

SECTIONAL TITLE THATCH QUESTIONNAIRE

DETAILS OF INSURED

Full name _____ Policy number _____
Full risk address _____
Postal code _____

FIRE RISK

Fire Brigade

Town _____ Distance from premises _____ km
Smoke detectors YES NO
Are they linked to a 24-hour monitored alarm system with emergency response YES NO
When last were they maintained and serviced _____

Lightning Conductors

Does the building have approved lightning conductors YES NO

Additional Information

List the firefighting equipment available for combating a fire

Provide details of the main source of water supply in the event of a fire

How can water be moved from the source to the fire – please also provide details of the route and possible obstructions

Provide details of the firefighting teams on the insured premises

Who controls the firefighting team(s)

How and where were the teams trained

What training did the controller receive

How long does it take to mobilise the team

What equipment is issued to the team

Municipal water supplies YES NO If NO, what other supplies are there _____

Dedicated fire hose reels YES NO When last were they maintained and serviced _____

Fire hydrants YES NO If YES, please provide full details _____

Date when last serviced _____

Manual drencher YES NO Automatic drencher YES NO

When last was the drencher system maintained and serviced _____

Is there enough water supply and pressure to wet the thatch roofing and surrounding areas, in the event of a fire occurring YES NO

If NO, please provide details of measures taken to protect the roofing and surrounding areas

Fire Extinguishers

Type	Number	Capacity	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last service date _____ Are the extinguishers accessible at all times YES NO

Are they installed in easily visible and accessible positions YES NO

If NO, please provide details _____

Fire Retardants

Fire Blanket	YES	NO	Date installed	_____	Certificate	YES	NO
Sisalation	YES	NO	Date installed	_____	Certificate	YES	NO
Thatchsayf	YES	NO	Date installed	_____	Certificate	YES	NO
Thatchbor	YES	NO	Date installed	_____	Certificate	YES	NO
Thatch Guard	YES	NO	Date installed	_____	Certificate	YES	NO
Supercote	YES	NO	Date installed	_____	Certificate	YES	NO
Thatch Marshall 8000	YES	NO	Date installed	_____	Certificate	YES	NO
Other type	YES	NO	Date installed	_____	Certificate	YES	NO

If YES for "Other type", please provide details _____

Chimneys

Does the building and/or lapa and/or braai area have one or more chimney(s) YES NO

If YES, please provide full details _____

Does the chimney penetrate the thatch roof YES NO

If YES, please provide full details _____

Are the chimneys fitted with spark arrestors and/or wire mesh YES NO

Are the chimneys maintained on a regular basis YES NO

If YES, please provide full details _____

Are there any fireplaces installed and are these fuelled by solid fuels (e.g. wood) YES NO

If YES, please provide full details _____

Public Liability and Spread of Fire Risk

Please detail the surrounding area

North _____

East _____

South _____

West _____

Is LP Gas used on the premises YES NO

If YES, please provide full details of installation _____

Is the installation compliant with relevant SANS requirements YES NO

If YES, please provide full details _____

Is the property surrounded by Fynbos within a 100 metre radius YES NO

If YES, please provide full details _____

Is the building presently under construction Maintenance YES NO Alterations YES NO

Building construction YES NO Other YES NO

If YES, please provide an overview _____

Utilities

Power Surge Protection	Main DB	_____
	Sub DBs	_____
	Gate motor	_____
	Pool pump	_____
	Computers	_____

Flood, Subsidence and Landslip

What is the proximity of the premises to the closest body of water _____

Type of body of water, i.e. dam, river, ocean, swimming pool _____

Have there been any cases of flood, subsidence or landslip at the premises or in the immediate neighbourhood YES NO

If YES, please provide full details and cost of damage _____

Are there rivers/watercourses in close proximity YES NO

If YES, please provide full details _____

Security Precautions of the Risk

Are all opening windows burglar-barred YES NO

Does any outbuilding or garage adjoining the risk have an interleading door YES NO

If YES, is this door protected by an alarm or security gate YES NO

Are external access doors fitted with security gates YES NO

Are external sliding doors fitted with security gates or frame-mounted key-operated locking bolts YES NO

Is the property situated in a high-security complex (i.e. is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height with electric fencing, alarmed and linked to either 24-hour armed-response service or a guardhouse) YES NO

Are there full-time security guards on your property YES NO

Is the risk protected with an approved alarm system linked to a 24-hour control room with armed response YES NO

If YES, attach documentary proof from service provider.

Photos of the risk required please

- The surrounding area of the buildings and perimeter of risk, including gardens, vegetation, bush and trees which overhang or come into contact with the thatch.
- Interior of buildings, including kitchen and loft areas, fireplaces and braai areas.
- Exterior of buildings.
- Thatch roofing which clearly shows the construction, condition, pitch and interior thereof and any chimneys and braai areas.
- The LPG installation.
- Any maintenance related condition in respect of the property.
- Any other photos of the risk which are deemed necessary to adequately portray the risk.

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.

DECLARATION

I/We declare that to the best of my/our knowledge/belief, the statements and particulars given in this form 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.

Signature

Date