

PRIVATE PROPOSAL FORM

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing the declaration, you agree to the processing and sharing of your personal information.

PERSONAL INFORMATION

Title _____ Initials _____ Surname _____ Date of birth (DD/MM/YYYY) _____

ID number _____ Passport number (if non-SA resident) _____

Postal address _____ Postal code _____

Residential address _____ Postal code _____

Phone numbers Work _____ Home _____ Cell _____

Email address _____

Employment status _____

Occupation _____

Are you currently under sequestration or curatorship? _____

Have you, or anyone who will be insured on this policy, been convicted of a criminal offence in the last five years? _____

If Yes to either of the questions above: Please note that because there are possible implications in offering you insurance, the quote will be referred. Based on the referral we will decide whether or not we can offer you insurance.

PERSONAL INFORMATION (if the policyholder is a juristic entity)

Please note that all quotes for juristic entities will be referred to our underwriters and someone will be in contact with you to discuss the details of offering personal lines insurance to a juristic entity.

Select the type of juristic entity _____

Registered name of juristic entity _____

Registration number _____

Details of contact person acting on behalf of the juristic entity

Initials _____ Name _____ Surname _____

Tel. no. _____ Email address _____

ID/Passport number _____

Is this juristic entity currently in business rescue, liquidation or under curatorship? _____

If Yes: Please note that because there are possible legal implications in offering the juristic entity insurance, the quote will be referred. Based on the referral we will decide whether or not we can offer insurance.

DETAILS OF YOUR PRIVATE RESIDENCE

PHYSICAL ADDRESS

Residence 1 (Main residence) _____ Residence 2 (Other residence) _____

Area/postal code _____ Area/postal code _____

PREMISES		RESIDENCE 1	RESIDENCE 2
What is the dwelling type?	Residence 1		
	Residence 2		
Note: If the building is a boarding house, hotel, motel or storage facility, then the quote will be declined. If the building is a commune then the quote will be referred, to determine whether it is an acceptable commune or not.			
Occupancy	Residence 1		
	Residence 2		
LOCALITY		RESIDENCE 1	RESIDENCE 2
Is the premises a plot, smallholding or farm?			
Are there any water bodies within 100m of the building – like a dam, lake or a river?			
CONSTRUCTION		RESIDENCE 1	RESIDENCE 2
Are you currently having alterations, renovations or improvements done to your building, or plan to do so in the near future?			
What type of roof does the building have?			
If THATCH or WOOD, please complete the non-standard construction questionnaire.			
Type of wall construction	Residence 1		
	Residence 2		
Is there any structure with a thatched roof or roof of non-standard construction on your premises, with a roofed area greater than 15% of the roofed area of the main building?			
If YES, please complete the non-standard construction questionnaire.			
Home-based business		RESIDENCE 1	RESIDENCE 2
What do you use the premises for?	Residence 1		
	Residence 2		
Note: If you use the premises for business purposes only, then the quote will be declined. If you use the premises for residential and business purposes, then the quote will be referred.			
SECURITY		RESIDENCE 1	RESIDENCE 2
What type of perimeter wall does the premises have?	Residence 1		
	Residence 2		
Is there a 24-hour armed-response service linked alarm installed?			
Are there security gates on all the external doors, including sliding doors?			
Are there burglar bars on all the opening windows?			
Is there controlled access to the premises? For instance, is there a security guard that allows access to the complex/estate, or do you have a special code or remote that allows access?			
Is there a 24-hour security guard at the address?			
Is there an electric fence covering all the perimeter walls of the premises?			

BUILDINGS

What is the current reinstatement value of the building (including professional fees and demolition costs)?

R

R

Are you the owner of this premises or with which bank is your home loan if it is not paid off yet?

If Other, please specify

Is there renewable energy equipment fitted to the building?

Does the installed renewable energy equipment have a back-up power supply battery?

Note: If there is renewable energy equipment, or a photo-voltaic system (solar PV system) installed, ensure that the building's sum insured includes the value of the system to avoid underinsurance.

Excess options

BUILDING 1

BUILDING 2

Select your basic excess

Note: The basic excess becomes Nil when the policyholder is aged 55 or older, unless the policyholder opts to pay a voluntary excess.

