
	If yes, give address below		
	Second home		
3	Sum Insured (refer to Checklist to calculate an adequate sum insured to avoid the application of average due to under insurance)		E
4	Holiday home		
5	Sum Insured (we strongly recommend that you complete the checklist overleaf to assist you in calculating an adequate sum)		E
6	Are all the buildings housing the contents to be insured constructed solely of brick stone or concrete walls and roofed with tiles slate metal or asbestos? If No, give full details.	Yes	No
7	Will 24hr security be provided?	Yes	No
8	Are any of the homes to be left unoccupied within the next 60 days?	Yes	No
9	Are any of the homes to be left unoccupied for more than a total of 60 days a year?	Yes	No
10	Are any of the homes to be left unoccupied during working hours?	Yes	No
11	Are any of the homes to be let out or used as a commune?	Yes	No
12	The liability in respect of platinum gold and silver articles jewellery watches furs your photographic equipment oriental carpets and rugs is limited to 33 1/3% of the amount of insurance for each home. Do you want this increased? If yes to questions 7-12, please give details.	Yes	No
13	Are all opening portions of all windows protected by burglar bars / grilles?	Yes	No
	Are all exterior doors protected by grille gates?	Yes	No
14	Are your home contents protected by a fully operational burglar alarm? If YES please state Name of Installation (documentary proof required)	Yes	No
	Is it linked to a control centre?	Yes	No
	Does it incorporate an immediate siren?	Yes	No
15	Are you entitled to a claim discount from your previous insurer? If YES, number of years (documentary proof required)	Yes	No

**CHECKLIST**

REMINDER Your personal possessions are always worth more than you think. Your contents insurance is based on the present day cost of similar articles but without any deduction for wear and tear except in respect of clothing.

It is imperative that you arrive at the correct sum insured to avoid the application of average

LOUNGE			FAMILY ROOM			STUDY		
Lounge Suite	E	E	Tables & chairs	E	E	Desk & bookcases	E	E
Display cabinet	E	E	Hi-Fi, Radios, CDs	E	E	Tables & chairs	E	E
Tables & Chairs	E	E	TV & Video	E	E	Books & manuscripts	E	E
Curtains & carpets	E	E	Curtains & carpets	E	E	Curtains & carpets	E	E
Paintings & ornaments	E	E	Paintings & ornaments	E	E	Paintings & ornaments	E	E
Piano & other instruments	E	E	Piano & other instruments	E	E	Sewing machine	E	E
Lamps	E	E	Lamps	E	E	Cameras & projectors	E	E
Wine & spirits	E	E	Books	E	E	Firearms & binoculars	E	E
Other	E	E	Other	E	E	Typewriter	E	E
Total	E	E	Total	E	E	Sporting equipment	E	E
						Other	E	E
						Total	E	E
DINING ROOM			KITCHEN AND LAUNDRY			HALL, PASSAGES AND MAIN BATHROOM		
Dresser or sideboard	E	E	Stove	E	E	Towel and Toiletries	E	E
Tables & chairs	E	E	Fridge & contents	E	E	Linen	E	E
Dinner service	E	E	Dishwasher	E	E	Tables & chairs	E	E
Cutlery & silverware	E	E	Washing Machine	E	E	Curtains & carpets	E	E
Glassware	E	E	Tumble Dryer	E	E	Paintings & ornaments	E	E
Hot tray	E	E	Mixer & blender	E	E	All household heaters	E	E
Curtains & carpet	E	E	Vacuum & polisher	E	E	Other	E	E
Paintings & ornaments	E	E	Electrical appliances	E	E	Total	E	E
Other	E	E	Cutlery & crockery	E	E		E	E
Total	E	E	Furniture & curtains	E	E		E	E
	E	E	Groceries & Oth	E	E		E	E
	E	E	Total	E	E		E	E
MAIN BEDROOM AND BATHROOM			BEDROOM 2			BEDROOM 3		
Bed & mattress	E	E	Bed & mattress	E	E	Bed & mattress	E	E
Wardrobes	E	E	Wardrobes	E	E	Wardrobes	E	E
Tables & chairs	E	E	Tables & chairs	E	E	Tables & chairs	E	E
Curtains & carpets	E	E	Curtains & carpets	E	E	Curtains & carpets	E	E
Paintings & ornaments	E	E	Paintings & ornaments	E	E	Paintings & ornaments	E	E
Linen, blankets & bedding	E	E	Linen, blankets & bedding	E	E	Linen, blankets & bedding	E	E
Clothing & footwear	E	E	Clothing & footwear	E	E	Clothing & footwear	E	E
Furs & jewellery	E	E	Furs & jewellery	E	E	Furs & jewellery	E	E
Other	E	E	Other	E	E	Other	E	E
Total	E	E	Total	E	E	Total	E	E
BEDROOM 4			GARAGE AND WORKSHOP			SUMMARY TOTALS		
Bed & mattress	E	E	Power tools	E	E	Lounge	E	E
Wardrobes	E	E	Hand tools	E	E	Family Room	E	E
Tables & chairs	E	E	Workbench & vice	E	E	Study	E	E
Curtains & carpets	E	E	Bicycles	E	E	Dining Room	E	E
Paintings & ornaments	E	E	Lawnmower & roller	E	E	Kitchen and Laundry	E	E
Linen, blankets & bedding	E	E	Garden implements	E	E	Hall Passages & Main Bathroom	E	E
Clothing & footwear	E	E	Braai equipment	E	E	Main Bedroom & Bathroom	E	E
Furs & jewellery	E	E	Camping equipment	E	E	Bedroom 2	E	E
Other	E	E	Other	E	E	Bedroom 3	E	E
Total	E	E	Total	E	E	Bedroom 4	E	E
	E	E		E	E	Garage & Workshop	E	E
	E	E		E	E	Total	E	E



