



PROPOSAL



Ook verkrygbaar in Afrikaans

Authorised Financial Services Provider

At Mutual & Federal we recognise that you are an individual with your own unique needs. As part of our policy to create the most comprehensive products at competitive premiums we have designed Allsure to be flexible enough to allow you to structure your short-term insurance policy according to your own individual needs.

Automatic lifestyle selection (on enhanced Mutual & Federal systems) provides you, our Policyholder, with greater flexibility. Mutual & Federal strives to ensure maximum customer satisfaction. We continuously research market trends and customer needs. With that in mind we have introduced a simple Flat First Amount Payable structure (outlined on page 2). By selecting annual payments of premium over monthly you reduce your premium even further.

Please note that Allsure is specifically designed for the private householder and does not cater for business activities. We have a separate range of business policies and your insurance adviser or local Mutual & Federal office can give you details.

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We remind you not to sign any blank or partially completed forms. The signing of blank or partially completed forms by the policyholder, whereby someone else fills in the details at a later stage, is an offence in terms of the Code Of Conduct which forms part of the Financial Advisory and Intermediary Services (FAIS) act.

SASRIA cover is automatically included where applicable.

Remember, no liability will attach to the insurer until this proposal has been accepted by Mutual & Federal Insurance Company Limited Reg. No. 1970/006619/06

INSTRUCTIONS

- Complete only the sections that are applicable to the cover required.
- All sums insured and First Amounts Payable must be rounded off to the nearest rand.
- Section A is to be completed by the insurance adviser.
- Complete this document in ink and ✓ the appropriate boxes.
- All fields must be completed for each section required.

FIRST AMOUNT PAYABLE STRUCTURE

STANDARD FIRST AMOUNTS PAYABLE

Household Goods Section	Building Section	Motor Section		Motor Cycle Section	All Risk Section General Item	Legal Costs, Personal Computers, Caravan/ Trailer and Pleasure Craft Section
		Applicable to Comprehensive and Third Party Fire and Theft	Replacement of Window Glass			
R 250	R 500	R1 500	R 350	R1 000	R 250	R 250

Other Compulsory First Amounts Payable will be indicated on the policy schedule.

SELECTABLE FIRST AMOUNTS PAYABLE

This will replace the Standard First Amount Payable if selected and will reduce your premium.

Sections not detailed in the tables specified below do not have Selectable First Amounts Payable as an option.

Household Goods Section	Building Section	Motor Section
		Applicable to Comprehensive and Third Party Fire and Theft
R 1 000 R 2 000 R 3 000 R 4 000 R 5 000 R 7 500 R 10 000 R 12 500 R 15 000 R 17 500 R 20 000 R 22 500 R 25 000	R 1 000 R 2 000 R 3 000 R 4 000 R 5 000 R 7 500 R 10 000 R 12 500 R 15 000 R 17 500 R 20 000 R 22 500 R 25 000	R 2 000 R 3 000 R 4 000 R 5 000 R 7 500 R 10 000 R 12 500 R 15 000 R 17 500 R 20 000 R 22 500 R 25 000

RETIRED PERSONS

(Policyholders over the age of 55 years and not gainfully employed)

- The policy is **EXCESS FREE** (No First Amounts Payable are applicable) other than those specifically indicated on the schedule.
- The minimum Selectable First Amount Payable is as follows:

Household Goods Section	R 250
Building Section	R 500
Motor	R1000
- You can choose to pay a First Amount Payable for an Item or Section from the Standard or Selectable First Amount Payable tables, which will allow you a premium discount.

A. INSURANCE ADVISER DETAILS

This section is to be completed by the insurance adviser

Name Telephone

Insurance adviser's code Cell number

E-mail address

Do you require Broker fees on this policy? Yes No

If Yes, please advise the amount % or R

B. GENERAL INFORMATION OF THE PROPOSER

The Allsure Policy can only be issued in the name of an individual and not in a company name or a CC.

