

## QUOTATION QUESTIONNAIRE: SHORT TERM INSURANCE - PERSONAL LINES – PERSONAL LINES

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Existing Client: ☐ Yes ☐ No

Name: \_\_\_\_\_ Work no: \_\_\_\_\_

Address: \_\_\_\_\_ Cell no: \_\_\_\_\_

Code: \_\_\_\_\_ Fax no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Insured ID: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Spouse ID: \_\_\_\_\_

Number of years with current insurer: \_\_\_\_\_

**DECLARATION:** Have you been insured previously? ☐ Yes ☐ No Have you ever been convicted of any offence? ☐ Yes ☐ No

Have you ever been involved in civil or criminal litigation or had a civil judgement passed against you? ☐ Yes ☐ No

Have you ever had insurance cover declined, cancelled or had special conditions imposed against you? ☐ Yes ☐ No

Do we have your permission to allow insurers to perform a confidential ITC credit check? ☐ Yes ☐ No

**CONTENTS: (Main):** R \_\_\_\_\_ (sum insured) **OUTBUILDINGS:** R \_\_\_\_\_ (sum insured)

Property Type: Flat (ground) ☐ Flat (above) ☐ Townhouse ☐ Semi-Detached ☐ Detached House ☐

Secure Estate ☐ Farm ☐

Construction: Roof \_\_\_\_\_ Construction: Walls \_\_\_\_\_

<b>SECURITY:</b>	Burglar bars:	Yes	No	On all opening windows?	Yes	No	On all fixed windows?	Yes	No
	Security gates:	Yes	No	On all external doors?	Yes	No	On all sliding doors?	Yes	No
	Linked alarm:	Yes	No	With armed response?	Yes	No	Company:		
	Access controlled:	Yes	No	Signing in with guards?	Yes	No	24H guards on patrol?	Yes	No
	Perimeter with electric fence:	Yes	No	Occupied during work hours?	Yes	No			

**NCB:** \_\_\_\_\_ Losses in last 5 years: \_\_\_\_\_

**CONTENTS: (Holiday):** R \_\_\_\_\_ (sum insured) **OUTBUILDINGS:** R \_\_\_\_\_ (sum insured)

Property Type: Flat (ground) ☐ Flat (above) ☐ Townhouse ☐ Semi-Detached ☐ Detached House ☐

Secure Estate ☐ Farm ☐

Construction: Roof \_\_\_\_\_ Construction: Walls \_\_\_\_\_

<b>SECURITY:</b>	Burglar bars:	Yes	No	On all opening windows?	Yes	No	On all fixed windows?	Yes	No
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	Access controlled:	Yes	No	Signing in with guards?	Yes	No	24H guards on patrol?	Yes	No
	Perimeter with electric fence:	Yes	No	Occupied during work hours?	Yes	No			

**NCB:** \_\_\_\_\_ Losses in last 5 years: \_\_\_\_\_

**BUILDINGS: (Main):** R \_\_\_\_\_ (sum insured) **Outbuildings:** R \_\_\_\_\_ (sum insured)

Machinery Breakdown Required? ☐ Yes ☐ No ☐ R \_\_\_\_\_ (sum insured)

**Losses in last 5 years:** \_\_\_\_\_

**BUILDINGS: (Holiday):** R \_\_\_\_\_ (sum insured) **Outbuildings:** R \_\_\_\_\_ (sum insured)

Machinery Breakdown Required? ☐ Yes ☐ No ☐ R \_\_\_\_\_ (sum insured)

**Losses in last 5 years:** \_\_\_\_\_

**ALL RISK: (insured for New Replacement Value)**

Unspecified: R \_\_\_\_\_ Laptop: R \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

Laptop: R \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

Cell Phone: R \_\_\_\_\_ Model: \_\_\_\_\_ IMEI: \_\_\_\_\_

Cell Phone: R \_\_\_\_\_ Model: \_\_\_\_\_ IMEI: \_\_\_\_\_

Items over R2000 each: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Losses in last 5 years:** \_\_\_\_\_

**Client signature:** \_\_\_\_\_ **Advisor signature:** \_\_\_\_\_

### Head Office

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