

PRIVATE PORTFOLIO – PROPOSAL FORM

Thank you for considering Hollard as your insurer. There are a number of questions in this proposal form that involve making a choice – please select the appropriate option, as there is no standard option to which we default should you fail to make 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.

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 _____

Are you currently under sequestration or curatorship? YES NO

Have you, or anyone who will be insured on this policy, been convicted of a criminal offence in the last five years? YES NO

PERSONAL INFORMATION (if the client 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 YES NO

BUILDINGS AND HOUSEHOLD CONTENTS

PHYSICAL ADDRESS

Home 1 _____ Home 2 _____

_____ Area/postal code _____ Area/postal code _____

PREMISES	HOME 1	HOME 2
Type of home	Home 1 _____	Home 2 _____

Note: If the building is a boarding house or is used solely as a hotel, Bed and Breakfast or Airbnb, 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.

Which home is your main residence _____

Occupancy _____

LOCALITY	HOME 1		HOME 2	
Is the property a plot, smallholding or farm	YES	NO	YES	NO
Are there any water bodies within 100m of the building – like a dam, lake or a river	YES	NO	YES	NO

CONSTRUCTION	HOME 1		HOME 2	
Are you currently having alterations, renovations or improvements done to your building, or plan to do so in the near future	YES	NO	YES	NO
What type of roof does the building have	_____		_____	

If THATCH or WOOD, please complete the non-standard construction questionnaire.

Is an approved surge arrester installed on the main electrical distribution board	YES	NO	YES	NO
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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.

Type of wall construction	Home 1 _____	Home 2 _____
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Is there any structure with a thatched roof or roof of non-standard construction on your property, with a roofed area greater than 15% of the roofed area of the main building	YES	NO	YES	NO
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If YES, please complete the non-standard construction questionnaire.

SECURITY	HOME 1		HOME 2	
Please indicate what security measures you have in place:				
○ Burglar bars	YES	NO	YES	NO
○ Security gates	YES	NO	YES	NO
○ Alarm system linked to a 24-hour armed-response service	YES	NO	YES	NO
○ High-security complex	YES	NO	YES	NO
○ Electric fence	YES	NO	YES	NO

Note: High-security complex includes 24-hour access control, a high perimeter wall with electric fencing, alarmed and linked to either a 24-hour armed-response service or the guardhouse.

What type of perimeter wall does the property have	Home 1 _____
	Home 2 _____

Home-based business – always subject to Hollard’s approval	HOME 1		HOME 2	
Are parts of the premises used for business purposes	YES	NO	YES	NO

If YES, please complete the home-based business questionnaire.

BUILDINGS

Building sum insured (this must be based on new replacement costs and must include demolition and professional fees)	R _____	R _____
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Are you the owner of this property or with which bank is your home loan if it is not paid off yet	_____
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Excess options	HOME 1	HOME 2
Select your basic excess	R _____	R _____

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	R _____	R _____
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Additional cover you can choose	HOME 1		HOME 2	
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, landslip or ground heave – extended cover	YES	NO	YES	NO

If YES, complete the subsidence and landslip questionnaire.

HOUSEHOLD CONTENTS

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

Note: If your client has renewable energy equipment that is not attached to the building or permanently fitted, such as portable inverters and solar panels or renewable energy equipment and/or a photo-voltaic system attached or permanently fitted to the home that they are legally and financially responsible for (for example as a tenant or as the owner of a sectional title home under their rental agreement or sectional title lease agreement) the value of these items must be included in the Household contents sum insured.

Jewellery, watches, rugs, art, etc.	HOME 1		HOME 2	
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	YES	NO	YES	NO

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

Excess options	HOME 1	HOME 2
Select your basic excess	R _____	R _____

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	R _____	R _____
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Additional cover you can choose	HOME 1		HOME 2	
Accidental damage – extended cover	R _____		R _____	
Bed & breakfast	R _____		R _____	
Home-based business stock of R30 000	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, landslip or ground heave – extended cover	YES	NO	YES	NO

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).

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

YES NO

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.	<input type="checkbox"/> R	2.	<input type="checkbox"/> R	3.	<input type="checkbox"/> R
		1.	<input type="checkbox"/> R	2.	<input type="checkbox"/> R	3.	<input type="checkbox"/> R
		1.	<input type="checkbox"/> R	2.	<input type="checkbox"/> R	3.	<input type="checkbox"/> R
		1.	<input type="checkbox"/> R	2.	<input type="checkbox"/> R	3.	<input type="checkbox"/> R
		1.	<input type="checkbox"/> R	2.	<input type="checkbox"/> R	3.	<input type="checkbox"/> R
		1.	<input type="checkbox"/> R	2.	<input type="checkbox"/> R	3.	<input type="checkbox"/> 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.

Important information on the sum insureds for motor vehicles and motorcycles

Retail value: All vehicles are automatically insured for their retail value. This is the value from the Auto Dealer's Guide published by TransUnion, or similar publication approved us. It is the price most dealers would be prepared to sell your vehicle for, based on its mileage and condition. The retail value of your vehicle may include the value of some factory-fitted accessories, but there may be some factory-fitted accessories that aren't included in the retail value. If you want cover for these accessories you must insure them separately. Similarly, any accessories which are fitted after the production of the vehicle must also be insured separately.

Agreed value: We only insure vehicles for an agreed value if the vehicle's value is not available on our database of vehicles, or if it is older than 20 years. If we insure your vehicle for an agreed value, then you must give us proof of its value at the start of your cover and every year thereafter, to make sure we cover your vehicle for its latest value. We will accept a valuation certificate from a new vehicle dealership, or your motor club, as proof of the latest value.

