

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 _____

Are all opening windows protected by burglar bars	Yes	No
Are all outgoing doors protected by security gates	Yes	No
Are sliding doors protected by additional locks	Yes	No
Are the premises protected by a monitored alarm with armed reaction	Yes	No
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

Check security requirements, apply warranty

Check security requirements, apply warranty

Apply warranty

Alarm warranty

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

Construction of walls and roof (i.e. brick/clay)

Decline-type risk

Refer to Hollard if non-standard

Is there a thatched lapa on the premises Yes No

If Yes, how far is it situated from main building _____

Rate accordingly if within 5m of the main building

Thatched roof (if Yes, thatch questionnaire to be completed) Yes No

If Yes, lightning detector/thatch treated (supply full details) Yes No

SABS-approved lightning detector/treated

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

Is the risk situated on a smallholding/plot or farm Yes No

Refer to Hollard

<p>Is the risk situated within the 50-year flood-line (close to rivers/ streams) Yes No</p> <p>How many days in any one year will the residence be unoccupied _____</p> <p>How far is the residence situated from the closest fire brigade _____</p> <p>Is the risk a holiday home Yes No</p> <p>Do jewellery items exceed 1/3 of the HH Contents sum insured Yes No</p> <p>Do you require specified or unspecified cover Specified Unspecified</p>	<p>Storm and flood damage possibility</p> <p>Unoccupancy clause</p> <p>Fire prevention</p> <p>Alarm warranty/security gate and burglar bar warranty</p> <p>Complete the All Risks amendment form</p>
--	--

Indicate where vehicles are parked overnight:

Vehicle detail	Overnight parking

Delete Household Contents Yes No		Effective date _____
If Yes, address _____		

CLIENT SIGNATURE: _____	Effective date of amendment: _____
-------------------------	------------------------------------