

# HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

## CHANGE OF ADDRESS QUESTIONNAIRE

### Details of the Insured

Full Name:			
Identity Number:			
Policy Number:			
Full Risk Address:			
		Code:	
Postal Address:			
		Code:	
Occupation:			

### General Information

Is the residence occupied during normal business hours, and if so, by whom:			
If the residence is occupied by a domestic employee, please state the period of employment:			
As well as the number of days per week he / she works for you:			
What precautions do you take for the safety of the property during an absence from the premises which exceeds 48 hours:			
Are the premises burglar alarmed:	YES		NO
How long have you occupied these premises:			
Please state the construction of the walls:			
Please state the construction of the roof:			
If the building has a thatch roof, is an SABS approved lightning conductor installed:			
What is the distance to the nearest fire department:			
State full details of all losses or claims in the last 3 years, whether insured or not:			
Date of Loss:	Description of Loss:	Quantum:	
If you have easily accessible exterior french, sliding or patio doors are they protected in any way other than the suppliers normal locking devices:	YES		NO
If YES, please provide details:			
Are the remaining easily accessible external doors fitted with security gates:	YES		NO
Does the property have access control:	YES		NO
Is the property fully walled:	YES		NO
Is any part of the premises used for business:	YES		NO
If YES, please provide details:			
Will the residence be occupied in excess of 60 days in any one year:	YES		NO
If YES, please state the period that the residence will be unoccupied as well as the circumstances of the inoccupation:			

How will vehicles insured be housed overnight:							
Within locked garage		Access controlled area		Within fenced carport		Other	
If OTHER, please specify:							

#### Applicable to Residential Flats Only

What floor is the flat on:			
Is the flat serviced:	YES		NO
If YES, please state by whom:			
Are all accessible windows protected by burglar proofing:	YES		NO
If NOT, please state which are not:			
Have you any other further means of protecting these windows:			

#### Private Dwelling Houses

Is the property isolated or near an open area or park:	YES		NO	
What is the distance between your home and that of your nearest neighbour:				
Do you have a domestic employee residing on the premises:				
Are all the easily accessible opening windows protected by burglar proofing:				
Do you keep watch dogs:	YES		NO	
If YES, please state breed, age and size of the dog/s:				
Are you a member of a neighbourhood watch or similar organisation:	YES		NO	
If YES, please give details:				

#### If the Premises are Alarmed

If you subscribe to an armed response or security company, please state company name:				
Please state type of alarm:				
Please state when the alarm was installed:				
Please state who the alarm was installed by:				
Is the alarm regularly tested and maintained:	YES		NO	
Which company is responsible for testing the alarm:				
Are all external windows and doors protected by the alarm:	YES		NO	
Does the alarm extend to the outbuildings:	YES		NO	
Have your neighbours been requested to respond to your alarm:	YES		NO	

#### Declaration

I hereby agree that this questionnaire shall form part of my original proposal for insurance and declare that the answers provided are true, correct, and complete in every respect. I am aware that non-disclosure of any material fact could render the cover granted, in terms of the policy wording, null and void.

<b>Name:</b>		<b>Designation:</b>	
<b>Signature:</b>		<b>Date:</b>	