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 R _____

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 Vehicle 1 _____ Vehicle 2 _____

Year of manufacture _____

Engine number _____

VIN number _____

Vehicle code Vehicle 1 _____ Vehicle 2 _____

Vehicle colour _____

Has the vehicle been modified to alter its performance level YES NO YES NO

Is the vehicle financed YES NO YES NO

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

Who is the registered owner of the vehicle _____

If Other, what is the registered owner's name and surname Vehicle 1 _____
Vehicle 2 _____

Type of cover _____

Type of use _____

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 vehicle have either of the following:

First tracking device type: Vehicle 1 _____

Vehicle 2 _____

Second tracking device type: Vehicle 1 _____

Vehicle 2 _____

What is the address where the vehicle is parked overnight _____

Indicate where the vehicle is parked at this address _____

MOTOR VEHICLE VALUE (only applicable to Comprehensive and Third party, fire and theft cover)	MOTOR VEHICLE 1	MOTOR VEHICLE 2
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Retail value	R	R
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Mead and McGrouther code (vehicle source code)		
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Agreed value (as explained at the start of the Motor section)	R	R
---	---	---

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
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3. _____	R	4. _____	R
----------	---	----------	---

5. _____	R	6. _____	R
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MOTOR VEHICLE 2

Description	Sum insured	Description	Sum insured
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1. _____	R	2. _____	R
----------	---	----------	---

3. _____	R	4. _____	R
----------	---	----------	---

5. _____	R	6. _____	R
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Additional cover you can choose	MOTOR VEHICLE 1	MOTOR VEHICLE 2
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Car hire (Available for Comprehensive cover and Third party, fire and theft cover)	YES NO	YES NO
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a) How long do you want the car hire for		
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b) What car hire group do you want	Vehicle 1 _____	Vehicle 2 _____
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Extension of liability of R1 000 000 (Available for Comprehensive cover and Third party, fire and theft cover)	YES NO	YES NO
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Keys, locks and remote controls – increased cover of R20 000	YES	NO	YES	NO
Paying off your vehicle (Available for Comprehensive cover only)	_____		_____	
4x4 cover (Available for Comprehensive cover only)	YES	NO	YES	NO

Excess options	MOTOR VEHICLE 1	MOTOR VEHICLE 2
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Select your basic excess _____

Note: The basic excess becomes Nil when the driver at the time of the incident is aged 55 or older, unless the policyholder opts to pay a voluntary excess, as stated in the Schedule.

You can reduce your premium by choosing a voluntary excess R _____ R _____

INFORMATION ABOUT THE REGULAR DRIVER	MOTOR VEHICLE 1	MOTOR VEHICLE 2
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Note: The regular driver is the person who drives the 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	YES	NO	YES	NO
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MOTORCYCLE INFORMATION	MOTORCYCLE 1	MOTORCYCLE 2
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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	_____	_____

Vehicle code Motorcycle 1 _____ Motorcycle 2 _____

Is the capacity of the motorcycle more than 1 850CC	YES	NO	YES	NO
Has the motorcycle been modified to alter its performance level	YES	NO	YES	NO
Is the motorcycle financed	YES	NO	YES	NO

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	_____

Type of cover _____

Type of use _____

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 _____

Indicate where the motorcycle is parked at this address _____

Does the motorcycle have a radio frequency, an early-warning tracking or and early warning tracking device which includes vehicle recovery _____

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

	MOTORCYCLE 1	MOTORCYCLE 2
Retail value	R _____	R _____
Mead and McGrouther code (vehicle source code)	_____	_____
Agreed value (as explained at the start of the Motor section)	R _____	R _____

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	YES	NO	YES	NO

Excess options		
You can reduce your premium by choosing a voluntary excess	R _____	R _____

INFORMATION ABOUT THE REGULAR DRIVER

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)	_____	_____
Licence type	_____	_____

Has the regular driver been convicted of reckless, negligent or drunken driving in the last 5 years	YES	NO	YES	NO
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CARAVAN AND TRAILER INFORMATION		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		YES	NO	YES	NO
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		YES	NO	YES	NO
Paying off your caravan/trailer					
Excess options					
You can reduce your premium by choosing a voluntary excess		R		R	

PERSONAL LIABILITY

Only available if you choose to insure your buildings or household contents.

Select your limit for 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

CYBER INSURANCE

Select your cover option _____

Do you want to include cover for your partner YES NO

Do you want to include cover for your children YES NO

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 YES NO

PERSONAL ACCIDENT

Do you want personal accident cover for yourself YES NO

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 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 (optional benefit – may not exceed the death benefit amount) R _____

Medical benefit (optional benefit) R _____

Do you want to nominate a beneficiary to receive the death benefit in the event of your death YES NO

If YES, provide name and contact details _____

PLEASURE-CRAFT

We do not insure the following types of pleasure-craft unless this form is accompanied by a full marine survey report by a qualified marine insurance surveyor at your expense:

- 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.

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

Does the pleasure-craft have a glitter finish YES NO

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 _____

If used on Coastal waters, 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 | YES | NO |

Is the pleasure-craft surf-launched YES NO

What do you use the pleasure-craft for _____

Is the pleasure-craft financed YES NO

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 _____

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 YES NO

EMERGENCY ASSISTANCE

Do you require this cover: Home Assistance YES NO

Roadside Assistance YES NO

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) YES NO

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.

PREMIUM PAYMENT OPTIONS

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 PRIVACY

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.

YOUR INSURANCE RISK SCORE

Do you give Hollard permission to check your insurance risk score YES NO

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.