



Associated Broker

HOUSEHOLD CONTENTS QUESTIONNAIRE

INSURED: _____ OCCUPATION: _____

ID NO: _____ EMAIL ADDRESS: _____

TEL NO WORK: _____ FAX NO: _____

TEL NO HOME: _____ CELL NO: _____

Physical address of Contents to be insured		
		Postcode
Construction		Walls
		Roof
Type of Residence – please insert “YES” or “NO”	House	
	Townhouse	
	Cluster house	
	Ground floor flat	
	Above ground level flat – If yes :	
	Which floor ?	
	Holiday home	
Other – Please describe		
Is the premises left unoccupied during the day?		
Will the premises be left unoccupied for longer than 60 days in total in any one year?		
Is any trade or business carried out at the premises? If YES, please give details		
Are all opening windows, including louvres, protected by burglar bars?		
Are all non-opening windows protected by burglar bars?		
Are all exterior doors, including sliding, patio and french doors protected by security gates?		
Are all sliding doors fitted with additional locks to those supplied by the manufacturer?		
Are there building renovations in progress on your property ?		
Is the property protected by a 24 hour security guard ?		
Is there electronic access to the property ?		
Is the perimeter of the property fenced/walled ? If yes :		
a) Height of fence / wall ?		
b) Is the fence / wall electrified ?		
Is the residence and its outbuildings protected by a SAIDSA approved burglar alarm? If yes :		
c) Is the alarm a radio alarm?		
d) Make of alarm?		
e) Is there a warden / armed response contract in force?		
f) Is a maintenance contract in force?		

	g) State make and name of armed response service provider.	
	h) Is the alarm activated when you retire at night?	
	i) Is the alarm activated when the residence is unoccupied?	
	j) Are all external doors and windows protected ?	

Is the residence :	
A. Within 5 km of an informal settlement	
B. Within 2 km of a shopping center	
C. Within 1 km of a school	
D. In an established built up area	
E. On a farm or smallholding	
F. Adjacent to vacant property	

DECLARATION

I HEREBY AGREE THAT THIS QUESTIONNAIRE SHALL FORM PART OF MY ORIGINAL PROPOSAL FOR INSURANCE AND DECLARE THAT THE ANSWERS PROVIDED ARE TRUE AND COMPLETE IN EVERY RESPECT.

I AM AWARE THAT NON-DISCLOSURE OF ANY MATERIAL FACT COULD RENDER THE COVER GRANTED IN TERMS OF THE POLICY WORDING NULL AND VOID

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE _____

Should any of the above details change, your insurer must be advised immediately or a claim may be repudiated