Title (e.g. Mr, Mrs, Miss) Date of Birth ID Number

Gender M F Passport Number (if non SA resident)

Initials Surname

Postal address

Suburb

City Postal Code

Telephone Work Telephone Home } Please provide at least one telephone number

Cell Fax Number

E-mail address

Language preferred
English E or Afrikaans A

Inception date of this insurance

Are you 55 or older and not gainfully employed? Yes

OCCUPATION

(Residences occupied as communes are not acceptable)

Will the residence be left unoccupied for more than 7 consecutive days within the first 30 days from the inception date of this policy

Will the residence be left unoccupied during working hours

Will the residence be left unoccupied for more than a total of 60 days per year

Is the residence a Holiday Home

Will the residence be hired or let out

If Yes, please supply details

RESIDENCE 1

RESIDENCE 2

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

SECURITY

Are all opening windows burglar barred

Are all fixed windows burglar barred

Are all access doors fitted with security gates

Does any outbuilding or garage adjoining to the main residence have an interleading door

Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height

Are there full time security guards on your property

Is there 24 hour access control to your property

Is your home protected with an Alarm System

If Yes, is the alarm SAIA Approved

If Yes, please supply us with the SAIA Certificate Number

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

A copy of the certificate must be attached

1. HOUSEHOLD GOODS

It is in your interest to correctly evaluate your property and to advise us when the values change to avoid underinsurance. The Inventory form at the back of this proposal can assist you in determining the correct value. Please ensure that all Household Goods and personal effects are insured for New Replacement Value.

Do you require this insurance? Yes No

RESIDENCE 1

RESIDENCE 2

Sum Insured required

Full cover

or

Restricted Cover (Fire and Perils)

Are you entitled to a claim free group from your previous insurer

If Yes, please state number of years

R

R

Yes No

Yes No

OPTIONAL COVER

Accidental Damage

Cover for accidental damage to the contents of your private residence can be provided for the following limits

Please the appropriate block if you require this cover

RESIDENCE 1		RESIDENCE 2	
<input type="checkbox"/> R10 000	<input type="checkbox"/> R25 000	<input type="checkbox"/> R10 000	<input type="checkbox"/> R25 000
<input type="checkbox"/> R50 000	<input type="checkbox"/> R100 000	<input type="checkbox"/> R50 000	<input type="checkbox"/> R100 000

FIRST AMOUNT PAYABLE

Please refer to page 2 for selection of the First Amount Payable

Retired Persons: Do you wish to pay a First Amount Payable in return for a premium discount? If Yes, please indicate the amount you have selected

RESIDENCE 1	RESIDENCE 2
R <input type="text"/>	R <input type="text"/>

Non-Retired Persons: Please indicate the First Amount Payable you have selected

R <input type="text"/>	R <input type="text"/>
------------------------	------------------------

2. PERSONAL LIABILITY

This is automatically included with household goods insurance.

The limit of liability in respect of any one claim under this section is **R5 000 000**

3. BUILDING

It is in your interest to ascertain the current replacement building costs applicable to your residence (including outbuildings) to avoid underinsurance.

Do you require this insurance? Yes No

Sum insured required

RESIDENCE 1	RESIDENCE 2
R <input type="text"/>	R <input type="text"/>

SUBSIDENCE: Please note that Subsidence cover is not automatically provided. Should you wish to make further enquiries regarding this cover, please contact Mutual and Federal or your Insurance adviser

FIRST AMOUNT PAYABLE

Please refer to page 2 for selection of the First Amount Payable

Retired Persons: Do you wish to pay a First Amount Payable in return for a premium discount? If Yes, please indicate the amount you have selected

RESIDENCE 1	RESIDENCE 2
R <input type="text"/>	R <input type="text"/>

Non-Retired Persons: Please indicate the First Amount Payable you have selected

R <input type="text"/>	R <input type="text"/>
------------------------	------------------------

4. ALL RISKS

World-wide cover is provided for personal items (eg. clothes, jewellery, cameras, watches).

Do you require this insurance? Yes No

GENERAL ALL RISKS: Property normally carried or worn on the person. Individual articles worth more than 25% of the total sum insured should be insured under SPECIFIED ALL RISKS.

SPECIFIED ALL RISKS: Car Radio/Tape players/CD players, bicycles, cellular phones must be specified regardless of value. Articles kept permanently in a bank safe deposit box must be specified.

Please attach an invoice or valuation certificate for each specified item.

