



Renthea Smit

SHORT TERM INSURANCE BROKERS FSP-16890

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SHORT TERM INSURANCE QUESTIONNAIRE

Personal Information

- 1. Title: Name: Surname: 2. Id. Number: 3. Cell phone no: 4. Email address: 5. Occupation: 6. Qualifications: 7. Language:

House Contents

- 8. Risk Address: Code: 9. Type of residence: Main/Holiday & Flat/House/Townhouse/Other: 10. Construction: Brick/Wood/Other: 9. Roof: Tile/Thatch/Iron/Other: 11. Value of House Contents (minimum R150 000.00): R

Security of Main Residence

- 12. Security gates on all external doors: yes/no 13. Burglar bars on all opening windows: yes/no 14. Security gates on all sliding/French doors: yes/no OR 15. Linked alarm: yes/no OR 16. Secured Complex: Electrified fence: yes/no 24Hr Security guards at main gate: yes/no 24Hr Patrol: yes/no 17. Are there any Thatch buildings on the premises? Yes/no 18. Size of Thatch construction: Distance of construction from main residence:

All Risk Unspecified

- 19. Minimum R5000.00: yes/no

All Risk Specified (Cell phones, Laptops, Jewellery, GPS, Sport Equipment) Optional

Table with 4 columns: ITEM, MODEL, SERIAL NO, VALUE

Buildings

- 20. Risk Address: Code: 21. Type of residence: Main/Holiday & Flat/House/Townhouse/Other:

22. Construction: Brick/Wood/Other:
23. Replacement value: R

Roof: Tile/Thatch/Iron/Other:

Vehicle Information

<u>VEHICLE INFORMATION</u>	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>	<u>VEHICLE 3</u>
1. Model&Make			
2. Year			
3. USE: Private/business			
4. Registered Owner			
5. Regular driver : ID Name Relation to Insured			
6. Security in vehicle: Tracking : yes/no Immobiliser: yes/no			
7. Parked at night in locked garage/behind locked gates.			
8. Year Drivers licence issued:			
9. Type of Drivers licence (EB, B)			
10. Extras: value			
11. Total Value			

Claims History: Please supply information on all losses in the past 5 years.

<u>TYPE OF LOSS</u>	<u>INSURER</u>	<u>YEAR</u>	<u>AMOUNT OF DAMAGE</u>

Current Insurance

24. Current Insurer:
25. What do you currently pay for short term insurance? R
Authorized signature of applicant:

26. Total Years Insured:

Date: / /