

## PERSONAL PROPOSAL – PRIVATE PORTFOLIO

There are a number of questions in this proposal form that involve making a choice. For example, extending the basic cover by paying more premium, electing to pay voluntary excesses, noting the regular driver, etc. These decisions may have unintended consequences and we therefore request that you always seek advice from your broker so that you can get the cover that best suits your needs.

You must also make sure that all the information you give us about yourself, your property and your risk profile is accurate. This will include information about your financial situation, such as insolvency or previous claims experience. Incomplete or incorrect information could affect the validity of your policy, and may result in us voiding your policy and not paying for claims that occur.

Wherever the word 'you' appears, it means the insured.

Title	_____	Initials	_____	Surname	_____	Date of birth (DD/MM/YYYY)	_____
ID number	_____			Passport number (if non-SA resident)	_____		
Occupation	_____						
Postal address	_____					Postal code	_____
Telephone work	_____	Home	_____	Cell	_____		
Fax number	_____	Email address	_____				

### GENERAL INFORMATION Please complete (applicable to all sections)

Inception date of this insurance \_\_\_\_\_ Language preferred \_\_\_\_\_

### Physical address of your private home

Home (1)	_____	Home (2)	_____
_____	_____	_____	_____
_____	Area/postal code _____	_____	Area/postal code _____

PREMISES	HOME 1	HOME 2
Type of home	_____	_____
Which home is your main residence	Home 1	Home 2
<b>Note:</b> Communes/boardings houses/residential hotels occupied by three or more unrelated persons who reside together are not accepted.		
Occupancy	_____	_____
Will the home be rented, let out or have paying guests	YES NO	YES NO
If YES, provide details	_____	

### To be completed if cover is required for Household contents, Buildings or the All Risks Sections

#### LOCALITY – Is your home situated within 500 metres of the following:

<b>HOME 1</b>	Smallholding/plot/farm (Cover must be confirmed by Fussell in writing)	Residential area – established
Golf course, park, vacant land	Next to highway, railway line	Residential – developing area
		Industrial area
<b>HOME 2</b>	Smallholding/plot/farm (Cover must be confirmed by Fussell in writing)	Residential area – established
Golf course, park, vacant land	Next to highway, railway line	Residential – developing area
		Industrial area

CONSTRUCTION	HOME 1		HOME 2	
How old is the building				
Is the roof of standard construction (I.e. slate, tiles, asbestos, concrete, corrugated iron or metal)	YES	NO	YES	NO
Is the roof constructed of thatch	YES	NO	YES	NO
If other, please specify the type of roof construction				
<b>Please answer the following questions for a roof of non-standard construction (thatch or other)</b>				
Is SANS-approved surge protection installed	YES	NO	YES	NO
Is a SABS-approved lightning mast installed	YES	NO	YES	NO
Is the roof protected by fire retardant	YES	NO	YES	NO
Are all of the above maintained according to the manufacturer's specifications	YES	NO	YES	NO
Type of wall construction				
If other, please specify the construction				
Are there any retaining walls on the premises	YES	NO	YES	NO
<b>Note:</b> Retaining walls are not covered. In order for cover to be considered, an engineer's report pertaining to the wall, as well as the replacement cost of the wall must be provided.				
Is there an outbuilding such as a cottage, office, etc. of non-standard construction situated on the premises	YES	NO	YES	NO
Is there any other non-standard structure such as a shed or Wendy house, etc. on the premises	YES	NO	YES	NO
<b>Please answer the following questions if there is an outbuilding or any other structure of non-standard construction on the premises.</b>				
What material is the outbuilding/structure constructed of				
○ Does the outbuilding/structure's size comprise of more than 10% of the radius of the home	YES	NO	YES	NO
○ Is the outbuilding/structure within five metres of the home	YES	NO	YES	NO
Is there a thatch lapa situated on the premises	YES	NO	YES	NO
○ Does the lapa's size comprise more than 10% of the radius of the main home	YES	NO	YES	NO
○ Size of lapa in metres squared (m <sup>2</sup> )				
○ Is the lapa within five metres of the home	YES	NO	YES	NO
○ Does the lapa have a chimney	YES	NO	YES	NO
○ Does the chimney extend one metre or more above the roofline	YES	NO	YES	NO
○ Does the chimney penetrate the thatch roof	YES	NO	YES	NO
<b>If the answer to any of the questions above is YES, the thatch questionnaire must be completed.</b>				
Is the home within 500 metres of water	YES	NO	YES	NO
If YES, how far? Indicate whether it is a dam, sea, river, lake, stream, etc.				

