

HOMEOWNERS AMENDMENT QUESTIONNAIRE

Date _____ Time _____ Extension _____

Client name _____

Policy number _____ Change effective date _____

1. Kindly DELETE the following risk

Old address

Post code _____

2. Kindly ADD the following risk

New address

Post code _____

Type of residence _____

Wall construction _____

Roof construction _____

Sum insured _____ R _____

Do you have neighbours on all boundaries? _____

Contact details Phone number _____

Fax number _____

Cell phone number _____

E-mail address _____

Postal address _____

_____ Post code _____

SIGNATURES

Broker representative

Client

REMARKS

