

RISK ASSESSMENT QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. PREVIOUS INSURANCE DETAILS

1.1 Have your possessions been insured previously?

YES

NO

If "YES", please state the name of your previous Insurer and date cover expired

PREVIOUS INSURER	DATE
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If the above date is not consecutive with inception, refer to Insurer.

1.2 Has any Insurer ever cancelled your insurance or refused to continue to insure or imposed

YES

NO

1.3 Have you or any person to be insured had any accidents or suffered losses during the last three ?

YES

NO

If "YES", please give details

DATE	TYPE OF ACCIDENT / LOSS	COST	INSURER (if applicable)

2. RESIDENCE DETAILS

2.1 If the dwelling is roofed with thatch, have lightning conductors been installed?

YES

NO

2.2 Is a business conducted on or from the residence?

YES

NO

If "YES", please give details.

2.3 Is extensive woodworking, metal working, or motor repairs done at the residence?

YES

NO

2.4 Is the property situated in a valley or near a river or a dam?

YES

NO

3. SECURITY DETAILS (TICK THE APPLICABLE BLOCK)

3.1 CONSTRUCTION

	1. Brick / Iron / Slab
	2. Brick / Asbestos
	3. Brick / Slate
	4. Brick / Tile
	5. Brick / Thatch
	6. Other

3.3 VICINITY

	1. Established residential
	2. New residential (building activity)
	3. Industrial / Business
	4. Smallholdings
	5. Agricultural (proper farm)

3.5 PERIMETER OF HOUSE / UNIT

	1. Electric gates
	2. Steel fence with spikes
	3. Wall / fences – without spikes

3.2 MAINTENANCE

	1. Excellent
	2. Good
	3. Fair
	4. Poor
	5. Very poor

3.4 SURROUNDINGS

	1. Houses on 3 sides / Corner erf
	2. Next to open ground
	3. Next to golf course
	4. Nearby shops (<250m)
	5. Next to highway
	6. Near (<5km) squatters

3.6 TYPE

	1. Town / cluster house – Enclosed complex with internal divisions
	2. Town / cluster house – Enclosed complex with no internal divisions
	3. Upper floor flat – in a block



RISK ASSESSMENT QUESTIONNAIRE (Continued)

- 4. Walls / fences with spikes or razor wire
 - 5. No fences / walls or concealed areas
 - 6. No fences / walls with concealed areas
 - 7. Full perimeter electric fence
- Linked? YES NO TO RESPONSE SIRENS

- 3.7 OCCUPANCY
- 1. Husband & wife at home (eg home business / retired)
 - 2. Wife & domestic worker at home
 - 3. Full-time domestic worker
 - 4. Husband & wife at work, but part-time domestic
 - 5. Husband & wife at work, no domestic
 - 6. If home business, describe

- 3.9 UNOCCUPANCY
- 1. Annual holiday / weekends with house sitter
 - 2. Annual holiday without house sitter
 - 3. More than 30 days per annum
 - 4. Other (describe)

- 3.11 BURGLAR BARS
- 1. Spanish-type, all windows
 - 2. Spanish-type, except bathroom / toilet (small)
 - 3. Cottage – steel
 - 4. Cottage – wooden frames
 - 5. Opening windows only- Substantial? YES NO
 - 6. No bars
 - 7. Other (describe)

- 3.12 DOGS
- 1. Good Watchdogs (Rottweiler, Alsatian etc)

- 4. Ground floor flat – in a block
- 5. Townhouse / cluster house end unit
- 6. Ordinary detached residence
- 7. Residence in secure suburb / street
- 8. Garden cottage
- 9. Commune
- 10. Other (describe)

- 3.8 ALARM
- 1. Response linked alarm
 - 2. Siren only
- Alarm linked to outbuildings? Garage Cottage Office
- Name of response company
- 3. No alarm
 - 4. Other (describe)

- 3.10 ENTRANCES
- 1. Solid doors with security gates
 - 2. Doors without security gates
 - 3. Sliding doors with security gates
 - 4. Sliding doors with specialised locks (e.g. Night locks)
 - 5. Sliding doors with no protection (i.e. no special locks)
 - 6. Other (describe)

- 3.13 OTHER PHYSICAL FEATURES
- 1. Security lights
 - 2. Full-time guard – house / complex
 - 3. Full-time guard – access points to suburb / street
 - 4. Neighborhood watch / street patrol
 - 5. Full perimeter electric fence – suburb / street
- Linked? YES NO TO RESPONSE SIRENS
- 6. Valuables kept in fixed safe
 - 7. Portion of house let / sublet (other occupant)
 - 8. Contents – more than 30% audio/TV/valuables (office use) Percentage

4. CONTENTS DETAILS

4.1 State approximate values for the following if not specified under All Risks

(Items over R2 000 need valuation certificates)

Jewellery

Laptop / Notebook computers

Audio-visual equipment

R
R
R



5. PERSONAL INJURY DETAILS

5.1 What are your sports, hobbies, pastimes?

FIRST PERSON
SECOND PERSON

VEHICLE RELATED DETAILS

6.1 Do you or any person, who to your knowledge will drive, suffer from defective vision or hearing or from Any physical or mental infirmity?

If "YES", please give details and refer to Insurer.

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6.2 Have you or any person, who to your knowledge will drive, been convicted or paid an admission of guilt fine for any motoring offence (other than parking fines) during the past three years or is any prosecutions pending?

If "YES", please give details and refer to Insurer.

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6.3 Has your drive's license, or that of any other person who to your knowledge will drive, ever been endorsed, suspended or cancelled?

If "YES", please give details and refer to Insurer.

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6.4 Does any person other than the policyholder who is not financially dependant on him use any of the vehicles on a full-time basis?

If "YES", please give details and refer to Insurer.

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6.5 Are any of the vehicles a built-up vehicle registered as a code 31?

If "YES", please describe vehicle and circumstances and refer to Insurer.

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6.6 Is the regular driver of any of the vehicles a student or person under the age of 25 years?

If "YES", please describe vehicle and circumstances and refer to Insurer.

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6.7 Give full details of where the vehicle/s is/are parked overnight and during the day.

PLEASE SIGN THE FOLLOWING DECLARATION:

I WARRANT THAT THE ANSWERS IN THIS APPLICATION ARE TRUE AND COMPLETE AND I DO NOT KNOW OF ANY MATERIAL FACTS, EVEN THOUGH SPECIFIC QUESTIONS ABOUT THEM HAVE NOT BEEN ASKED, THAT SHOULD BE COMMUNICATED TO THE INSURER.

I AGREE THAT THIS PROPOSAL SHALL BE THE BASIS OF THE CONTRACT BETWEEN THE INSURER AND MYSELF AND THAT, IF THIS PROPOSAL IS BEING COMPLETED ON MY BEHALF, THE PERSON DOING SO IS ACTING AS MY AGENT.

I ACCEPT THE STANDARD HOME AND PERSONAL POLICY AS THE BASIS OF CLAIM SETTLEMENT.

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SIGNATURE

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DATE