ALL RISKS SECTION

Please list the items to be insured giving a full description including serial numbers and model numbers. Valuation Certificates are required for items of jewellery and furs exceeding E5 000 in value

Item	Description	Sum Insured
Item 1	Wearing apparel and personal effects	E
Item 2		E
Item 3		E
Item 4		E
Item 5		E
Item 6		E
Item 7		E
Item 8		E
Item 9		E
Item 10		E
Item 11		E
Item 12		E
Item 13		E
Item 14		E
Item 15		E
Item 16		E
Item 17		E
Item 18		E
Item 19		E
Item 20		E

Should there be more items please attach separate listing



MOTOR SECTION

REMEMBER: Cover in respect of car radios and sound equipment should be specified under the All Risks Section of the proposal.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
1 Make and Model					
2 Cubic Capacity					
3 Registration Number					
4 Engine / Chassis Number					
5 Year of Manufacture					
6 Date of Purchase					
7 Cover Required	COMP TP F&T TP	COMP TP F&T TP	COMP TP F&T TP	COMP TP F&T TP	
8 Value	E	E	E	E	
9 Is the vehicle an import?	Yes No	Yes No	Yes No	Yes No	
10 Is the vehicle a rebuild?	Yes No	Yes No	Yes No	Yes No	
11 Claim Free Years (attach proof)					
12 Will car be used solely for social, domestic & pleasure purposes?	Yes No	Yes No	Yes No	Yes No	
13 Will car be used for commercial purposes?	Yes No	Yes No	Yes No	Yes No	
14 Will motor cycle be used for carriage of Pillion Passengers?	Yes No	Yes No	Yes No	Yes No	
15 Name of Registered Owner					
16 Make and Type of Anti Theft Device (attach proof)					
17 Do you wish to bear the first portion of any claim under this section (over and above the compulsory first amounts payable)? If so, please indicate the amount.	Yes No	Yes No	Yes No	Yes No	
16 Is the Vehicle the subject of a Hire Purchase Agreement or Lease? If so, Name of Finance Company	E	E	E	E	
	Yes No	Yes No	Yes No	Yes No	
18 Name of Principal Driver					
Occupation					
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	
Year First Full Licence Obtained					
19 Does any person who you know will drive suffer from defective vision or hearing or from physical or mental infirmity?				Yes No	
20 Has any person who you know will drive been convicted or paid an admission of guilt fine during the past five years in connection with the driving of any vehicle or is prosecution pending? If YES to questions 18/19 give full details				Yes No	
21 Do you require cover to be extended to include car hire following	Please tick	Category (tick)			
a) Standard Option	<input type="checkbox"/>	Group	L	B	C
b) Enhanced Option	<input type="checkbox"/>	Group	L	B	C



MOTOR SECTION

Vehicle 1

Vehicle 2

Vehicle 3

Vehicle 4

If YES to questions 18/19 give full details

- 22 Do you require additional benefits such as Personal Accident Cover (limited to E10 000) or increased Medical Expenses limits Yes No
- 23 Are you able to restrict the motor car insurance so that it will not operate whilst any person other than you and your spouse is driving? (both must be over 25 years of age) Yes No
Spouse's date of birth
- 24 Do you require credit shortfall cover? Yes No
If YES, total sum insured must be increased to cater for your outstanding finance charges

CARAVAN / TRAILER SECTION

REMEMBER: The value of your caravan or trailer is based on current market value inclusive of VAT

	Caravan			Trailer		
1 Make and Model						
2 Registration Number						
3 Year of Manufacture						
4 Makers Number						
5 Cover Required	COMP	TP F&T	TP	COMP	TP F&T	TP
Value	E			E		
6 Let out on Hire?	Yes	No		Yes	No	
7 Do you wish to cover Contents?	Yes	No		Yes	No	
Value	E			E		
9 Name of Registered Owner						
10 Do you want to bear the first portion of any claim under Section in exchange for a premium discount	Yes	No		Yes	No	
If YES please indicate the amount						



PERSONAL LIABILITY SECTION

REMEMBER: The The limit of liability in respect of any one claim under this Section is E2 000 000.