You can reduce your premium by choosing a voluntary excess

ADDITIONAL COVER YOU CAN CHOOSE

BUILDING 1

BUILDING 2

Accidental damage to buildings – increased cover

Accidental damage to fixed machinery – increased cover of R20 000

Geyser – extended cover

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

Power surge

Is an approved surge arrester installed on the main electrical distribution board?

Note: An approved surge arrester must be as per the SANS/IEC 61643-11 low voltage surge protection standards, installed on the main electrical distribution board and the device must:

- Be a type 2 device.
- Be designed to withstand at least peak surge currents of 40kA (I_{max}).
- Be wired in terms of SANS 10142-1 Connection type 2.
- Have a status indicator to indicate if the arrester is operational or not.
- Be installed by a registered electrician who must provide either of the following:
 - A Certificate of Compliance for the installation.
 - Proof of installation stating the adherence to the required electrical standards and regulations at the time that the device was installed, as well as complete the **Surge arrester checklist form**, which you can request from your broker.

Subsidence, landslip or ground heave – extended cover

If Yes, please complete the subsidence and landslip questionnaire.

HOUSEHOLD CONTENTS

What type of cover do you want? _____

Note: Limited cover includes cover for all insured events except theft, attempted theft or burglary.

Household contents sum insured (this must be based on new replacement costs) R _____ R _____

Is there renewable energy equipment fitted to the building? _____

Does the installed renewable energy equipment have a back-up power supply battery? _____

Note: Fitted renewable energy equipment will only be covered under the Household contents section if you are unable to insure the renewable energy equipment under the Building's section (for example as a tenant or as the owner of a sectional title building under a rental agreement or a sectional title lease agreement). Please ensure that the value of these items are included in the Household contents sum insured to avoid underinsurance.

Jewellery, watches, rugs, art, etc.	RESIDENCE 1	RESIDENCE 2
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Is the value of your jewellery, watches, furs, rugs, art, carpets, precious metals and stones more than 33.3% of your household contents sum insured? _____

Note: If YES, then you should consider insuring some of your items under the All risks section.

Excess options	RESIDENCE 1	RESIDENCE 2
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Select your basic excess _____

Note: The basic excess becomes Nil when the policyholder is aged 55 or older, unless the policyholder opts to pay a voluntary excess.

You can reduce your premium by choosing a voluntary excess _____

ADDITIONAL COVER YOU CAN CHOOSE	RESIDENCE 1	RESIDENCE 2
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Accidental damage – extended cover _____

Bed & breakfast _____

If Yes, please specify the sum insured of the contents used for the Bed & Breakfast R _____ R _____

Home-based business stock of R30 000 _____

If Yes, please describe the stock kept on the premises Residence 1 _____

Residence 2 _____

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

Power surge _____

Is an approved surge arrester installed on the main electrical distribution board? _____

Note: An approved surge arrester must be as per the SANS/IEC 61643-11 low voltage surge protection standards, installed on the main electrical distribution board and the device must:

- Be a type 2 device.
- Be designed to withstand at least peak surge currents of 40kA (I_{max}).
- Be wired in terms of SANS 10142-1 Connection type 2.
- Have a status indicator to indicate if the arrester is operational or not.
- Be installed by a registered electrician who must provide either of the following:
 - A Certificate of Compliance for the installation.
 - Proof of installation stating the adherence to the required electrical standards and regulations at the time that the device was installed, as well as complete the **Surge arrester checklist form**, which you can request from your broker.

Subsidence, landslip or ground heave – extended cover _____

If Yes, please complete the subsidence and landslip questionnaire.

ALL RISKS

Property that is normally carried or worn on a person away from your home. 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.

Unspecified All Risks

Sum insured R

Specified All Risks – Please note the following items are not covered unless you insure them as specified all risks:

- vehicle sound equipment
- computers (as defined, except for its accessories)
- any telecommunication devices such as cell phones (excluding accessories)
- rare books, metals, unset precious stones, individual stamps or coins (including Kruger coins)
- pedal-cycles
- items kept in a safety deposit box

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

Category	Description	Serial no. (where applicable)	Value
			R
			R
			R
			R
			R

Items kept in a safety deposit box or private vault

Please list all items that are permanently kept in a safety deposit box in a bank or private vault (this applies to any specified and unspecified all risk items, as well as any household content items.)

