

## COMMERCIAL SPREAD OF FIRE QUESTIONNAIRE

Insured \_\_\_\_\_

Policy number \_\_\_\_\_

Broker details \_\_\_\_\_

Limits required      General and Tenants      R \_\_\_\_\_

   Spread of Fire      R \_\_\_\_\_

1.	Name of farm(s) forming a farming unit (adjoining)	Size of the farming unit	Type of farming activities	Any growing timber and type on the farm
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

2. Do you belong to a Fire Prevention Association as defined by the National Veld and Forest Act (Act 101 of 1998) or any Act replacing or amending the Act – please provide details (name, exemptions, etc.).

3. Are you permanently on the farm If not, please provide details.	YES	NO	
4. How long have you been farming			
5. Type of farming experience gained in			
6. The annual turnover of your farm	R _____		
7. Has there ever been a fire on the farm(s) Please provide details, extent and origin of the fire(s).	YES	NO	
8. Has a fire ever spread to a neighbouring farm Please provide details.	YES	NO	
9. Please provide details of all liability claims during the past 5 (five) years.			
10. Are you aware of any pending liability claim against you If YES, please provide details.	YES	NO	

11. Please provide details of all farming activities on the adjacent farms.

North \_\_\_\_\_

West \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

12. Does your farm border on or lie within 10 (ten) kms from a timber plantation  
Please provide details.

YES NO \_\_\_\_\_

13. Does your farm border on or lie within 10 (ten) kms from a sugar cane plantation  
Please provide details.

YES NO \_\_\_\_\_

14. Are there any sawmills, schools or educational institutions, filling stations, informal settlements, building operations or shopping malls within 10 (ten) kms from any of your farms  
Please provide details.

YES NO \_\_\_\_\_

15. Does the public have access to the firebreaks  
If YES, please provide details.

YES NO \_\_\_\_\_

16. Provide details on the firebreaks per farming unit	Width	Describe maintenance programme in place	Frequency of maintenance
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

17. Describe the dominant topography

\_\_\_\_\_

18. Does a public road run across your farm(s)  
If YES, please provide details.

YES NO \_\_\_\_\_

19. Does a railway line run across your farm(s)  
If YES, please provide details.

YES NO \_\_\_\_\_

- |     |  |   |  |                         |
|-----|--|---|--|-------------------------|
| 20. | How many watchtowers are erected on your farming units   | What percentage of the farm is visible from the watchtowers               | What form of communication is there between watchtowers                        | Are they manned<br>24/7 |
|     |  | %   |  |                         |
| 21. | How many watchtowers are erected on the adjoining farming units  | What percentage of the adjoining farm is visible from the watchtowers     | What form of communication is there between neighbouring watchtowers           | Are they manned<br>24/7 |
|     |  | %   |  |                         |
| 22. | How many radio base sets are there on the farming units  | How many handsets (radio) are there on the farming units                  | Does your radio network link into any other network<br>Provide details please. | Are they manned<br>24/7 |
| 23. | List the firefighting equipment available for combating a fire   | Provide details of the main source of water supply in the event of a fire | Provide details of alternative water sources (municipal, boreholes, etc.)      |                         |
| 24. | How can water be moved from the source to the fire – please also provide details of the route and possible obstructions.                               |   |  |                         |
| 25. | Provide details of the firefighting teams on the farm(s)   |   |  |                         |
| 26. | Who controls the firefighting teams  |   |  |                         |
| 27. | How and where were the teams trained   |   |  |                         |
| 28. | What training did the controller receive   |   |  |                         |
| 29. | How long does it take to mobilise the team   |   |  |                         |
| 30. | What equipment is issued to the team   |   |  |                         |
| 31. | Have you ever been refused liability cover or renewal of a liability policy/section<br>If YES, please provide details of insurer and reasons provided. | YES   | NO   |                         |

32. Do you accept that cover will only be in force once the underwriter has approved of this request

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33. Are there any other facts or information relative to the risk of spread of fire which may influence the underwriter's decision regarding the acceptability of the risk or in deciding on terms and conditions that may be imposed

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34. Please provide a copy of the plan of the farm(s).

#### DECLARATION

I/We declare that to the best of my/our knowledge/belief, the statements and particulars given in this questionnaire are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

#### PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

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Signature  
Insured/Duly authorised person

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Date signed