**SECURITY**

Are all opening windows burglar-barred	YES	NO	YES	NO
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Are external access doors fitted with security gates	YES	NO	YES	NO
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Are external sliding doors fitted with:

○ security gates	YES	NO	YES	NO
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○ frame-mounted key-operated locking bolts	YES	NO	YES	NO
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Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8 m in height	YES	NO	YES	NO
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Are there full-time security guards on your property	YES	NO	YES	NO
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Is the home protected with an alarm system linked to a 24-hour control room with armed response	YES	NO	YES	NO
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Is the property monitored by CCTV cameras	YES	NO	YES	NO
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Does the outbuilding(s) or garage(s) have the same security as the main residence	YES	NO	YES	NO
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If NO, please provide details

Home 1 \_\_\_\_\_

Home 2 \_\_\_\_\_

Will you be embarking on cosmetic alterations, renovations or improvements	YES	NO	YES	NO
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If YES, please provide details

Home 1 \_\_\_\_\_

Home 2 \_\_\_\_\_

**To be completed if cover is required for jewellery and watches.**

**Note:** You must keep all jewellery and watches valued at more than the amount stated in the Schedule in a securely locked wall- or floor-mounted safe when not in use.

Do you have a wall- or floor-mounted safe	YES	NO	YES	NO
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**Home-based business – always subject to approval**

Are parts of the premises used for business purposes	YES	NO	YES	NO
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What type of business is conducted at home

Do clients have access to your premises	YES	NO	YES	NO
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If YES, please provide more detail

Is cash – for business purposes – kept on the premises	YES	NO	YES	NO
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Do you carry stock on the premises	YES	NO	YES	NO
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○ If YES, what type of stock

○ (Cover for stock is available under additional cover which you can choose below)

Do your business activities introduce additional risks to your home or outbuildings, for example, spray-painting or welding	YES	NO	YES	NO
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If YES, provide more detail

**Subsidence and landslip – always subject to insurers approval**

Limited cover

Is the property situated in a mining area or within one km of quarries, gravel pits, landfill, underground facilities, motorway or railway cutting, major civil engineering works	YES	NO	YES	NO
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Are any visible cracks present on the property	YES	NO	YES	NO
--	-----	----	-----	----

Are you aware of any other signs of damage that may be caused by subsidence	YES	NO	YES	NO
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**If the answer to any of the above questions is YES – complete a subsidence and landslip questionnaire.****HOUSEHOLD CONTENTS**

	HOME 1		HOME 2	
	YES	NO	YES	NO
Do you require this insurance				
Contents sum insured: Insure for new replacement costs	R		R	

**Additional cover you can choose****Household contents section****Accidental damage – increased cover**

○ Inside your home	R		R	
○ Inside any other home for R20 000	YES	NO		
Risk address				

<b>Home-based business – cover for business stock of R30 000</b>	YES	NO	YES	NO
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<b>Keys, locks and remote controls – increased cover of R20 000</b>	YES	NO	YES	NO
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<b>Power surge – increased cover</b>	R		R	
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<b>Subsidence and landslip – extended cover</b>	YES	NO	YES	NO
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Complete the subsidence and landslip questionnaire.

