

## INDEQUITY CURRENT RISK INFORMATION

**Name:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

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**Physical address:** \_\_\_\_\_

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**Telephone no:** CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_ HOME: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_

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**Effective as at:** \_\_\_\_\_ **Occupation of premises from:** \_\_\_\_\_

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**Do you require building cover:**

YES	NO
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**Amount to be insured:** R \_\_\_\_\_

**Amount to be insured for household contents:** R \_\_\_\_\_

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**What type of home do you have?** (Indicate with a tick ✓ / or by pressing letter "a")

Detached house / cottage <input style="width: 50px;" type="text"/>	Flat above ground floor <input style="width: 50px;" type="text"/>	Holiday cottage or flat <input style="width: 50px;" type="text"/>
Town house / semi - detached house / cluster home <input style="width: 50px;" type="text"/>	Ground floor flat <input style="width: 50px;" type="text"/>	

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Do the premises have a thatched roof? 

YES	NO
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If thatched, do you have a SABS approved lightning conductor? 

YES	NO
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Is there a thatched lapa on the property? 

YES	NO
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If yes, please specify the distance from your home \_\_\_\_\_

Is there dolomite soil in your area? 

YES	NO
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If yes: - \_\_\_\_\_

Is your building built on dolomite soil? 

YES	NO
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What is the classification of dolomite soil on which it is built? \_\_\_\_\_

Please provide a completion certificate for your building to certify that the building has been designed and built in accordance with the regulations applicable to building on dolomite soil. \_\_\_\_\_

Will the Residence be rented out or used as a Commune? 

YES	NO
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**Please indicate if any of the following are within an approximate 1km radius of the residence:**  
(Indicate with a tick ✓ / or delete if not applicable)

	YES	NO		YES	NO
In an established built- up area	YES	NO	Informal Settlements	YES	NO
On a small-holding or farm	YES	NO	Building construction	YES	NO
Near a park / sport field or golf course	YES	NO	Near mine dumps	YES	NO
Near a vacant stand	YES	NO	Near Taxi Ranks	YES	NO
Near a shopping centre	YES	NO	Near School	YES	NO
Railway lines or Railway station	YES	NO	Near Highway	YES	NO

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**Security of the Residence**

Are all the opening windows (including louvers) burglar barred?	YES	NO
Are the fixed windows burglar barred?	YES	NO
Are external sliding doors fitted with security gates?	YES	NO
Are external sliding doors fitted with frame mounted key - operating locking bolts?	YES	NO
Are other external doors fitted with security gates?	YES	NO
Is your property surrounded by a wall at least 1.8m in height?	YES	NO
Is there an operational electric fence surrounding the entire perimeter of your property?	YES	NO
Are there operational laser beams on your property?	YES	NO
Are your home and outbuildings protected by a fully operational burglar alarm?	YES	NO
If yes, please state whether it is linked to a control centre	YES	NO
Whether an armed response is contracted	YES	NO
If yes, please state the name of the armed response company	_____	

**Security of the Complex** (Applicable if in security complex)

Do you reside in a security complex? 

YES	NO
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If yes, please state the number of units in the complex \_\_\_\_\_

What access controls there are \_\_\_\_\_

Whether there are 24-hour security guards who do regular patrols? 

YES	NO
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Which security company is contracted by the complex? \_\_\_\_\_

If the entire perimeter of the complex is walled 

YES	NO
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Whether an operational electric fence surrounds the perimeter of the complex? 

YES	NO
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Are you aware of any incidences of theft in the complex? 

YES	NO
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If yes, please state how many cases over the past year \_\_\_\_\_

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_