

# DOMESTIC QUESTIONNAIRE - HOUSEHOLDERS/HOUSEOWNERS

Insured	
Policy Number	
Risk Address	
	Code
Postal Address	
	Code

Effective From	YYYY	MM	DD
Work Tel			
Home Tel			
Cell No			
Fax No			
E-mail			

**CONSTRUCTION**

Walls  brick  wood      Age of the dwelling  years  months

Is there thatch on the roof?  yes  no      If yes, is there a SABS approved lightning conductor?  yes  no

Any outbuildings with thatch?  no  Lapa  Rondavel  other      distance from main building?  m

**TYPE OF DWELLING**

detached house	cluster home	cottage
town house	semi detached	holiday residence
security village 24hr guards		retirement complex
flat above ground floor	ground floor flat	other

**Applicable to Flats & Town Houses**

On which floor is the flat situated?

Is there security provided by the owner of the Flats/Townhouse complex? If YES, provide details.  yes  no

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**SECURITY**

<b>BURGLAR ALARM</b>	linked to response	yes	no
	response company	yes	no
	regularly tested	yes	no
	immediate siren	yes	no
no alarm			
extended to outbuildings		yes	no

**BURGLAR BARS**

on all opening windows	yes	no
on all fixed windows	yes	no
windows of outbuildings	yes	no

**SITUATION OF THE RESIDENCE**

suburban	smallholding
plot	farm
	other

**external SLIDING DOORS**

are there any security gates	yes	no	
frame mounted key-operated locking bolts	yes	no	
<b>security gates</b> other external doors	yes	no	
full time <b>security guards</b> on property	yes	no	
<b>PERIMETER of property</b>	walled / fenced	yes	no
	electrified	yes	no

Are there street lights in your area?  yes  no

Is this residence within 1km radius of any of the following?  
(tick whichever is applicable)

informal settlement	building construction	
shops / café	park / sports field	golf course
railway station	railway lines	highway
vacant ground	mine dump	taxi rank

any building alterations in progress	yes	no
residence in newly developed area	yes	no

**OCCUPANCY**

Will the residence be left unoccupied		
within the next 60 days	yes	no
during working hours	yes	no
for more than 60 days a year	yes	no
Is the residence hired or let out or used as a commune?		
	yes	no

## DECLARATION AND SIGNATURE

I hereby warrant that all the above particulars and the statements are true and contain all the information known to me affecting the risks under the Sections to be insured and that this and any other written statement made by me or on my behalf for the purpose of these proposed insurance(s) shall be the basis of and incorporated into the contract between me and your Insurance Company.

DATE         SIGNATURE OF PROPOSER \_\_\_\_\_