**Loss history**

○ Number of claims within the last 12 months		
○ Number of claims within 12 – 24 months		
○ Number of claims within 25 – 36 months		

**BUILDING**

	HOME 1		HOME 2	
	YES	NO	YES	NO
Do you require this insurance				
Building sum insured: Insure for new replacement costs	R		R	
Is the building bonded and do you require the bondholder's interest noted	YES	NO	YES	NO
If YES, please provide more detail				

**Additional cover you can choose**

Accidental damage to buildings – increased cover	R		R	
Accidental damage to fixed machinery of R20 000	YES	NO	YES	NO
Geyser – extended cover	YES	NO	YES	NO

Keys, locks and remote controls – increased cover of R20 000

YES

NO

YES

NO

Power surge – increased cover

R

R

Subsidence and landslip cover – extended cover

YES

NO

YES

NO

**Complete the subsidence and landslip questionnaire.**

#### ALL RISKS

Do you require this insurance

YES

NO

**Unspecified All Risks:** Property normally carried or worn on the person

Sum insured

R

**Specified All Risks:**

- vehicle sound equipment
- computer equipment or accessories such as laptops, palmtops, notebooks, iPads, Kindles, smart devices and tablets
- any telecommunication devices such as cell phones
- any other electronic equipment with a value in excess of R10 000 such as cameras and smart watches
- satellite navigation systems (GPS)
- stamp or coin collections
- camping equipment, or the contents of caravans
- golf clubs
- pedal-cycles
- remote-controlled aeroplanes/drones

Articles kept permanently in a bank safe deposit box must be specified (mark appropriate box to indicate that the item is kept in a bank safe).

Please describe items fully and accurately. Also, attach an invoice, or valuation certificate for each specified item and where applicable include serial numbers.

Description	Sum insured	Bank safe	
1.	R	YES	NO
2.	R	YES	NO
3.	R	YES	NO
4.	R	YES	NO
5.	R	YES	NO

**Personal computers – laptop, notebooks, tablets and palmtops, theft and accidental damage cover only**

Make and model	Serial number	Sum insured
1.		R
2.		R
3.		R
4.		R
5.		R

**Additional cover you can choose**

**Remote blocking for unspecified items**

YES

NO

## PERSONAL COMPUTERS

Do you require cover for your desktop, laptop or tablet, as well as associated accessories such as printers, screens and software? The cover here is not only for accidental damage, but also electronic breakdown, such as a hard-disk crash.

YES NO

### Hardware

Make and model	Serial number	Sum insured
1. _____	_____	R _____
2. _____	_____	R _____
3. _____	_____	R _____

### Personal computers – desktop extended cover

Make and model	Serial number	Sum insured
1. _____	_____	R _____
2. _____	_____	R _____
3. _____	_____	R _____

### Personal computers – laptop extended cover

Make and model	Serial number	Sum insured
1. _____	_____	R _____
2. _____	_____	R _____
3. _____	_____	R _____

### Personal computers – tablet extended cover

Make and model	Serial number	Sum insured
1. _____	_____	R _____
2. _____	_____	R _____
3. _____	_____	R _____

### Additional cover you can choose

Electronic breakdown	Sum insured	R _____
Ensuring compatibility between your old and new computer	Sum insured	R _____
Reinstatement of data	Sum insured	R _____

## MOTOR

Must be completed if cover is required for motor vehicle, motorcycle, caravan or trailer.

A copy of the licence/registration papers must be attached for each vehicle for which cover is required.

Is the credit sale agreement in you or your spouse's name

YES NO

YES NO

If NO, provide details \_\_\_\_\_

### INFORMATION ABOUT THE REGULAR DRIVER

#### MOTOR VEHICLE 1

#### MOTOR VEHICLE 2

**Note:** The regular driver is the person who drives the insured vehicle most often in any given monthly period  
Specify the vehicle registration number for which the regular driver information is completed

Are you or your spouse the registered owner

YES NO

YES NO

If NO, state the name of the registered owner

Name and gender of regular driver of the vehicle

Date of birth or identity number of the regular driver

Occupation of the regular driver

For how many years has the regular driver had uninterrupted comprehensive motor insurance

