

ANNEXURE D

PLOT / FARM/ SMALLHOLDING EVALUATION FORM

BROKER NAME: _____

INSURED NAME: _____

OCCUPTION: _____

RISK ADDRESS: _____

POSTAL CODE: _____ INCEPTION DATE: _____

CURRENT INSURER: _____ POLICY NUMBER: _____

SUM INSURED – CONTENTS: R _____ BUILDING: R _____

1. Is the property situated on a farm/ plot/ smallholding? YES / NO

2. Please state the size of the property? _____

3. Is the farm/ plot smallholding cultivated? YES / NO
If "YES" provide full details:

4. Any forests/ dry grass / other agricultural fields within 500 meters of main dwelling? YES / NO
If "YES" provide full details:

5. Are there any commercial activities on the premises? (Tuckshop/ spaza etc.) YES / NO
If "YES" provide full details:

6. Main dwelling construction:

Walls: brick/ concrete/ wood/ asbestos/ fibre glass/ zinc Other: _____

Roof: thatch / zinc/ asbestos/ wood/ fibre/ glass/ tiles Other: _____

NB: IF THATCH RISK – A THATCH QUESTIONNAIRE MUST BE COMPLETED

7. Other buildings not attached to the main dwelling (outbuildings/ second residence / Lapa's/ barns/ Wendy houses etc.:

Walls: brick/ concrete/ wood/ asbestos/ fibre glass/ zinc Other: _____

Roof: thatch / zinc/ asbestos/ wood/ fibre/ glass/ tiles Other: _____

8. In whose name is the premises registered: _____

9. Which financial institution holds the bond on the premises: _____

10. Describe the existing security measures at the residence:

a) Burglar bars all opening windows? YES / NO
If "NO" provide details _____

b) Security gates in front of all external doors – including sliding doors YES / NO
If "NO" provide details _____

c) 24-hour radio alarm linked to a reaction unit? (SAIDSA APPROVED) YES / NO

If "YES" to radio linked alarm state distance to armed reaction company _____ km

(This requirement MAY ONLY be waived at the discretion of Renasa Head Office only and subject to the terms, exceptions and conditions as prescribed by the company and based solely on the merit of each individual case referred)

d) Is there an electric fence surrounding the property? YES / NO

e) Watchdogs? YES / NO

f) Is there someone home during the day? YES / NO

If "YES" – whom? _____

11. Is the property fully enclosed? Please provide full details: _____

12. When was, the building built? _____ Current condition: _____

13. How many families live on the premises? _____

If more than one family, please provide full details of other families and their relationship to the insured:

14. Are there any buildings under construction at the premises: YES / NO?

15. Is there a supply of hay/ feed / fodder stored anywhere on the premises? YES / NO

16. What is the distance between the dwelling and the nearest?

- a) Neighbour _____ b) Police station _____
c) Business Centre _____ d) Fire brigade _____
e) Armed response company _____ f) Company name _____
g) Neighbourhood watch / Commando unit _____

17. Where are the vehicles parked overnight: E.g.: Carport, Locked garage, locked gates?

<u>Vehicle Make/ Model</u>	<u>Reg No</u>	<u>Owner</u>	<u>Parking</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Please provide full claims history and/ or losses over the past three years:

<u>Date of loss</u>	<u>Type of loss</u>	<u>Total claim amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Has any insurer ever cancelled, declined to accept, refused to renew or imposed any special conditions on any policy held by you, any member of your family normally residing with you or any person nominated to drive your vehicle/s?

If "YES" provide full details: _____

Date: _____ INSURED SIGNATURE: _____

BROKER / BRANCH SIGNATURE: _____

(REQUIRED FOR ACCEPTANCE OF RISK)