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

ADDITIONAL COVER YOU CAN CHOOSE

Remote blocking for unspecified items

PERSONAL COMPUTERS

Cover for your computer, laptop or tablet, as well as any associated accessories for example a monitor, keyboard, mouse, carrying case or printer. It includes any software supplied by the manufacturer as part of the computer, and any programs or software for which you have a legal licence, provided your sum insured is sufficient.

Description of item including make and model	Serial number	Sum insured
1. _____	_____	R _____
2. _____	_____	R _____
3. _____	_____	R _____
4. _____	_____	R _____
5. _____	_____	R _____

Additional cover

List the items you would like covered, and select the applicable additional benefits that must apply to each item. Please specify the cover amount for each additional cover you select.

Additional cover type options:

1. Electronic breakdown 2. Ensuring compatibility between your old and new computer 3. Reinstatement of data

Description of item	Serial number	Type	Sum insured	Type	Sum insured	Type	Sum insured
_____	_____	1. ☐	R _____	2. ☐	R _____	3. ☐	R _____
_____	_____	1. ☐	R _____	2. ☐	R _____	3. ☐	R _____
_____	_____	1. ☐	R _____	2. ☐	R _____	3. ☐	R _____
_____	_____	1. ☐	R _____	2. ☐	R _____	3. ☐	R _____
_____	_____	1. ☐	R _____	2. ☐	R _____	3. ☐	R _____
_____	_____	1. ☐	R _____	2. ☐	R _____	3. ☐	R _____

MOTOR

This section must be completed if cover is required for a motor vehicle, motorcycle, caravan or trailer, where applicable. Please attach a copy of the licence/registration papers for each vehicle for which cover is required. Please complete the Motorcycle section if cover is required for golf carts, quad-bikes, motorised lawnmowers and three-wheeled vehicles.

LIABILITY TO THIRD PARTIES

Note that your chosen limit of liability will apply to all motor vehicles, motorcycles, caravans and trailers.

This limit does not apply to golf carts, quad-bikes, motorised lawnmowers and three-wheeled vehicles – the limit for these vehicles is R1 000 000.

Select your limit of liability _____

MOTOR VEHICLE INFORMATION

MOTOR VEHICLE 1

MOTOR VEHICLE 2

Registration number _____

Note: We do not cover vehicles that are not registered in South Africa, and which do not have a valid licence.

Make and model Motor vehicle 1 _____

Motor vehicle 2 _____

Year of manufacture _____

Engine number _____

VIN number _____

NATIS code Motor vehicle 1 _____

Motor vehicle 2 _____

		MOTOR VEHICLE 1	MOTOR VEHICLE 2
Motor vehicle colour			
Has the motor vehicle been modified to alter its performance level?			
Note: If Yes, the quote will be referred.			
Is the motor vehicle financed?			
If YES, what is the name of the financial institution?			
Who is the registered owner of the motor vehicle?			
If Other, what is the registered owner's name and surname?	Motor vehicle 1		
	Motor vehicle 2		
What type of cover do you want?			
What do you use the motor vehicle for on a daily basis?			
Note: We don't cover commercial use, which includes (but is not limited to) Ubers, taxis and other forms of transport carrying passengers for financial gain.			
Tracking device installed:			
Does the motor vehicle have either of the following:			
First tracking device type:	Motor vehicle 1		
	Motor vehicle 2		
Second tracking device type:	Motor vehicle 1		
	Motor vehicle 2		
What is the address where the motor vehicle is parked overnight?	Motor vehicle 1		
	Motor vehicle 2		
Indicate where the motor vehicle is parked at this address	Motor vehicle 1		
	Motor vehicle 2		

MOTOR VEHICLE VALUE
(only applicable to Comprehensive and Third party, fire and theft cover)

	MOTOR VEHICLE 1	MOTOR VEHICLE 2
Select the sum insured type		
Please note: Agreed value applies if the retail value is no longer available.		
a. If Agreed value is selected, then specify the value	R	R
Note: A valuation certificate is needed for vehicles insured at an Agreed value.		
b. If Retail value plus was selected, then indicate the percentage (between -25% and +25%)	%	%
Mead and McGrouther code (vehicle source code)		

If you want to insure any aftermarket accessories, then please provide a description and value for each item.