Item	Description	Sum Insured
GENERAL ALL RISKS (Minimum Sum Insured R5 000)		R <input style="width: 60px;" type="text"/>
SPECIFIED ALL RISKS		
1.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>
5.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>
6.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>
7.	<input style="width: 95%;" type="text"/>	R <input style="width: 60px;" type="text"/>

Please use a separate page to list any additional items

Do you require cover for Money (R1 000 sum insured)? Yes No

Are any of the items kept in a bank safety deposit box? Yes No

If Yes, please indicate the item numbers _____

FIRST AMOUNT PAYABLE: GENERAL ALL RISKS ITEM

Please refer to page 2 for selection of the First Amount Payable

Retired Persons Only: Do you wish to pay a First Amount Payable in return for a premium discount? Yes

If Yes, the First Amount Payable for this item will be **R250**

5. MOTOR CAR

Do you require this insurance? Yes No

	MOTOR CAR 1	MOTOR CAR 2
1. Vehicle retail value	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
2. Registration Number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Please attach a copy of the Licence Papers	
3. Full description of Make and Model	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
4. Year of Manufacture	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
5. Engine Number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
6. VIN Number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

5. MOTOR CAR (continued)

	MOTOR CAR 1	MOTOR CAR 2						
7. Has the vehicle been modified to alter the performance level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please supply the following	Tare Kilowatt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tare Kilowatt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
8. Cover required	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: center;">COMP</td></tr> <tr><td style="text-align: center;">TPFT</td></tr> <tr><td style="text-align: center;">TP</td></tr> </table>	COMP	TPFT	TP	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: center;">COMP</td></tr> <tr><td style="text-align: center;">TPFT</td></tr> <tr><td style="text-align: center;">TP</td></tr> </table>	COMP	TPFT	TP
COMP								
TPFT								
TP								
COMP								
TPFT								
TP								
COMP = Comprehensive TPFT = Third Party Fire & Theft TP = Third Party								
9. Class of use								
Domestic and To and From Work	<input type="checkbox"/>	<input type="checkbox"/>						
Domestic and To and From Work and Business	<input type="checkbox"/>	<input type="checkbox"/>						
Cover is not provided for vehicles used for hire or for the carriage of passengers for reward, trials, racing, speed or other contests or for vehicles being used to carry goods for trade purposes								
10. Are you entitled to a no-claim bonus or claim free group from your previous insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please state number of years	<input type="text"/>	<input type="text"/>						
11. Is the vehicle VSS compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12. Is the vehicle fitted with a VESA approved immobiliser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please attach a copy of the certificate								
13. Is the vehicle fitted with a VESA approved gearlock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please attach a copy of the certificate								
14. Is the vehicle fitted with an approved tracking and recovery device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please attach a copy of the certificate								
15. Is the vehicle kept in a locked garage overnight or in a fully enclosed locked carport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
16. Where is the vehicle usually located overnight?								
Smallholding/plot/farm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Security Village	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Retirement Complex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Enclosed access controlled area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						

OPTIONAL COVER APPLICABLE TO COMPREHENSIVE MOTOR CAR COVER ONLY

	MOTOR CAR 1	MOTOR CAR 2
If any of the following options are required please ✓ YES for the required option(s)		
1. Waiver of First Amount Payable (including replacement of window glass) For an additional premium, you may wish to waive a standard First Amount Payable. This option is not available if your policy is Excess Free or you have selected a First Amount Payable above the Standard amount.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. Named Driver If driving is restricted to two named drivers, one must be the usual driver, the other driver must be over the age of 35 for a premium discount to apply. Do you wish to restrict cover to a named driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of second driver	_____	_____
ID Number	_____	_____
3. Car Hire Cover can be provided for car hire should you be deprived of the use of your vehicle following a claim.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

FIRST AMOUNT PAYABLE

Please refer to page 2 for selection of the First Amount Payable

	MOTOR CAR 1	MOTOR CAR 2
Retired Person: Do you wish to pay a First Amount Payable in return for a premium discount? If Yes, Please indicate the First Amount Payable you have selected	R _____	R _____
Non-Retired Person: Please indicate the First Amount Payable you have selected	R _____	R _____

6. MOTOR CYCLE

Do you require this insurance? Yes No

	MOTOR CYCLE 1	MOTOR CYCLE 2
1. Vehicle retail value	R _____	R _____
2. Registration Number Please attach a copy of the Licence Papers	_____	_____
3. Full description of Make and Model	_____	_____
4. Year of Manufacture	[Y Y Y Y]	[Y Y Y Y]

