



DOMESTIC QUESTIONNAIRE - HOUSEHOLDERS/HOUSEOWNERS

Insured		Effective From	YYYY	MM	DD
Policy Number		Work Tel			
Risk Address		Home Tel			
		Cell No			
Postal Address		Fax No			
	Code	E-mail			
	Code				

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

SECURITY			
Burglar Alarm	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

external Sliding Doors	are there any security gates	yes	no
	frame mounted key-operated locking bolts	yes	no
security gates other external doors		yes	no
full time security guards on property		yes	no
Perimeter of property	walled / fenced	yes	no
	electrified	yes	no

SITUATION OF THE RESIDENCE		
suburban	smallholding	
plot	farm	other

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 the proposed insurance(s) shall be the basis of and incorporated into the contract between me and your Insurance Company.

DATE

SIGNATURE OF PROPOSER _____