

## **ANNEXURE D**

## PLOT / FARM / SMALLHOLDING EVALUATION FORM

ROKER NAME:	
NSURED NAME:	
OCCUPTION:	
ISK ADDRESS:	
OSTAL CODE: INCEPTION DATE:	
CURRENT INSURER: POLICY NUMBER:	
UM 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:	
	<del></del>
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/ bahouses etc.:	irns/ Wendy
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:	
11.	Burglar bars all opening windows?	YES / NO
If "NC	" provide details	
a.	Security gates in front of all external doors — including sliding doors  " provide details	YES / NO
b.	24-hour radio alarm linked to a reaction unit? (SAIDSA APPROVED)	YES / NO
If "YE	'S" to radio linked alarm state distance to armed reaction companykm	,
(This i	requirement MAY ONLY be waived at the discretion of Renasa Head Office only and subject to the exceptions and conditions as prescribed by the company and based solely on the merit of each case referred)	
c.	Is there an electric fence surrounding the property?	YES / NO
d.	Watchdogs?	YES / NO
e.	Is there someone home during the day? `	YES / NO
If "YES	S" – whom?	
		-
12.	Is the property fully enclosed? Please provide full details:	-



	When was, the building built	?	Current condition	n:	_
14.	How many families live on the premises?				
If mo	ore than one family, please prov	ride full details of	other families and their relation	nship to the insure	ed: -
					-
15.	. Are there any buildings under construction at the premises:				YES / N
16.	6. Is there a supply of hay/ feed / fodder stored anywhere on the premises?				YES / N
17.	What is the distance betwee	n the dwelling an	d the nearest?		
a. Ne	eighbour		b. Police station		
c. Bu	siness Centre		d. Fire brigade		
e. Armed response company					
e. Ar	med response company		f. Company name		
	med response companyeighbourhood watch / Comman		f. Company name		_
g. Ne	eighbourhood watch / Comman	do unit			-
	eighbourhood watch / Comman	do unit			-
g. Ne	eighbourhood watch / Comman	do unit			ing
g. Ne	eighbourhood watch / Comman Where are the vehicles parke	do unit ed overnight: E.g.:	Carport, Locked garage, locked	I gates?	ing
g. Ne	eighbourhood watch / Comman Where are the vehicles parke Make/ Model	do unit ed overnight: E.g.:	Carport, Locked garage, locked	I gates?	ing
g. Ne	eighbourhood watch / Comman Where are the vehicles parke Make/ Model	do unit ed overnight: E.g.:	Carport, Locked garage, locked	I gates?	ing
g. Ne	eighbourhood watch / Comman Where are the vehicles parke Make/ Model	do unit ed overnight: E.g.:	Carport, Locked garage, locked	I gates?	ing
g. Ne	eighbourhood watch / Command Where are the vehicles parke Make/ Model	do unit ed overnight: E.g.: Reg No 	Carport, Locked garage, locked  Owner  ———————————————————————————————————	I gates?	ing
g. No.	eighbourhood watch / Command Where are the vehicles parked Make/ Model  Please provide full claims hist	do unit ed overnight: E.g.: Reg No 	Carport, Locked garage, locked  Owner  ———————————————————————————————————	l gates? Park	
g. Ne	eighbourhood watch / Command Where are the vehicles parked Make/ Model  Please provide full claims hist	do unit ed overnight: E.g.: Reg No 	Carport, Locked garage, locked  Owner  ———————————————————————————————————	I gates?	
g. No.	eighbourhood watch / Command Where are the vehicles parked Make/ Model  Please provide full claims hist	do unit ed overnight: E.g.: Reg No 	Carport, Locked garage, locked  Owner  ———————————————————————————————————	l gates? Park	



20.

	any policy held by you, any member of your family normally residing with you or any person nominated t drive your vehicle/s?
If "YES	provide full details:

Has any insurer ever cancelled, declined to accept, refused to renew or imposed any special conditions on