- Number of claims within the last 12 months
- Number of claims within 12 – 24 months
- Number of claims within 25 – 36 months

Exclude windscreen and keys, locks and remote control claims

Date driver's licence was first issued (YYYY)

Licence type

Marital status of the regular driver

**Does the regular driver or any person who may drive the vehicle:**

- suffer from defective vision or hearing or from any physical or mental infirmity YES NO YES NO

If YES, provide details Motor vehicle 1

Motor vehicle 2

- have you been charged or convicted for a driving offence in the past five years (except for parking and speeding fines) YES NO YES NO

If YES, provide details Motor vehicle 1

Motor vehicle 2

- does the regular driver reside at the same risk address YES NO YES NO

If NO, provide details of risk address where vehicle will be kept overnight

Motor vehicle 1

Motor vehicle 2

#### MOTOR VEHICLE DETAIL

Retail value

R

R

Mead and McGrouther code

Registration number

Make and model

Year of manufacture

Engine number

VIN number

Vehicle colour

Has the vehicle been modified to alter the performance level

YES

NO

YES

NO

If YES, provide the following modifications

Tare

Tare

Kilowatt

Kilowatt

**Type of cover**

**Conditions of use**

Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/VESA)

YES

NO

YES

NO

Is the vehicle fitted with a VESA approved/VSS approved

If tracking and recovery device chosen

**If YES, attach a copy of the certificate from the service provider**

Indicate where the vehicle will be kept overnight \_\_\_\_\_

Provide the suburb and area/post code where the vehicle is parked overnight \_\_\_\_\_

Does the vehicle or the windscreen have existing damage YES NO YES NO

If YES, provide details Motor vehicle 1 \_\_\_\_\_

Motor vehicle 2 \_\_\_\_\_

Do you wish to insure any non-standard accessories YES NO YES NO

Supply list and value of each item

Description	Sum insured	Description	Sum insured
1. _____	R _____	2. _____	R _____
3. _____	R _____	4. _____	R _____
5. _____	R _____	6. _____	R _____

#### Additional cover you can choose

##### AVAILABLE FOR COMPREHENSIVE AND THIRD PARTY, FIRE AND THEFT COVER

Car hire following accident/theft/hijack Motor vehicle 1 \_\_\_\_\_

Motor vehicle 2 \_\_\_\_\_

Please select the option required

Extension of liability of R1 000 000 YES NO YES NO

Cover does not include just you, but any organisation of which you are a director, a partner, a member of a close corporation or a sole proprietor. This is on condition that the organisation is not involved in the hiring of vehicles or the carrying of fare-paying passengers

Keys, locks and remote controls – increased cover of R20 000 YES NO YES NO

Is the vehicle subject to a credit or similar agreement YES NO YES NO

If YES, provide more detail \_\_\_\_\_

**Paying off your vehicle:** Select the percentage for paying off your vehicle  
(Available for comprehensive cover)

4x4 cover (Available for comprehensive cover) YES NO YES NO

#### Basic excess

Do you wish to reduce your premium by choosing a voluntary excess R R

#### MOTORCYCLE DETAIL

	MOTORCYCLE 1	MOTORCYCLE 2
Retail value	R _____	R _____
Registration number	_____	_____
Mead and McGrouther code	_____	_____
Make and model	_____	_____
Year of manufacture	_____	_____
Engine number	_____	_____
VIN number	_____	_____
Cubic capacity	_____	_____
Has the vehicle been modified to alter the performance level	YES NO	YES NO

If YES, provide details Motorcycle 1 \_\_\_\_\_

Motorcycle 2 \_\_\_\_\_



**Type of cover****Conditions of use**

Is there any existing damage to the vehicle

YES

NO

YES

NO

If YES, provide details Motorcycle 1

Motorcycle 2

Indicate where the vehicle will be kept overnight

Is the vehicle fitted with a VESA approved/VSS approved

If tracking and recovery device chosen

**If YES, attach a copy of the certificate from the service provider**

Do you wish to insure any non-standard accessories

YES

NO

YES

NO

Supply list and value of each item

Description	Sum insured	Description	Sum insured
1. _____	R _____	2. _____	R _____
3. _____	R _____	4. _____	R _____
5. _____	R _____	6. _____	R _____

