

DETAILS

Name of Insured	
Policy No.	Contact Tel No.

HOUSEHOLD DETAILS

Kindly DELETE the following risk address	Kindly ADD/AMEND the following risk address																					
Code	Code																					
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Type of Residence</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">House</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Townhouse</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Cluster</td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Flat - Ground Floor</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Flat - Above Ground</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Estate</td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Holiday Home</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Other</td> <td></td> <td></td> </tr> </table>	Type of Residence	<input type="checkbox"/>	House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Cluster		<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>	Flat - Above Ground	<input type="checkbox"/>	Estate		<input type="checkbox"/>	Holiday Home	<input type="checkbox"/>	Other			
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	<input type="checkbox"/>	Holiday Home	<input type="checkbox"/>	Other																		

If OTHER, please specify

If the residence is a holiday home, how long will it be unoccupied for?

Please provide further details as to when the holiday home will be occupied and by whom.

Are there security and caretaking\housekeeping measures in place at the holiday home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If, yes, please provide further details.

Construction	Roof- e.g. Tile	Walls - e.g. Brick
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If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Do you require extended subsidence and landslip cover? <small>(If yes, separate questionnaire is to be completed)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all opening windows protected by burglar bars?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all external doors protected by security gates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any sliding doors at the residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the sliding doors protected by security gates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the sliding doors fitted with an additional locking mechanism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide details of the additional locking mechanism fitted to sliding door/s

Is there a burglar alarm system installed at your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, is the alarm linked to an armed response company?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm in working order?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm activated when the residence is unoccupied?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all opening windows and external doors protected by the alarm / sensor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Name the armed response company

Is the residence situated in an estate?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the estate have 24 hour access control?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the estate enclosed with electric fencing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is there 24 hour guards stationed at the estate?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any factors not mentioned above that may adversely affect the security risk of your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If YES, please provide further details

Are there any additional security features not mentioned above, that may improve the security of your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES, please provide further details

Is the residence occupied during working hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES, please provide further details

Is the residence occupied by anyone other than the insured or insured's family?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES, please provide further details

Will it be unoccupied for 4 consecutive days within the next 60 days?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES, please provide further details

Will the residence be unoccupied for more than 60 days a year?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES, please provide further details

Do you conduct any business from the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES, what type of business

INITIAL

Do clients have access to the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you store any stock for the business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is any money kept on the premises with regard to the business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please specify amount R				
Is the residence in an established built-up area?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any new building developments nearby?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence on a small holding, farm or plot?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence near a park, a sports field or golf course?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details (km distance)				
Is the residence next to a vacant piece of land?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you currently have insurance for your contents?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you require emergency home assist cover?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

COVER REQUIRED

Sum insured R	
Type of cover	Commencement Date day/month/year

DECLARATION

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Insurers in regard to this application.

Signing this form does not bind the Proposer to complete the insurance but it is agreed that this shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this application has been accepted.

Signature	Date day/month/year
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