6. MOTOR CYCLE (continued)

FIRST AMOUNT PAYABLE

Please refer to page 2 for selection of the First Amount Payable

MOTOR CYCLE 1

MOTOR CYCLE 2

Retired Person Only: Do you wish to pay a First Amount Payable in return for a premium discount? Yes
 If Yes, the First Amount Payable will be **R1 000**

Yes

7. CARAVAN/TRAILER

Do you require this insurance? Yes No

CARAVAN/TRAILER 1

CARAVAN/TRAILER 2

1. Caravan/Trailer's retail value R
2. Registration Number
- Please attach a copy of the Licence Papers**
3. Make and Model
4. Year of Manufacture
5. VIN Number
6. Is the caravan/trailer usually kept undercover? Yes No
 If No, please supply details
7. Is the caravan/trailer subject to a credit or similar agreement? Yes No
 Bank
- Acc No

1. Caravan/Trailer's retail value R
2. Registration Number
3. Make and Model
4. Year of Manufacture
5. VIN Number
6. Is the caravan/trailer usually kept undercover? Yes No
 If No, please supply details
7. Is the caravan/trailer subject to a credit or similar agreement? Yes No
 Bank
- Acc No

FIRST AMOUNT PAYABLE

Please refer to page 2 for selection of the First Amount Payable

Retired Persons Only: Do you wish to pay a First Amount Payable in return for a premium discount? Yes
 If Yes, the First Amount Payable for this section will be **R250**

8. PERSONAL ACCIDENT

You and/or any named person can be covered anywhere in the world against accidental death or disablement.

Do you require this insurance? Yes No

(We cannot offer this cover to persons over the age of 70)

Persons to be Insured

	1	2	3
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 100%; text-align: center;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 100%; text-align: center;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 100%; text-align: center;" type="text" value="D D M M Y Y Y Y"/>
Occupation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ID Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship to policyholder	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F

Benefits Required

Death (Compulsory Benefit)
Maximum Benefit: R1 500 000

	R <input style="width: 100%;" type="text"/>	R <input style="width: 100%;" type="text"/>	R <input style="width: 100%;" type="text"/>
--	---	---	---

Permanent Disablement
Maximum not to exceed the Death Benefit

	R <input style="width: 100%;" type="text"/>	R <input style="width: 100%;" type="text"/>	R <input style="width: 100%;" type="text"/>
--	---	---	---

Temporary Total Disablement
(maximum 104 weeks)
Maximum Benefit: R5 000

	R <input style="width: 100%;" type="text"/> per week	R <input style="width: 100%;" type="text"/> per week	R <input style="width: 100%;" type="text"/> per week
--	--	--	--

Medical Expenses
Maximum Benefit: R20 000

	R <input style="width: 100%;" type="text"/>	R <input style="width: 100%;" type="text"/>	R <input style="width: 100%;" type="text"/>
--	---	---	---

In respect of Persons to be insured (please answer all questions fully)

1. Has any person to be insured sustained a recent physical injury (eg, broken limb)? Yes No
 If Yes, please specify details _____
2. Do any of the persons to be insured suffer from defective vision or hearing or from any physical or mental infirmity? Yes No
 If Yes, please specify details _____
3. Is the cover now proposed in addition to any other personal accident insurance in force? Yes No
 If Yes, please specify details _____
4. Do you wish to nominate a Beneficiary? Yes No
 If Yes, please state name and ID Number _____

FIRST AMOUNT PAYABLE

Please refer to page 2 for selection of the First Amount Payable

Retired Persons only: Do you wish to pay a First Amount Payable in return for a premium discount?
 If Yes, the First Amount Payable for this section will be **R250**

Yes

12. EXTENDED PERSONAL LIABILITY

Cover can only be provided if one of the following sections have been selected:

Household Goods
 Building
 Motor
 Pleasure Craft

Do you require this insurance? Yes No

Please ✓ the appropriate block to indicate the Indemnity you require.

Up to R5 000 000
 Up to R10 000 000
 Up to R20 000 000

13. BEREAVEMENT EXPENSES

Do you require this insurance? Yes No **(We cannot offer this cover to persons over the age of 70)**

You, your spouse(s), child/children and parent(s) can be covered in the event of death by natural causes or as a result of violent, accidental, external and visible means.

There are three options of cover of which only one option can be selected. Kindly indicate the Plan you require by ✓ the appropriate block and the persons for whom you require cover.