Is the vehicle subject to a credit or similar agreement

YES

NO

YES

NO

If YES, provide details Motorcycle 1

Motorcycle 2

**CARAVAN AND TRAILER DETAIL**

	CARAVAN/TRAILER 1	CARAVAN/TRAILER 2
Retail value	R _____	R _____
Registration number	_____	_____
Make and model	_____	_____
Year of manufacture	_____	_____
VIN number	_____	_____
Indicate where the caravan/trailer will be kept overnight	_____	_____
Is the vehicle subject to a credit or similar agreement	YES	NO
YES		
NO		
If YES, provide details Caravan/Trailer 1	_____	_____
Caravan/Trailer 2	_____	_____

**Additional cover you can choose****Cover applicable to comprehensive caravan and trailer cover only**

Caravan and trailer contents

Sum insured

R \_\_\_\_\_

R \_\_\_\_\_

**PERSONAL LIABILITY**

Personal liability cover

R \_\_\_\_\_

**Additional cover you can choose****Business liability of R1 000 000** – Cover for personal liability that arises out of your employment, business or profession.

YES

NO

## PERSONAL ACCIDENT

### Persons to be insured (Cover not available to persons over the age of 75)

Name and gender		
Date of birth		
Occupation		
ID number		
Relationship to you		

### Benefits required

Death (compulsory benefit)	R	R
Permanent disablement	R	R
Maximum not to exceed the death benefit		
Temporary total disablement (max 104 weeks)	per week	per week

### Medical benefit of R10 000

Has the person to be insured recently sustained a physical injury (e.g. broken limb)	YES	NO		YES	NO
If YES, provide details					
Does the person to be insured suffer from defective vision or hearing or from any physical or mental infirmity	YES	NO		YES	NO
If YES, provide details					
What is the occupation of the person to be insured					
Does the person to be insured take part in dangerous sporting activities	YES	NO		YES	NO
(For example, parachuting, skydiving, bungi-jumping, bridge-jumping, hang-gliding, paragliding, polo, steeple-chasing, rugby, sports of any kind on ice or snow, ice hockey, wrestling, martial arts, scuba-diving, or waterskiing, speed or endurance tests or racing (other than on foot, flying other than as a passenger in a licensed passenger-carrying aircraft piloted by a duly qualified person, big-game hunting or mountaineering where the use of ropes or a guide is necessary.)					
Do you wish to nominate a beneficiary	YES	NO		YES	NO
If YES, state name and ID number					

## PLEASURE-CRAFT

Do you require this insurance YES    NO

### We do not insure:

- motor boats older than 10 years of age
- inflatable/semi-rigid crafts older than five years of age
- yachts older than 15 years of age,

**unless the proposal is accompanied by a full marine survey report by a qualified marine insurance surveyor at the policyholder's expense.**

Name of pleasure-craft	Make and model
Type of pleasure-craft	Length of pleasure-craft
Is the pleasure-craft self-built	Does the pleasure-craft have a glitter finish
YES    NO	YES    NO

<b>Engines</b>	Sum insured	R	Year of manufacture	
Number of engines			Serial number of engine(s)	
Engine make			Type of engine	
<b>Hull</b>	Sum insured	R	Year of manufacture	
Material of hull			Serial/HIN number	

#### ACCESSORIES/SPECIAL EQUIPMENT

Serial numbers for all Global Positioning Systems (GPS) and two-way radio systems including all electronic equipment must be supplied.