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

MOTOR VEHICLE 2

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

ADDITIONAL COVER YOU CAN CHOOSE

MOTOR VEHICLE 1

MOTOR VEHICLE 2

Car hire (Available for Comprehensive cover and Third party, fire and theft cover)

a) How long do you want the car hire for?

b) What car hire group do you want?

Vehicle 1

Vehicle 2

Extension of liability of R1 000 000 (Available for Comprehensive cover and Third party, fire and theft cover)

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

Paying off your vehicle (Available for Comprehensive cover only)

4x4 cover (Available for Comprehensive cover only)

Tyre cover (Available for Comprehensive cover only)

Excess options

MOTOR VEHICLE 1

MOTOR VEHICLE 2

Select your basic excess

Note: The basic excess becomes Nil when the policyholder is aged 55 or older, unless the policyholder opts to pay a voluntary excess.

You can reduce your premium by choosing a voluntary excess

INFORMATION ABOUT THE REGULAR DRIVER

MOTOR VEHICLE 1

MOTOR VEHICLE 2

Note: The regular driver is the person who drives the motor vehicle most of the time.

Name

Surname

Gender

ID/Passport number

Date of birth

Marital status

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

Year driver's licence was first issued (YYYY)

Licence type

Has the regular driver been convicted of reckless, negligent or drunken driving in the last 5 years?

Note: If the regular driver has been convicted of reckless, negligent or drunken driving in the last 5 years, then the quote will be declined.

MOTORCYCLE INFORMATION		MOTORCYCLE 1	MOTORCYCLE 2
Motorcycle category			
All fields must be completed if cover is required for a motorcycle. If cover is required for golf carts, quad-bikes, motorised lawnmowers or three-wheeled vehicles, then complete only the relevant fields.			
Registration number			
Note: We do not cover vehicles that are not registered in South Africa, and which do not have a valid licence.			
Make and model			
Year of manufacture			
Engine number			
VIN number			
NATIS code	Motorcycle 1		
	Motorcycle 2		
Is the capacity of the motorcycle more than 1 850CC?			
Has the motorcycle been modified to alter its performance level?			
Note: If Yes, the quote will be referred.			
Is the motorcycle financed?			
If YES, what is the name of the financial institution?			
Who is the registered owner of the motorcycle?			
If other, what is the registered owner's name and surname?	Motorcycle 1		
	Motorcycle 2		
What type of cover do you want?			
What do you use the motorcycle for?			
Note: We don't cover business or commercial use, which includes (but is not limited to) Ubers and other forms of transport carrying passengers for financial gain.			
What is the address where the motorcycle is parked overnight?	Motorcycle 1		
	Motorcycle 2		
Indicate where the motorcycle is parked at this address			
Does the motorcycle have a tracking device which includes vehicle recovery?			
If Yes, please select	Motorcycle 1		
	Motorcycle 2		

MOTORCYCLE VALUE (only applicable to Comprehensive and Third party, fire and theft cover)	MOTORCYCLE 1	MOTORCYCLE 2
Select the sum insured type		
Please note: Agreed value applies if the retail value is no longer available.		
a. If Agreed value is selected, then specify the value	R	R
Note: A valuation certificate is needed for motorcycles insured at an Agreed value.		
b. If Retail value plus was selected, then indicate the percentage (between -25% and +25%)	%	%
Mead and McGrouther code (vehicle source code)		

If you want to insure any aftermarket accessories, then please provide a description and value for each item.

MOTORCYCLE 1

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

MOTORCYCLE 2

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

ADDITIONAL COVER YOU CAN CHOOSE

MOTORCYCLE 1

MOTORCYCLE 2

Paying off your motorcycle (Available for Comprehensive cover only)

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

Excess options

The default basic excess is R3 000. However, when the policyholder is aged 55 or older, the basic excess becomes Nil, unless the policyholder opts to pay a voluntary excess.