- NOTE:** (1) Only one Plan option per family may be selected and cover is compulsory for the Insured.
 (2) Parents must be residing with the Insured at their private residence for the cover to be effective for Parents.
 (3) Cover is provided only for the persons named below.

	PLAN A		PLAN B		PLAN C	
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
	Death as a result of		Death as a result of		Death as a result of	
	Natural causes	Accident	Natural causes	Accident	Natural causes	Accident
Insured	R5 000	R10 000	R10 000	R20 000	R20 000	R40 000
Spouse <input type="checkbox"/>	R5 000	R10 000	R10 000	R20 000	R20 000	R40 000
Parent <input type="checkbox"/>	R5 000	R10 000	R10 000	R20 000	R20 000	R40 000
Children under 6 years <input type="checkbox"/>	R1 250	R 2 250	R 2 500	R 3 500	R 3 500	R 6 000
Children over 6 years <input type="checkbox"/>	R5 000	R 7 500	R 7 500	R10 000	R10 000	R12 500

Person(s) to be insured:

NAME	DATE OF BIRTH	ID NUMBER	RELATIONSHIP
1.	D D M M Y Y Y Y		
2.	D D M M Y Y Y Y		
3.	D D M M Y Y Y Y		
4.	D D M M Y Y Y Y		
5.	D D M M Y Y Y Y		
6.	D D M M Y Y Y Y		

In respect of persons to be insured

Are you aware of any pre-existing conditions or ailments which could result in your death or the death of any of the persons stated hereon within 6 months of the commencement date of effecting cover under this section?

Yes No

If Yes, please specify details _____

BENEFICIARY

Do you wish to nominate a Beneficiary to whom the Benefits must be paid?

Yes No

If Yes, please state name and ID Number _____

E. DECLARATION

Complete this section and sign below

1. What is your business or occupation? _____
2. In what capacity are you employed? _____
3. Have you previously been insured? Yes No
If Yes, please supply the policy number and names of insurance companies _____

4. 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
If Yes, please specify details _____

5. During the past 3 years have you or any member of your household been involved in a motor accident or suffered any other losses (for example – a burglary, or a lost camera, etc)? Yes No
If Yes, please give the amount of the loss and describe what happened. Also give the names of the insurance companies and policy numbers if you were insured at the time. Claims repudiated must be mentioned. _____

6. Have you ever had a civil judgment against you? Yes No
If Yes, specify the date and reason _____

7. Have you ever been convicted of any offence, other than as stated in the Motor Section of this proposal form? Yes No
If Yes, please specify details _____

Sharing of insurance information

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognised sources or databases.

I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's standard Allsure policy.

I UNDERSTAND THAT this insurance will not commence until this proposal has been accepted by the insurers.

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

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, that should be communicated to Mutual & Federal Insurance Company Limited (the insurer).

I have never been refused insurance for the risks I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted.

Signature _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

REFER TO PAGE 21 FOR MECHANICAL AND ELECTRICAL BREAKDOWN OPTION
(This cover is provided by Mastercare and covers you for Mechanical and Electrical Breakdown of household appliances)

14. MECHANICAL AND ELECTRICAL BREAKDOWN

Do you require this insurance? Yes No (Cover for this section is provided by Mastercare)

This section covers you for Mechanical and Electrical Breakdown on any **ONE** household appliance as listed in the **Options** below.

Kindly indicate the option required by ✓ the appropriate block.	RESIDENCE 1	RESIDENCE 2
OPTION 1: Television set, Video Cassette Recorder, Microwave Oven, Stove, Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
OPTION 2: Television set, Video Cassette Recorder, Microwave Oven, Stove, Refrigerator, DVD, Hi-Fi, Freezer, Washing Machine, Tumble Dryer	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL ITEMS (per residence):
For any additional or unlisted appliances that need to be specified separately, kindly the ✓ appropriate item

	NO. OF ADDITIONAL ITEMS	NO. OF ADDITIONAL ITEMS
<input type="checkbox"/> Television Set	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Video Cassette Recorder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DVD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hi-Fi	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stove	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Built in Oven	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hob	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extractor Fan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Freezer (Upright and chest)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tumble Dryer	<input type="checkbox"/>	<input type="checkbox"/>

Mutual and Federal will not be liable for any loss, damage, liability, expenses for any service provided in terms of this Section.

