

CHANGE OF RISK ADDRESS

DETAILS

Name of Insured:

Policy No.:

Contact Tel No.:

HOUSEHOLD DETAILS

Kindly DELETE the following risk address:

 _____ Code _____

Kindly ADD/AMEND the following risk address

 _____ Code _____

Type of Residence:

House

Townhouse

Cluster

Flat - Ground Floor

Flat - Above Ground

Estate

Holiday Home

Other

If OTHER, please specify:

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 subsidence and landslip cover?

Yes

No

If YES, please indicate: (Separate application may be requested)

LIMITED

FULL

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 fitted with an additional locking mechanism?

Yes

No

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

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:

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
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, what type of business: _____		
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: _____		
Is any money kept on the premises with regard to the business?	Yes	No
If YES, please specify amount: R _____		
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

COVER REQUIRED

Sum insured:	
Type of cover:	
Commencement date:	Day / Month / Year

VEHICLES/CARAVANS/TRAILERS/MOTORBOATS {These vehicles will be parked overnight at new address}

Make/Model &Registration number	Overnight Parking (e.g. Locked Garage, Secure Carport, Unsecure Carport, Behind locked gates)

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: Day / Month / Year
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