

# INDEQUITY

SPECIALISED INSURANCE LTD.

## - INDEQUITY BUSINESS RISK FORM -

Name:

Postal Address:

Physical Address:

Contact Numbers: Work:

Home:

Cell:

Email:

Effective as at:

Occupation of premises from:

Do you require building cover? YES NO Amount to be insured:

What is the size of your building (m<sup>2</sup>)?

**Amount to be insured for Office Contents:**

Theft of Contents by Forcible Entry - Amount:

Contents excluding theft - Amount:

Do the premises have a thatched roof? YES NO

If so please describe:

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

### Location

Industrial Area:

City Centre:

Shopping Centre:

Residential Area:

Is the building situated in a security office complex? YES NO

Is the building currently undergoing any building alterations or renovations? YES NO

**Indicate if any of the following are within an approximate 1 km radius of the building:**

Informal settlements:

Vacant stands Railway Station:

Golf Courses:

Highway Shops/Café:

Building Construction:

Mine Dumps:

Taxi rank:

Railway lines:

Parks Sport fields:

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### Security of building

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/frame mounted key-operated locking bolts? YES NO

Are other external doors fitted with security gates? YES NO

Is the perimeter of the property walled/fenced? YES NO

If yes, please state:

\* whether the perimeter wall surrounds the whole property YES NO

\* whether the perimeter wall is at least 1,8 m in height YES NO

\* whether an electric fence is installed and operational YES NO

\* whether laser beams are installed and operational YES NO

Do electronically operated gates control access to the building? YES NO

Are there 24-hour security guards on the premises? YES NO

Are your building and all outbuildings (if applicable) protected by a fully operational burglar alarm? YES NO

If yes, please state:

\* whether the system incorporates an immediate siren YES NO

\* whether 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

(If siren alarm only, please provide documentary proof from installer)

Do you have fire extinguishers with service contracts? YES NO

Signature: (Digital or Written if printing form)

Date:

Please sign and send your completed form to:  
**info@indequity.com**