You can reduce your premium by choosing a voluntary excess

INFORMATION ABOUT THE REGULAR DRIVER

MOTORCYCLE 1

MOTORCYCLE 2

Note: The regular driver is the person who rides the motorcycle most of the time

Name

Surname

Gender

ID/Passport number

Date of birth

Marital status

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

Year driver's licence was first issued (YYYY)

MOTORCYCLE 1

MOTORCYCLE 2

Licence type

Motorcycle 1

Motorcycle 2

Has the regular driver been convicted of reckless, negligent or drunken driving in the last 5 years?

Note: If the regular driver has been convicted of reckless, negligent or drunken driving in the last 5 years, then the quote will be declined.

CARAVAN AND TRAILER INFORMATION		CARAVAN/TRAILER 1	CARAVAN/TRAILER 2
Caravan or trailer type			
What type of cover do you want?	Caravan/Trailer 1		
	Caravan/Trailer 2		
Agreed value		R	R
You must give us proof of the value at the start of your cover and every year thereafter, to make sure we cover your caravan/trailer for its latest value. We will accept a valuation certificate from a new vehicle/caravan dealership, or your motor club, as proof of the latest value.			
Registration number			
Note: We do not cover vehicles that are not registered in South Africa, and which do not have a valid licence.			
Make and model			
Year of manufacture			
VIN number			
What is the address where the caravan/trailer is parked overnight?			
Indicate where the caravan/trailer is parked at this address			
Is the caravan/trailer financed?			
If YES, what is the name of the financial institution?			
Who is the registered owner of the caravan/trailer?			
If other, what is the registered owner's name and surname?	Caravan/Trailer 1		
	Caravan/Trailer 2		
ADDITIONAL COVER YOU CAN CHOOSE		CARAVAN/TRAILER 1	CARAVAN/TRAILER 2
Only available for Comprehensive cover			
Caravan and trailer contents		R	R
Keys, locks and remote controls – increased cover of R20 000			
Paying off your caravan/trailer			
Excess options			
You can reduce your premium by choosing a voluntary excess			
PERSONAL LIABILITY			
Only available if you choose to insure your buildings or household contents.			
Select your limit for personal liability cover			
ADDITIONAL COVER YOU CAN CHOOSE			
Business liability of R1 000 000 – Cover for personal liability that arises out of your employment, business or profession.			
CYBER INSURANCE			
Select your cover option			
Do you want to include cover for your partner?			
Do you want to include cover for your children?			

LEGAL COSTS

Note: The cause for the legal action must have happened after 90 days from when the cover started.

Do you require this cover of R100 000? _____

PERSONAL ACCIDENT

Do you want personal accident cover for yourself? _____

Please provide the details of any other person you would like to add for personal accident cover. This cover is only available to You, your partner, your children or members of your immediate family, who permanently live with you and/or who are financially dependent on you. An insured person also includes people employed by you at your home, such as cleaning staff, nannies, au pairs, drivers and gardeners. Insured persons must be set out and named in your policy schedule.

Name and surname	Identity number	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Benefits required (same benefit amounts apply to all persons to be insured)

Death (choose benefit amount) _____ R _____

Disability (may not exceed the death benefit amount) _____ R _____

Medical benefit _____ R _____

Do you want to nominate a beneficiary to receive the death benefit in the event of your death? _____

If YES, provide name and contact details _____

PLEASURE-CRAFT

Is the pleasure-craft used for private purposes? _____

Is the pleasure-craft financed? _____

If YES, what is the name of the financial institution? _____

Who is the registered owner of the pleasure-craft? _____

If other, what is the registered owner's name and surname? _____

Type of pleasure-craft _____ Length of pleasure-craft _____

Does the pleasure-craft have a glitter finish? _____

Where is the pleasure-craft normally kept? _____

Address where the pleasure-craft is kept? _____

Hull make and model _____

Hull year of manufacture _____ Hull registration/serial number _____

Hull sum insured R _____ Material of hull _____

MOTORS, SAILS AND ACCESSORIES

For motors, please provide the following details:

