

HOUSEHOLD AMENDMENT QUESTIONNAIRE

DETAILS

Name of Insured

Policy No.

Contact Tel. No.

HOUSEHOLD DETAILS

Kindly **DELETE** the following risk address

Code _____

Kindly **ADD/AMEND** the risk address to

Code _____

Type of Residence House Townhouse Cluster Flat - Ground Floor Estate
 Flat-Above Ground Floor Other If OTHER, please specify

Is this a holiday home? YES NO

Will it be unoccupied for 4 consecutive days within the next 60 days? YES NO

If YES, please provide further details

Will the residence be unoccupied for more than 60 days a year? YES NO

If YES, please provide further details

Construction Roof - e.g. Tile Walls - e.g. Brick

If thatch, please answer the following (separate thatch questionnaire to be completed)

Has the roof been treated with a thatch retardant (please provide copy of certificate)? YES NO

SABS approved lightning conductor installed? YES NO

Fire Extinguishers? YES NO

Thatched Lapa on premises? YES NO

If yes, distance from main building Size of lapa

Are any ovens or fireplaces fueled by gas? YES NO

Do you require subsidence and landslip cover? (Separate questionnaire to be completed) YES NO

Are all opening windows protected by burglar bars? YES NO

If Flat, Townhouse or Cluster are the passage windows barred? YES NO

Are all external doors protected by security gates? YES NO

If Flat, Townhouse or Cluster is the exterior door secured by a gate? YES NO

Is there a burglar alarm system installed in the house? YES NO

If YES, is the alarm linked to an armed response company? YES NO

HOUSEHOLD DETAILS (cont)

Will all access points such as doors and windows be linked to a 24hr armed response security provider? YES NO

Are there sliding doors at the residence? YES NO

Are the sliding doors fitted with an additional locking mechanism? YES NO

Is there an electric fence around the property? YES NO

If YES, is there electric fencing around the complex, if applicable? YES NO

If in a complex / estate is there 24 hour security? YES NO

If in a complex / estate is there controlled access (were permission for entry is obtained from the owner and identification is required)? YES NO

Is the area boomed off? YES NO

Do you have neighbours on all of your borders? YES NO

Is the residence occupied by anyone other than the insured? YES NO

If so, please advise (whom & relationship to insured)

Is there vacant land near the residence? YES NO

If so, please advise (description & distance)

House - Is there any construction work in progress at the residence? YES NO

Complex - Construction work taking place within the complex? YES NO

Is the residence occupied during working hours? YES NO

If YES, please provide further details

Will the residence be unoccupied during the next 30 days? YES NO

If YES, please provide further details

Do you conduct a business from the residence? YES NO

If YES, what type of business?

Do clients have access to the residence? YES NO

Is money kept on the premises with regard to the business? YES NO

Where will motor vehicles be kept?

Have there been any burglaries at this risk address? YES NO

COVER

Sum insured

Premium quoted

SASRIA

DECLARATION

Completed by

Name

Name

Accepted by

Name

Name

I warrant that the answers given are true, and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated to CIB Insurance.

Signature

Date

We remind you not to initial any blank or partially completed forms. The signing of blank or partially completed forms by a policyholder whereby someone else fills in the details at a later stage, is an offence in terms of the policyholder protection legislation. Remember no liability will attach to the Insured until this proposal has been accepted by CIB Insurance.