

HOUSEHOLD CONTENTS AMENDMENT FORM

Insured _____ Policy number _____ Address detail to remain the same: Yes No Risk address change: _____ _____ _____	FOR OFFICE USE Supply all details pertaining to the new risk address
--	--

Household Contents			
Sum Insured:	R		
What type of home do you have	Free-standing house		
	Housing estate, high security complex or flat above first floor		
	Flat on ground or first floor		
Complete the security questions which relate to the answer you have chosen above			
Free-standing house			
Are all opening windows protected by burglar bars	Yes	No	Check security requirements, apply warranty
Are all outgoing doors protected by security gates	Yes	No	Check security requirements, apply warranty
Are sliding doors protected by additional locks	Yes	No	Apply warranty
Is the premises protected by a monitored alarm with armed-response	Yes	No	Apply warranty
Housing estate, high security complex or flat above first floor			
Are all opening windows protected by burglar bars	Yes	No	Check security requirements, apply warranty
Are all outgoing doors protected by security gates	Yes	No	Check security requirements, apply warranty
Are sliding doors protected by additional locks	Yes	No	Apply warranty
Is the premises protected by a monitored alarm with armed-response	Yes	No	Apply warranty
Is there 24-hour access control	Yes	No	Alarm warranty
Is there a perimeter wall (minimum 1.8m high) with electric fencing, alarmed and linked to either a 24-hour armed-response service or the guardhouse	Yes	No	
Flat on ground or first floor			
Are all opening windows protected by burglar bars	Yes	No	Check security requirements, apply warranty
Are all outgoing doors protected by security gates and additional locking bolts	Yes	No	Check security requirements, apply warranty
Are sliding doors protected by security gates or additional locking bolts	Yes	No	Check security requirements, apply warranty
Is there 24-hour access control	Yes	No	Check security requirements, apply warranty
Other questions			
Are there open areas adjacent to property	Yes	No	
Are there building activities in the area	Yes	No	
Have you suffered losses in past two years	Yes	No	

If Yes, supply date of loss, type of incident and value:

Date of loss	Type of incident	Amount paid
1) _____	_____	R _____
2) _____	_____	R _____
3) _____	_____	R _____

Is the risk occupied as a commune	Yes	No	Decline-type risk Refer to Hollard if non-standard
Construction of walls and roof (i.e. brick/clay)			
Is there a thatched lapa on the premises	Yes	No	
If Yes, how far is it situated from main building			
Thatched roof (if Yes, thatch questionnaire to be completed)	Yes	No	SABS-approved lightning detector/treated
If Yes, lightning detector/thatch treated (supply full details)	Yes	No	
Will any non-family member share the risk with you	Yes	No	Check insurable interest, write policy on co-insured basis
Is the residence undergoing building alterations/are alterations planned within near future	Yes	No	Underwrite accordingly
Is the perimeter protected by electric fencing linked to an alarm	Yes	No	Refer to Hollard
Is the risk situated on a smallholding/plot or farm	Yes	No	
Is the risk situated within the 50-year flood-line (close to rivers/streams)	Yes	No	Storm and flood damage possibility
How many days in any one year will the residence be unoccupied			Unoccupancy clause
How far is the residence situated from the closest fire brigade			Fire prevention
Is the risk a holiday home	Yes	No	Alarm warranty/security gate and burglar bar warranty
Do jewellery items exceed 1/3 of the HH Contents sum insured	Yes	No	

Delete Household Contents:	Effective date of deletion:
----------------------------	-----------------------------

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

CLIENT SIGNATURE: _____ Effective date of amendment: _____