Item 1	Description	Serial no.	Sum insured	R
Item 2	Description	Serial no.	Sum insured	R
Item 3	Description	Serial no.	Sum insured	R
Item 4	Description	Serial no.	Sum insured	R
Hull, engine and accessories: Total sum insured			R	

Where is the vessel normally kept \_\_\_\_\_

Address where the vessel is kept \_\_\_\_\_

If at a marina, state the name \_\_\_\_\_

If not at a marina, give details of type of moorings and precise location \_\_\_\_\_

If in moorings – are they professionally laid and maintained	YES	NO
If YES, by whom		
If ashore when not in use, is the vessel housed/garaged	YES	NO
Provide details		

#### NAVIGATING LIMITS

Will the vessel be used on inland waters only	YES	NO
If NO, state which of the cruising range extensions are required:		
1. Harbours and bays including river mouths	YES	NO
2. Coastal waters of the Republic of South Africa up to:		
○ one nautical mile offshore	YES	NO
○ 12 nautical miles offshore	YES	NO
○ 50 nautical miles offshore	YES	NO
3. Is the vessel surf-launched	YES	NO
4. If YES, will the vessel be used through river mouths	YES	NO
Have you had any accidents or losses in connection with any pleasure-craft you have sailed or owned	YES	NO
If YES, provide details		

Skipper's experience	Years	Qualifications (if any)
Private pleasure only	YES NO	If NO, state intended use
By yourself only	YES NO	If NO, by whom
Sailed single-handed	YES NO	If NO, give details of crew

Waterskiing, aquaplaning or any similar sport	YES	NO	If YES, give details	_____
Racing under sail	YES	NO	If YES, give details	_____
Is the pleasure-craft subject to a credit or similar agreement				YES NO
If YES, provide more detail	_____			

#### "ENROUTE" – PERSONAL ACCIDENT

Do you require this insurance	YES	NO
Do you require RoadCover	YES	NO

#### EMERGENCY ASSISTANCE

<b>Home Assistance</b> – Do you require this cover	YES	NO
<b>Roadside Assistance</b> – Do you require this cover	YES	NO

#### LEGAL COSTS

Do you require this insurance	YES	NO
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#### DECLARATION – You must complete and sign this section

1. What is your business or occupation \_\_\_\_\_
2. In what capacity are you employed \_\_\_\_\_
3. Have you previously been insured YES NO  
If YES, 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, policy cancelled, renewal refused, renewal not invited or special conditions imposed YES NO  
If YES, provide details \_\_\_\_\_
  - been involved in any civil or criminal litigation in the past five years or have you had a civil judgment against you 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 rejected must be mentioned.  
\_\_\_\_\_  
\_\_\_\_\_
  - during the past three years submitted any claims or suffered any other losses not claimed for (for example – a burglary, or a lost camera, etc.) YES NO  
If YES, please supply the value of the loss and describe what happened. Supply the name of the insurer and policy number if you were insured at the time. Declined claims should also be recorded.

Date of loss	Description of loss	Claimed amount
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R

Date of loss	Description of loss	Claimed amount
		R
		R
		R
How many years have you had uninterrupted insurance for		

#### PAYMENT OPTIONS, AUTHORISATION AND BANKING DETAILS

Premium payment method \_\_\_\_\_

#### DEBIT ORDER ACCOUNT

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Branch code \_\_\_\_\_  
Account number \_\_\_\_\_ Account holder name \_\_\_\_\_  
Type of account \_\_\_\_\_

#### Authorisation by account holder

The Insurance Company may deduct the amount of the premium at the above institution in any way that Insurer and the institution have agreed upon. Insurer may pay any amount that is owed into the same account.

All deductions from my account will be seen as signed by me.

Account holder signature \_\_\_\_\_

Date \_\_\_\_\_

#### SHARING OF INSURANCE INFORMATION AND CREDIT CHECK

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 recognized 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 policy.

I UNDERSTAND that this insurance will not commence until this proposal has been accepted by the insurer.

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 that should be communicated, even though specific questions about them have not been asked. This means that The Insurance Company has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

#### CREDIT RATING CHECK

May we perform a credit rating check to assist with rating, underwriting and claims YES NO

Signature \_\_\_\_\_ Date \_\_\_\_\_