

**RISK QUESTIONNAIRE**  
**(PLEASE ANSWER ALL THE QUESTIONS IN FULL)**

Name			
Policy Number		ID Number	
Occupation		Email address	
Tel (H)	Tel (W)	Tel (Cell)	Fax
Residential Address			
Postal Code		Stand No (if available)	
Postal Address			
Postal Code			

**1. GENERAL INFORMATION**

1.2 Is the residence occupied during normal business hours and if so by whom?
1.3 If occupied by domestic employee, state period of employment and number of days per week he/she works for you
1.4 What precautions do you take for the safety of the property during an absence from the premises, which exceeds 48 hours?
1.5 Do you live on a Plot/Smallholding/Farm <input type="checkbox"/> Private dwelling in an established residential area <input type="checkbox"/> in a Flat <input type="checkbox"/> Townhouse complex <input type="checkbox"/> Boomed off area/Security Village <input type="checkbox"/>
1.6 Please state the construction of the walls and roof
1.7 If the building has a thatch roof, is a SABS approved lightning conductor installed?
1.8 What is the distance to the nearest fire department?
1.9 Is any part of the premises used for business? If Yes, please provide details
1.10 Will the residence be unoccupied in excess of 45 days in any one period? If yes, please state period and circumstances

**2 APPLICABLE TO PRIVATE DWELLINGS/PLOTS/SMALLHOLDINGS**

2.1 Is the property situated near an informal settlement, open area or park? If yes please state circumstances?
2.2 Are there any building activities taking place in your area?
2.3 Do you have a domestic employee residing on the premises?
2.4 Do you have watchdogs? If yes please state number, breed and age.
2.5 Are all the external doors, sliding doors and garage doors (exc. main garage door) protected by security gates? If no please state which are not.
2.6 Are all opening windows protected by burglar proofing? If no please state which are not.
2.7 What type of perimeter walls/fences do you have (e.g. concrete slabs, brick, palisade etc)? Are they electrified? If electrified is it connected to an alarm?
2.8 Do you have any other security features that we should be aware of (e.g. neighbourhood watch, guards etc)?

### 3. APPLICABLE TO FLATS

3.1 What floor is the flat on? Is the flat serviced? ...If yes, state by whom
3.2 Are all accessible windows protected by burglar proofing? Are all the external doors protected by security gates? If any of the above is no please state what alternative security measures are in place.

### 4 TO BE COMPLETED ONLY IF THE PREMISES ARE ALARMED

4.1 Type of alarm? Siren, <input type="checkbox"/> Telephone link to armed response, <input type="checkbox"/> Radio link to armed response <input type="checkbox"/> or other <input type="checkbox"/> (If other please describe) When was alarm installed? And by whom?
4.2 Do you have a contract in force with a security company for armed response? If yes please state name of company
4.3 Is the alarm regularly tested and maintained? And if so who is responsible for the testing
4.4 Are all external windows and doors protected? Does the alarm system extend to the outbuildings?
4.5 Have your neighbours been requested to respond to your alarm?

### 5. APPLICABLE TO SECURITY VILLAGES, BOOMED OFF AREAS AND TOWNHOUSE COMPLEXES

5.1 Approximately how many houses are in the complex?
5.2 Are all the units complete or are building operations still taking place?
5.3 What types of walls/fences surround the complex? Height? Electrified?
5.4 What is the access control measure to gain entry or exit from the premises?
5.5 Do guards patrol within the grounds of the complex/area? If yes what hours are they on duty?
5.6 Does your unit have burglar bars on all opening windows? Security gates on all external doors? If no to any above please state which ones do not
5.7 Do you have an alarm system? If yes please ensure section 4 above is completed
5.8 Do you know of any thefts in the complex in the last 12 months?
5.9 Do you have any other security features that we should be aware of?

### DECLARATION

**I HEREBY AGREE THAT THIS QUESTIONNAIRE SHALL FORM PART OF MY ORIGINAL PROPOSAL FOR INSURANCE AND DECLARE THAT THE ANSWERS PROVIDED ARE TRUE AND COMPLETE IN EVERY RESPECT.**

**I AM AWARE THAT NON-DISCLOSURE OF ANY MATERIAL FACT COULD RENDER THE COVER GRANTED IN TERMS OF THE POLICY WORDING NULL AND VOID**

SIGNED AT \_\_\_\_\_ ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**