

CHANGE OF RISK ADDRESS



Please provide us with your details and new risk address information.

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:

Type of Residence House Townhouse Flat - Ground Floor Flat - Above Ground
 Cluster Estate Holiday Home 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? Yes No

If YES, please provide further details.

Construction

Roof - (e.g. Tile):

Walls - (e.g. Brick):

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Do you require extended subsidence and landslip cover?
(If YES, a separate questionnaire is to be completed)

Yes No

Are all opening windows protected by burglar bars?

Yes No

Are all external doors protected by security gates?

Yes No

Are there any sliding doors at the residence?

Yes No

Are the sliding doors protected by security gates?

Yes No

Are the sliding doors fitted with an additional locking mechanism?

Yes No

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

Household Details (Continued)

Is there a burglar alarm system installed at your residence? Yes No

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

Is the alarm in working order? Yes No

Is the alarm activated when the residence is unoccupied? Yes No

Are all opening windows and external doors protected by the alarm / sensor? Yes No

Name the armed response company:

Is the residence situated in an estate? Yes No

Does the estate have 24 hour access control? Yes No

Is the estate enclosed with electric fencing? Yes No

Is there 24 hour guards stationed at the estate? Yes No

Are there any factors not mentioned above that may adversely affect the security risk of your residence? Yes No

If YES, please provide further details:

Are there any additional security features not mentioned above, that may improve the security of your residence? Yes No

If YES, please provide further details:

Is the residence occupied during working hours? Yes No

If YES, please provide further details:

Is the residence occupied by anyone other than the insured or insured's family? Yes No

If YES, please provide further details:

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:

Do you conduct any business from the residence? Yes No

If YES, please provide further details:

Do clients have access to the residence? Yes No

Do you store any stock for the business? Yes No

If YES, please provide further details:

INITIAL

Household Details (Continued)

Is any money kept on the premises with regard to the business? Yes No

If YES, please specify the amount:

Is the residence in an established built-up area? Yes No

Are there any new building developments nearby? Yes No

Is the residence on a small holding, farm, or plot? Yes No

If YES, please provide further details:

Is the residence near a park, a sports field or golf course? Yes No

If YES, please provide further details (km distance):

Is the residence next to a vacant piece of land? Yes No

Do you currently have insurance for your contents? Yes No

Do you require emergency home assist cover? Yes No

Cover Required

Sum insured:

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: <i>day/month/year</i>
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