Type	Make	Year of manufacture	Serial number	Horsepower	Sum insured
					R
					R
					R
					R

For sails and accessories, please provide the following details:

Type	Description	Serial number (if relevant)	Sum insured
			R
			R
			R
			R

NAVIGATING LIMITS

Where do you use the pleasure-craft? _____

Is the pleasure-craft surf-launched? _____

ENROUTE – PERSONAL ACCIDENT

Only available if you choose to insure a motor vehicle (excluding motorcycles, trailers and caravans)

Select sum insured _____

Number of passengers to be covered _____

Provide make and model of vehicle you would like cover on _____

Do you require RoadCover? _____

EMERGENCY ASSISTANCE

Do you require this cover: Home Assistance _____

Roadside Assistance _____

INSURANCE AND CLAIMS HISTORY

Have you had uninterrupted non-life insurance in the last three years, and if so, with which insurer(s)? _____

Has an insurer ever declined cover, cancelled or refused to renew any life or non-life insurance policy for you, anyone living with you or anyone who will be covered under this policy? (If the policyholder is a juristic entity then this question applies to any insurance policies relating to the juristic entity) _____

It is important for us to know your insurance claims history. You must give us accurate information because this affects your premium and might affect how we assess your future claims. Please include details of all insurance claims (including rejected claims) in the last three years. We also want to know of vehicle claims for all regular drivers listed in this proposal form.

Description	Regular driver (if applicable)	Date of claim event	Amount of claim	Insurer	Policy no.
_____	_____	_____	R _____	_____	_____
_____	_____	_____	R _____	_____	_____
_____	_____	_____	R _____	_____	_____
_____	_____	_____	R _____	_____	_____
_____	_____	_____	R _____	_____	_____
_____	_____	_____	R _____	_____	_____
_____	_____	_____	R _____	_____	_____

PREMIUM PAYMENT OPTIONS

Premium payment frequency _____

Premium payment method _____

Annual premium payments

If you choose to pay your premium annually via electronic fund transfer or direct deposit, please make payment within 30 days of your policy start date into the banking details provided to you by your broker. Note that if payment is not made within this time, your cover will not start.

Monthly premium payments

If you choose to pay your premium monthly via debit order, please complete the separate Debit order authority form as provided by your broker. Note that if the first debit order is returned, your cover will not start and no further collections will be attempted.

Please provide us with your banking details for payment of claims and premium refunds (where applicable).

Account holder name _____

Name of bank _____ Branch code _____

Type of account _____ Account no. _____

YOUR INSURANCE RISK SCORE

Do you give Hollard permission to check your insurance risk score _____

If YES, we may do this check every year when your policy renews, every time the cover on your policy changes and also when you claim. The reason we check your insurance risk score with credit agencies, is to accurately price your policy and assess our risk. It is not the same score as a credit score which a lender would typically be interested in, and checking your insurance risk score will not affect your credit score.

DECLARATION BY PROPOSED POLICYHOLDER

1. I have carefully considered my needs, objectives and circumstances before accepting the quotation.
2. I did not sign any blank or partially completed forms.
3. I confirm that my broker has provided me with a record of advice and a disclosure notice.
4. I understand the insurance cover as explained to me by my broker and as set out in the quotation that this application is based on.
5. I confirm that the information completed on this form is true and correct to the best of my knowledge, whether this was completed by myself or by my broker on my behalf.
6. I have not withheld any information that is likely to influence the decision of Hollard to accept my application for insurance.
7. I understand that Hollard may reject a claim or cancel my policy if I misrepresented or withheld any information.
8. I understand that this application, together with the accepted quotation, will form the basis of the contract if Hollard accepts my application.
9. I understand that signing this application does not mean that Hollard will accept my application.

I ask Hollard to start my policy on _____ (dd/mm/yyyy) based on the cover and premium as set out in the quotation this proposal is based on.

Signed at _____ on this _____ day of _____ 20 _____

Name and surname of proposed policyholder

Signature

Thank you for your application!

If we accept your application, we will send you the policy wording and policy schedule.