

## HOME OWNERS COVER UNDERWRITING AMENDMENT FORM

|   |   | YES                          | NO                          | FOR OFFICE USE   |
|---|---|------------------------------|-----------------------------|--|
| ADDRESS DETAIL to remain the same:  |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Re-underwrite =  |
| Risk Address Change:  |   |                              |                             | Material change in risk. You have to obtain all details pertaining to the new risk address                       |
|   |   |                              |                             |  |
| <b>Home Owners:</b>   |   |                              |                             | <b>Office Use: Action to be taken</b>  |
| Sum Insured:  | R |                              |                             | Ensure that the client is adequately insured/appoint risk surveyor   |
| Are all opening windows protected by burglar bars                                     |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no and alarm required, suspend theft/burglary cover   |
| Are all outgoing doors protected by security gates                                    |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no and alarm required, suspend theft/burglary cover   |
| Are the premises protected by a monitored alarm with armed reaction                   |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Alarm endorsement  |
| Are there open areas adjacent to property   |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Security requirements in place   |
| Are there building activities in the area   |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Security requirements in place   |
| Have you suffered losses in past two years  |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| If yes, date of loss, value and type of incident:                                     |   |                              |                             | Security requirements in place?<br>(Add addendum: if more than 3 claims, client must declare all losses/claims). |
| 1)  |   |                              |                             | Additional security implemented after loss   |
| 2)  |   |                              |                             |  |
| 3)  |   |                              |                             |  |
| Construction of walls and roof (i.e. brick/clay)                                      |   |                              |                             | Refer if not standard/supply details   |
|   |   |                              |                             |  |
| Is there a thatched lapa on the premises  |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Obtain details   |
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| If yes, lightning detector/thatch treated (supply full details)                       |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SABS-approved lightning detector/treated   |
|   |   |                              |                             |  |
|   |   |                              |                             |  |
| Is the residence undergoing building alterations/are these planned within near future |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Underwrite accordingly – potential risk exposure   |
| Are sliding doors fitted with additional locks  |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, decide whether want to cover  |
| Is the perimeter protected by electric fencing linked to an alarm                     |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Added benefit  |
| Is the risk situated on a smallholding/plot or farm                                   |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Decline risk/response co/fire brigade  |
| Is the risk situated within the 50-year flood-line close to rivers/streams            |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Check storm and flood damage possibility   |
| How many days in any one year will the residence be unoccupied                        |   |                              |                             | Check if adequately secured  |
| How far is the residence situated from the closest fire services                      |   |                              |                             | Consider the fire risk   |
| Is the risk a holiday home  |   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Must have radio-linked alarm or bb and sec gates, consider fire and storm risks                                  |

| <b>DELETE Household Contents:</b> |  | <b>Effective date of deletion:</b>  |
|-----------------------------------|--|-------------------------------------|
| 1)                                |  |                                     |
| 2)                                |  |                                     |
| 3)                                |  |                                     |
| 4)                                |  |                                     |
| 5)                                |  |                                     |
| <b>CLIENT SIGNATURE:</b>          |  | <b>Effective date of amendment:</b> |
| <hr/>                             |  | <hr/>                               |