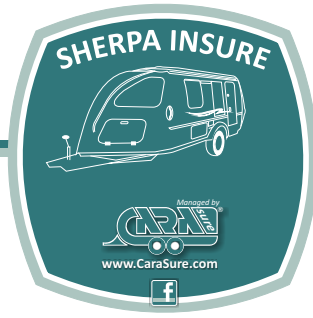


Application FORM

(NEW Sherpa Caravans only)



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				
		Postcode			
	Postal Address				
		Postcode			
Vehicle Finance	MFC	WesBank	ABSA	Standard	Other (Specify)

SHERPA CARAVAN DETAILS	Licence Registration Number	
	VIN Number	
	Make	Model
	Year	Retail Value R

SHERPA INSURE OPTIONS (CHOOSE ONLY ONE)	Sherpa Leisure Caravans	Sherpa Insure PLATINUM	OR	Sherpa Insure ECONO
	Sherpa Tiny	SherpaCOVER Comprehensive cover	ADDITIONAL CONTENTS (Choose only one option)	SherpaCOVER Comprehensive cover
	Sherpa Tiny 'LITE'	SherpaCONTENTS R30 000	R45 000 (Premium R20.00 p.m.)	SherpaCARE Roadside & Medical assistance
	Sherpa Tiny RoughRoader	SherpaCARE Roadside & Medical assistance	R60 000 (Premium R40.00 p.m.)	NO 'CONTENTS' AVAILABLE ON ECONO PLAN
Sherpa Rambler				
Monthly Premium R	Additional 'contents' R	Total Monthly Premium R		

BANK DEBIT ORDER	Name of Bank	Branch	Branch Code	
	Account Number			
	Type of Account	Account Holder		
	Debit Order deduction date	1st	7th	10th

INTERMEDIARY	Name of Company		SHERPA LEISURE	
	First Name	NEVILLE	Surname	DE MEILLON
	eMail	neville@sherpaleisure.co.za	Telephone	(011) 452 8188
	FSP Number	N/A	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 hae 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 Sherpa Leisure Caravan is being used for PRIVATE, SOCIAL and PLEASURE purposes ONLY.		
	5. This policy does not afford cover whilst the Sherpa Leisure Caravan 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 insurance losses experienced and claimed for during the past three (3) years			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Signature	Date	Entry Date	
<input type="text"/>	DDMM 20YY	DDMM 20YY	

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