PERSONAL ACCIDENT AND ILLNESS SECTION

Persons To Be Insured	1	2	3	4
1. Name				
2. Date of Birth				
3. Occupation				
4. Height				
5. Weight				

In respect of Person to be Insured

6. Please give full details of injuries disease or illness you have had {giving dates and duration)

7. Do you at present have any personal accident or illness insurance in force? Yes No

If YES give full details

8. Do you now and do you ordinarily enjoy good health? Yes No

if NO give full details

9. Have you been exposed in the last six weeks to any infection? Yes No

if YES give full details

10. Are you aware of anything which may at any time render necessary a surgical operation? Yes No

If YES give full details

11. Has any near relative suffered from cancer tuberculosis or heart disease epilepsy or insanity? Yes No

If YES give full details

Benefits Required

Accident Causing

Death	E	
Permanent Disablement	E	
Temporary Total Disablement	E	
Medical Expense	E	

Illness Causing

Total Blindness	E	
Total Paralysis	E	
Temporary Total Disablement	E	
Medical Expense	E	



LOSS HISTORY

1. In respect of the risks proposed for insurance by any of the Sections chosen (other than the Motor and Caravan/Trailer Sections) have you had any accidents or suffered any losses within the past three years (whether insured or not)?

Yes No

2. In respect of the risks proposed for insurance by the Motor and Caravan/Trailer Sections have you or has any person you know will drive had any accidents or suffered any losses within the past three years (whether insured or not)?

Yes No

If YES to Question 1 and/or 2 please give full details of Accident Loss or Damage. Name of Insurer, the Branch who handled the claim, the Total Cost giving amount paid and any amount to be paid)

YYYY	
YYYY	
YYYY	

OTHER INFORMATION

How did you know about this insurance policy? Was it through:

- a) Always insured with SRIC
- b) Broker Consultants
- c) Agents
- d) Informed by someone else
- e) Billboards
- f) Radio Advert
- g) Newspaper Advert



DECLARATION

1. I warrant that all the information given in this Proposal Form, and in all documents which have been or will be signed by me in connection with the proposed insurance, is true and complete. I further warrant that all the information given or to be given by me in writing, electronically or otherwise, in connection with the proposed insurance is true and complete.
2. I agree that the statements in this Proposal Form and electronic information, and the documents stated above shall, in addition to the statements in the application, be the basis of the proposed contract; that any material misstatement or omission therein may lead to any contract made being declared void by Swaziland Royal Insurance Corporation (SRIC).
3. I understand that SRIC regards the answers given in this Proposal Form or electronically as material in assessing my application for the cover accruing from the insurance policy.
4. Accepting that I am thereby curtailing my right to privacy, but to facilitate financial underwriting, and the consideration of any claim for benefits, under a policy related to this or any other application for insurance made by me, or in respect of me as the insured, I irrevocably authorize SRIC to obtain any and all information pertaining to me as may be appropriate from any insurers or other financial institutions, including and via any third party, contracted to the said insurer or other financial institution.
5. I irrevocably authorize SRIC:
 - (a) to obtain from any person, whom I hereby so authorize and request to give, any information which SRIC deems necessary, and;
 - (b) to share with other insurers, and any associations of such insurers, that information and any information contained in this application or in any related policy or other document, either directly or through a database operated by or for such insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by SRIC or by the operators of such database.

PROTECTION OF PERSONAL INFORMATION

I hereby agree that SRIC may use my information or obtain information about me for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Fraud prevention and detection/Money laundering
- Claims checks (Claims Register)
- Market research & statistical analysis
- Audit & records keeping purposes

Name of proposer

Designation of Proposer (if representing company, partnership, trust, etc)

Signature of Proposer Date



FOR OFFICIAL USE ONLY

NB: Attach:

1. Copy of ID
2. Proof of Residence if premium is above E10 000
3. Resolution if Partnership/Trust/Company

The Officer in charge shall ensure that the client has accurately filled in the under-listed information

Personal Details	
Employment Details	
Payment Details	
Any Other Vital Information	

Signature of Officer	
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Stamp	
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