

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

Phone: 031 309 9180 Fax: 086 673 6783 Cellphone: 083 661 7077 Email: helen@helenking.co.za
Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

PERSONAL THATCH QUESTIONNAIRE

Details of the Insured

Full Name:	
Policy Number:	
Full Risk Address:	

Fire Brigade

Which town is the closest fire brigade situated:			
What is the distance from premises (in km):			
Are there smoke detectors fitted:	YES	NO	
Are they linked to a 24-hour monitored alarm system with emergency response:	YES	NO	
When last were they maintained and serviced:			

Lightning Conductors

Does the building have approved lightning conductors:	YES	NO	
Date when last serviced:			

Water Supplies

Are municipal water supplies available:	YES	NO	
If NO, what other supplies are there:			
Are there dedicated fire hose reels:	YES	NO	
If YES, when last were the fire hose reels serviced:			
Are there fire hydrants:	YES	NO	
If YES, please provide full details:			
If YES, when last were the fire hydrants serviced:			
Is there a manual drencher:	YES	NO	
Is there an automatic drencher:	YES	NO	
When last were the drencher systems maintained and serviced:			
Is there enough water supply and pressure to wet the thatch roofing and surrounding areas, in the event of a fire occurring:	YES	NO	

Fire Extinguishers

	Type:	Number:	Capacity:	Other:
Kitchen:				
Upstairs:				
Other:				
Last service date:				
Are they installed in easily visible and accessible positions:	YES	NO		
If NO, please provide details:				

Fire Retardants

Fire Blanket:	Y	N	Date Installed:		Certificate:	Y	N	
Sisalation:	Y	N	Date Installed:		Certificate:	Y	N	
Thatchsayf:	Y	N	Date Installed:		Certificate:	Y	N	
Thatchbor:	Y	N	Date Installed:		Certificate:	Y	N	
Thatch Guard:	Y	N	Date Installed:		Certificate:	Y	N	
Supercote:	Y	N	Date Installed:		Certificate:	Y	N	
Thatch Marshall 8000:	Y	N	Date Installed:		Certificate:	Y	N	
Other type:	Y	N	Date Installed:		Certificate:	Y	N	
If YES, please provide details:								

Chimneys

Does the building and/or lapa and/or braai area have one or more chimney(s):	YES		NO	
If YES, please provide FULL details:				
Does the chimney penetrate the thatch roof:	YES		NO	
If YES, please provide FULL details:				
Are the chimneys fitted with spark arrestors and/or wire mesh:	YES		NO	
Are the chimneys maintained on a regular basis:	YES		NO	
If YES, please provide FULL details:				
Are there any fireplaces installed and are these fuelled by solid fuels (e.g. wood):	YES		NO	
If YES, please provide FULL details:				

Public Liability and Spread of Fire Risk

Please detail the surrounding area:								
North:								
East:								
South:								
West:								
Fire breaks:								
Access by the public:								
Is LP Gas used on the premises:	YES		NO					
If YES, please provide FULL details of installation:								
Is the installation compliant with relevant SANS requirements:								
If YES, please provide FULL details;								
Is the property surrounded by Fynbos within a 100 metre radius:								
If YES, please provide FULL details:								
Is the building presently under construction:								
Maintenance		Alterations		Building construction		Other		
If YES, please provide an overview:								

Utilities

Details of power surge protection for:	
Main DB:	
Sub DBs:	
Gate Motor:	
Pool Pump:	
Computers:	

Flood, Subsidence and Landslip

What is the proximity of the premises to the closest body of water:			
Type of body of water, i.e. dam, river, ocean, swimming pool:			
Have there been any cases of flood, subsidence, or landslip at the premises or in the immediate neighbourhood:	YES		NO
If YES, please provide FULL details and cost of damage:			
Are there rivers/watercourses in close proximity:	YES		NO
If YES, please provide full details:			

Security Precautions of the Main Residence

Are all opening windows burglar-barred:	YES		NO	
Does any outbuilding or garage adjoining the residence have an inter-leading door:	YES		NO	
If YES, is this door protected by an alarm or security gate:	YES		NO	
Are external access doors fitted with security gates:	YES		NO	
Are external sliding doors fitted with security gates or frame-mounted key-operated locking bolts:	YES		NO	
Is the property situated in a high-security complex (i.e. is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8 m in height with electric fencing, alarmed and linked to either 24-hour armed-response service or a guardhouse):	YES		NO	
Are there full-time security guards on your property:	YES		NO	
Is the residence protected with an approved alarm system linked to a 24-hour control room with armed response:	YES		NO	
If YES, please attach documentary proof from service provider.				

Photos of the Risk Required Please

- The surrounding area of the buildings and perimeter of risk, including gardens, vegetation, bush and trees which overhangs or comes into contact with the thatch.
- Interior of buildings, including kitchen and loft areas, fireplaces and braai areas.
- Exterior of buildings.
- Thatch roofing which clearly shows the construction, condition, pitch and interior thereof and any chimneys and braai areas.
- The LPG installation.
- Any maintenance related condition in respect of the property.
- Any other photos of the risk which are deemed necessary to adequately portray the risk.

Disclosure and Declaration

Disclosure: You are reminded of your obligation to disclose all material facts that are likely to affect the acceptance or assessment of this insurance. If you are in any doubt as to what constitutes a material fact, please consult us immediately. Failure to disclose or misrepresentation of relevant facts, may invalidate your insurance or result in it not operating fully.

Declaration: I declare that the information supplied in this questionnaire is, to the best of my knowledge and belief, correct and complete and that I have read the note headed "Disclosure". I agree to obtain a geo-technical survey at my own cost, should the company require one. I understand that subsidence and landslip cover will not be effective until Insurers have accepted both the proposal form and this questionnaire. I agree that the completed proposal form and questionnaire will be the basis of the contract between Insurers and myself.

Credit Rating Check

May we at any time perform a credit rating check to assist with rating, underwriting and claims:	YES	NO
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Name:		Designation:	
Signature:		Date:	