

CHANGE OF RISK ADDRESS

Please provide us with your details and new risk address information

Name of the Insured: _____

Policy Number: _____

HOUSEHOLD DETAILS

Kindly DELETE the following risk address: _____ Kindly ADD/AMEND the following risk address: _____

CODE:

CODE:

Type of Residence	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Flat - Ground Floor	<input type="checkbox"/> Flat - Above Ground
	<input type="checkbox"/> Cluster	<input type="checkbox"/> Estate	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> 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 & caretaking/housekeeping measures in place at the holiday home? Yes No

If YES, please provide further details _____

Construction: Roof - (e.g. Tiles): _____ 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

If YES, 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 the sliding doors? _____

INITIAL

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 <input type="checkbox"/>
Is the alarm activated when the residence is unoccupied?	Yes	No
Are ALL opening windows and external doors protected by the alarm/sensor?	Yes <input type="checkbox"/>	No
Name of 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 <input type="checkbox"/>	No <input type="checkbox"/>
Is there 24 hour guards stationed at the estate?	Yes	No <input type="checkbox"/>
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? If YES , please provide further details:	Yes	No
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? If YES , please provide further details:	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 provide further details:		
Is the residence in an established built-up area?	Yes	No
If YES , please provide further details:		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Do you require emergency home assist cover?	Yes	No

COVER REQUIRED

Sum Insured: _____

Type of Cover: _____

Commencement Date: _____

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: _____
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