

## HOUSEHOLD CONTENTS AMENDMENT FORM

Insured \_\_\_\_\_ Policy number \_\_\_\_\_

Address detail to remain the same: Yes No

Risk address change: \_\_\_\_\_

### Household Contents

Sum Insured: R \_\_\_\_\_

Are all opening windows protected by burglar bars Yes No

Are all outgoing doors protected by security gates Yes No

Are sliding doors protected by additional locks Yes No

Are the premises protected by a monitored alarm with armed reaction Yes No

Are there open areas adjacent to property Yes No

Are there building activities in the area Yes No

Have you suffered losses in past two years Yes No

**If Yes, supply date of loss, type of incident and value:**

Date of loss	Type of incident	Amount paid
1) _____	_____	R _____
2) _____	_____	R _____
3) _____	_____	R _____

Is the risk occupied as a commune Yes No

Construction of walls and roof (i.e. brick/clay) \_\_\_\_\_

Is there a thatched lapa on the premises Yes No

If Yes, how far is it situated from main building \_\_\_\_\_

Thatched roof (if Yes, thatch questionnaire to be completed) Yes No

If Yes, lightning detector/thatch treated (supply full details) Yes No

Will any non-family member share the risk with you Yes No

Is the residence undergoing building alterations/are alterations planned within near future Yes No

Is the perimeter protected by electric fencing linked to an alarm Yes No

Is the risk situated on a smallholding/plot or farm Yes No

INITIAL

Is the risk situated within the 50-year flood-line (close to rivers/  
streams) Yes No

How many days in any one year will the residence be unoccupied \_\_\_\_\_

How far is the residence situated from the closest fire brigade \_\_\_\_\_

Is the risk a holiday home Yes No

Do jewellery items exceed 1/3 of the HH Contents sum insured Yes No

Do you require specified or unspecified cover Specified  
Unspecified

Indicate where vehicles are parked overnight: \_\_\_\_\_

Vehicle detail	Overnight parking
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_____	_____
_____	_____
_____	_____
_____	_____

Delete Household Contents Yes No

If Yes, address \_\_\_\_\_ Effective date \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ Effective date of amendment: \_\_\_\_\_