

GENERAL

Broker:	Branch:
Insured:	Policy no.:
Contact number:	E-mail address:
New postal address:	
New risk address:	

DETAILS OF PREMISES:

Tick the appropriate box

(a) Type:

Detached house/cottage	Townhouse/duplex/semi-detached house	Holiday house/flat
Groundfloor flat	Above groundfloor flat	Other

Details if other:

--

(b) Construction:

Walls	Roof
-------	------

(c) Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height

Yes	No
-----	----

(d) Situation:

(i) Is your residence situated on a:

Smallholding (up to 2ha)	Plot (up to 8ha)	Farm (over 8ha)
Security village	Retirement complex	Enclosed access control area

(ii) Is the residence undergoing building alterations:

Yes	No
-----	----

(iii) If any of the following are within approximately 1km radius of residence please give details:

Vacant stand	Smallholding
--------------	--------------

(e) Occupancy:

(i) Is the residence to be left unoccupied during the day?

Yes	No
-----	----

(ii) Is the residence to be unoccupied for more than a total 60 days in a year?

Yes	No
-----	----

If "Yes" provide no. of days & details

--

(iii) Is the residence occupied by anyone other than the Insured and members of his/her immediate family?

Yes	No
-----	----

If "Yes" provide details & advise if their property will be insured under the above policy?

(iv) Will the residence be hired or let out? If "Yes", please provide details:

Yes	No
-----	----

--

(v) Do you or anybody else carry on a profession/business/hobby from the residence?
If "Yes" provide details

Yes	No
-----	----

--

(f) Security:

(i) Are all opening windows/louvres/fanlights protected by burglar bars/grilles?

Yes	No
-----	----

(ii) Are all fixed windows protected by burglar bars/grilles?

Yes	No
-----	----

(iii) Are all exterior doors protected by grille gates?

Yes	No
-----	----

(iv) Are all the glass panels on either side of exterior doors protected?

Yes	No
-----	----

(v) Does any outbuilding or garage adjoining to the main residence have an inter-leading door?

Yes	No
-----	----

(vi) Are there full-time security guards on your property?

Yes	No
-----	----

(vii) Is there 24 hour access control to your property?

Yes	No
-----	----

(viii) Are the premises protected by a fully operational burglar alarm?

Yes	No
-----	----

If 'Yes' provide name of alarm company

--

Type of alarm (Please tick)

Radio alarm (Signal to Police Station)	Radio alarm (Signal to Alarm Company)	Radio alarm with armed response
--	---------------------------------------	---------------------------------

SUM INSURED DETAILS:

Complete only if applicable to existing policy

Building (cost of rebuilding main residence, outbuildings, driveways, patios, swimming pools, walls, gates & fences)

R

Contents (based on new replacement value)

R

DECLARATION:

I/We agree that the particulars in this questionnaire are true and complete and that I/we have not withheld any material information.

Date: _____

Signature: _____