



ELITE

WEALTH ASSETS INSURANCE

QUOTATION FORM 2026

ALL PRODUCTS ARE UNDERWRITTEN BY OLD MUTUAL INSURE.
OLD MUTUAL INSURE LIMITED, REGISTRATION NUMBER 1970/006619/06. A LICENSED FSP AND NON-LIFE INSURER.

ELITE

WEALTH ASSETS INSURANCE

QUOTATION FORM • 2026

Note that it is important that the information provided in this form is accurate. Any omission or non-disclosure may lead to cancellation of a policy or not honouring a claim.

1. CLIENT INFORMATION

Title:		Initials:	
First name:		Surname:	
ID Number:		Occupation:	
Marital status:		Gender:	
Contact number:		Cellphone number:	
Address:			
	Postal code:		
Email address:			

2. INSURANCE INFORMATION

Have you been previously insured or do you have a current policy in force?		Yes		No	
Insurer	Since (YYYY)	Policy number			
Have you had any application for insurance declined, insurance cancelled, renewal refused, or special conditions imposed?		Yes		No	
If Yes, please give details:					
Have you had a claim during the past five years, whether you were insured or not?		Yes		No	
If Yes, please give details:					
Type of loss	Amount	Year	Insurer		
	R				
	R				
	R				
	R				

3. RISK ADDRESS INFORMATION

Address:		
	Postal code:	



ELITE

WEALTH ASSETS INSURANCE

QUOTATION FORM • 2026

Roof type:	Tiles		Thatch		Other	
Wall type:	Brick/concrete		Timber		Other	
Residence type:	Freestanding house		Semi-detached		Flat	
Situation of residence:	Residential		Security estate		Farm/plot	
Use of property:	Main residence		Holiday home		Other residence	
Is the property rented out?					Yes	No
How many geysers are at the property?		1	2	3	4	
Total number of geysers if there are more than 4:						
How many geysers are:						
• Electric	1	2	3	4		
• Solar	1	2	3	4		
• Gas	1	2	3	4		
• Heat pump	1	2	3	4		
Do you have a backup power system?					Yes	No
Size of inverter (kW)?			Size of batteries (kW)?			
Number of solar panels?			Equipment cost of system?	R		
Solar panel installation:	Freestanding structure		Roof		Wall	

4. OCCUPANCY INFORMATION

Will the residence be unoccupied for the first 30 days after cover starts?	Yes	No
Will the residence be left unoccupied during working hours?	Yes	No
Will the residence be unoccupied for more than 60 consecutive days per year?	Yes	No

5. SECURITY INFORMATION

Are all opening windows protected with burglar bars?	Yes	No
Are all external doors protected with security gates?	Yes	No
Is there an interleading door between the adjoining garage and the main residence?	Yes	No
Is the property perimeter walled/fenced with a wall or steel fence of at least 1.8m high?	Yes	No
Is there electric fencing installed on the perimeter wall?	Yes	No
Are there full-time security guards on the property?	Yes	No
Is there 24-hour access control to the property?	Yes	No
Is the home protected by an alarm system?	Yes	No
If Yes, is the alarm linked to armed response?	Yes	No
Please provide the alarm service provider name:		



ELITE

WEALTH ASSETS INSURANCE

QUOTATION FORM • 2026

6. BUILDING SPECIFIC INFORMATION

Sum insured:	R							
Do you want a professional valuation conducted?					Yes		No	
Credit agreement?	Yes		No		If Yes, name of provider:			
Power surge by load shedding	Yes		No		If Yes, percentage:			%

7. CONTENTS SPECIFIC INFORMATION

Sum insured:	R							
Do you want a professional valuation conducted?					Yes		No	
Cover away from home?	Yes		No		If Yes, percentage:	%		
Credit agreement?	Yes		No		If Yes, name of provider:			
Power surge by load shedding	Yes		No		If Yes, percentage:			%

8. SPECIFIED ITEMS INFORMATION (FINE ARTS AND VALUABLES)

Item description:		Sum insured:	R
Item description:		Sum insured:	R
Item description:		Sum insured:	R
Item description:		Sum insured:	R
Item description:		Sum insured:	R
Item description:		Sum insured:	R

9. MOTOR SPECIFIC INFORMATION

VEHICLE INFORMATION

Registration number:		Year of manufacture:						
Make:		Model:						
Retail value:	R							
Colour:		Metallic:	Yes		No			
Are there any non-factory-fitted accessories on the vehicle, whether new or not?		Yes		No				
If Yes, please give details below:								
Item description:		Value:	R					
Item description:		Value:	R					
Item description:		Value:	R					
COVER INFORMATION								
Cover type:	Comprehensive		Third party, fire, theft		Third party only			
Excess waiver?	Yes		No					



ELITE

WEALTH ASSETS INSURANCE

QUOTATION FORM • 2026

Note that it is important that the information provided in this form is accurate. Any omission or non-disclosure may lead to cancellation of a policy or not honouring a claim.

1. CLIENT INFORMATION			
Title:		Initials:	
First name:		Surname:	
ID Number:		Occupation:	
Marital status:		Gender:	
Contact number:		Cellphone number:	
Address:			
	Postal code:		
Email address:			

2. INSURANCE INFORMATION				
Have you been previously insured or do you have a current policy in force?		Yes		No
Insurer	Since (YYYY)	Policy number		
Have you had any application for insurance declined, insurance cancelled, renewal refused, or special conditions imposed?		Yes		No
If Yes, please give details:				
Have you had a claim during the past five years, whether you were insured or not?		Yes		No
If Yes, please give details:				
Type of loss	Amount	Year	Insurer	
	R			
	R			
	R			
	R			

3. RISK ADDRESS INFORMATION		
Address:		
	Postal code:	



ALL PRODUCTS ARE UNDERWRITTEN BY OLD MUTUAL INSURE.
OLD MUTUAL INSURE LIMITED, REGISTRATION NUMBER 1970/006619/06. A LICENSED FSP AND NON-LIFE INSURER.

ELITE

WEALTH ASSETS INSURANCE

QUOTATION FORM • 2026

REGISTERED OWNER INFORMATION									
Name:									
Relationship to insured:									
SECURITY INFORMATION									
Address where vehicle is kept overnight:									
					Postal code:				
Security:	Locked garage		Access control		Security guard				
Daytime address:									
					Postal code:				
Is a tracking and recovery device installed in the vehicle?					Yes		No		
If Yes, please provide service provider name:									
DRIVER INFORMATION									
Driver 1 name:				ID Number:					
Occupation:				Relationship to insured:					
License code:				Year license was obtained:					
Are there any restrictions applied to the driver's license?					Yes		No		
If Yes, please give details									
Driver 2 name:				ID Number:					
Occupation:				Relationship to insured:					
License code:				Year license was obtained:					
Are there any restrictions applied to the driver's license?					Yes		No		
If Yes, please give details									



ELITE

WEALTH ASSETS INSURANCE



OLD MUTUAL
INSURE

ALL PRODUCTS ARE UNDERWRITTEN BY OLD MUTUAL INSURE.
OLD MUTUAL INSURE LIMITED, REGISTRATION NUMBER 1970/006619/06. A LICENSED FSP AND NON-LIFE INSURER.