

Application FORM

(Caravans, Off-Road Caravans, Camper Trailers, Motorhomes)



PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

| | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-----------------|-------------|--------------------------|---------|--------------------------|------|--------------------------|----------|--------------------------|-----------------|--|----------|-----|----------|--|--|--|--|--|
| PERSONAL DETAILS (INSURED) | Title | First Names | | | | | | | | | | Surname | | | | | | | |
| | ID Number | | | | | | | | | | | | | | | | | | |
| | eMail | | | | | | | | | | | Cellular | | | | | | | |
| | Tel (W) | | | | | | | Tel (H) | | | | | Fax | | | | | | |
| | Street Address | | | | | | | | | | | | | | | | | | |
| | Postal Address | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Postcode | | | | | |
| | Vehicle Finance | MFC | <input type="checkbox"/> | WesBank | <input type="checkbox"/> | ABSA | <input type="checkbox"/> | Standard | <input type="checkbox"/> | Other (Specify) | | | | | | | | | |

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|----------------------------|-----------------------------|--|--|--|--|--|--|--|--|--------------|---|--|--|--|--|--|--|--|
| LEISURE VEHICLE DETAILS | Licence Registration Number | | | | | | | | | | | | | | | | | |
| | VIN Number | | | | | | | | | | | | | | | | | |
| | Make | | | | | | | | | Model | | | | | | | | |
| | Year | | | | | | | | | Retail Value | R | | | | | | | |

| | | | | | | | |
|---|---|--|--|---|---|--|--|
| CARA-SURE PRODUCTS (CHOOSE ONLY ONE) | Cara-Sure | | | Cara-Sure Pensioner | | Cara-Sure CLUBS | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cara-Sure New vehicles (PLATINUM) <i>CaraCOVER</i> <i>CaraCONTENTS</i> <i>CaraCARE</i> | Cara-Sure Pre-Owned (GOLD) <i>CaraCOVER</i> <i>CaraCONTENTS</i> <i>CaraCARE</i> | Cara-Sure New/Pre-Owned (ECONO) <i>CaraCOVER</i> <i>CaraCARE</i> | Cara-Sure Pensioner 60 (PRESTIGE) <i>CaraCOVER</i> <i>CaraCONTENTS</i> <i>CaraCARE</i> | Cara-Sure Pensioner 60 (ECONO) <i>CaraCOVER</i> <i>CaraCARE</i> | Cara-Sure All Clubs (PRESTIGE) <i>CaraCOVER</i> <i>CaraCONTENTS</i> <i>CaraCARE</i> | Cara-Sure All Clubs (ECONO) <i>CaraCOVER</i> <i>CaraCARE</i> |
| Monthly Premium | R <input type="text"/> | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---------------------|----------------------------|-----|--------------------------|-----|--------------------------|------|--------------------------|--------|--------------------------|----------------|--|--|-------------|--|--|--|--|--|
| BANK DEBIT ORDER | Name of Bank | | | | | | | Branch | | | | | Branch Code | | | | | |
| | Account Number | | | | | | | | | | | | | | | | | |
| | Type of Account | | | | | | | | | Account Holder | | | | | | | | |
| | Debit Order deduction date | 1st | <input type="checkbox"/> | 7th | <input type="checkbox"/> | 15th | <input type="checkbox"/> | 25th | <input type="checkbox"/> | | | | | | | | | |

| | | | | |
|--------------|--|--|-----------------------------|--|
| INTERMEDIARY | Name of Company / Dealer / Manufacturer / Broker | | | |
| | First Name | | Surname | |
| | eMail | | Cellular | |
| | FSP Number | | Where did you hear from us? | |

| | | | | |
|---|--|----------------------------------|----------------------|--|
| DECLARATION | PREMIUM PAYMENT DECLARATION | | | |
| | If the policy payment is not accepted, it will not be due to any deliberate action to stop payment of the Debit Order myself, In the event that the premium is rejected by the Bank, I will accept full responsibility for any claim amount, which I may have received or which be paid by the Insurer on my behalf as a result of this claim being processed. | | | |
| | GENERAL DECLARATION | | | |
| | I/We the insured, understand, agree and, where applicable declare that: | | | |
| | 1. The policy may change from time to time by the insurer by giving 30 days' notice. | | | |
| | 2. If the above particulars and declaration is not correct, the insurer shall have the right to cancel my policy. | | | |
| | 3. I/We further declare that I/We have read and completed, whether in my/our handwriting or not, the abovementioned declaration and acknowledgement the contents thereof. I/We furthermore have signed the declaration of my/our own free will and I/We agree it as binding. | | | |
| | 4. This policy is restricted to event occurring while the Leisure Vehicle (mentioned above) is being used for PRIVATE, SOCIAL and PLEASURE purposes ONLY. | | | |
| | 5. This policy does not afford cover whilst the Leisure Vehicle (Caravan, Off-Road Caravan, Camper Trailer or Motorhome) is under construction. | | | |
| | 6. This policy does not afford cover if the Leisure Vehicle is at a Dealer for the purpose of being sold or Rented to any other person/s. | | | |
| 7. The proposal and declaration and any other information supplied to the Insurer by or on behalf of the insured named in the schedule are the basis of this contract and are to be considered as incorporated herein. | | | | |
| 8. I/We hereby declare that I/We have not withheld any material fact/s and I accept this Application and Declaration to form the basis of the contract between myself and Guardrisk Insurance Co Ltd. | | | | |
| 9. On my own behalf and on behalf of any person I herein represent, I hereby waive any right to any privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me. I also consent to such information being disclosed to any other insurance company or it's agents. | | | | |
| 10. I waive any rights of privacy and consent to the disclosure of any information to any insurance company or insurance claim concerning me. | | | | |
| 11. I acknowledge that the information provided by me may be verified against other legitimate sources and databases. | | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS | | | | |
| | | If YES, please supply details | | |
| Has any Insurer refused any proposal, cancelled any policy or refused to renew any policy or imposed special conditions? | YES <input type="checkbox"/> | <input type="text"/> | | |
| | NO <input type="checkbox"/> | <input type="text"/> | | |
| | | If YES, which Insurance Company? | | |
| Are you currently insured? | YES <input type="checkbox"/> | <input type="text"/> | | |
| | NO <input type="checkbox"/> | <input type="text"/> | | |
| Please supply details of ALL losses experienced during the past three (3) years on ANY Leisure Vehicle owned and not only this Leisure vehicle you are requesting insurance on. | | | | |
| <input type="text"/> | | | | |
| <input type="text"/> | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Signature | Date | Entry Date | | |

Please Fax to 086 615 2756 OR eMail to info@carasure.com