



CHANGE OF ADDRESS

Please complete form as it could have a positive impact on insurance.

INSURED:		POLICY NO:		EFFECTIVE DATE:	
RISK ADDRESS:					
POSTAL ADDRESS:					
ID NO:				EMAIL:	
TEL NO:	code	(h)		(w)	
CELL:				FAX:	
CONSTRUCTION:	ROOF			WALLS:	
IS THE RESIDENCE ON A FARM/SMALL HOLDING?					
IS THE RESIDENCE IN A SECURITY VILLAGE WITH 24-HOUR SECURITY?					
IS THE RESIDENCE IN AN ACCESS CONTROLLED AREA?					
IF RESIDENCE IS A FLAT, WHAT FLOOR?					
ARE ANY OPENING WINDOWS FACING A CORRIDOR & ARE THEY BURGLAR BARRED?					
IS THERE ANY OPEN FIELD/BUSH NEXT TO THE PROPERTY?					
WILL THE RESIDENCE BE LEFT UNOCCUPIED FOR THE MORE THAN 60 DAYS?					
ARE ALL OPENING WINDOWS PROTECTED BY BURGLAR PROOFING?					
IS THERE A BURGLAR ALARM SYSTEM INSTALLED?					
24-HOUR ARMED RESPONSE:	YES		NO		COMPANY
ARE THERE GLASS PANELS IN OR DIRECTLY NEXT TO OUTSIDE DOORS?					
ARE ALL SUCH DOORS AND GLASS PANELS PROTECTED BY BURGLAR BARS OR SECURITY DOORS/GATES?					
ARE ALL OUTSIDE DOORS (EXCL SLIDING DOORS) PROTECTED BY SECURITY GATES:					
ARE ALL SLIDING DOORS LEADING TO OUTSIDE PROTECTED BY AN ADDITIONAL LOCKING DEVICE?					
IS THE RESIDENCE SURROUNDED WITH AN ELECTRIC FENCE?					
IS VEHICLE KEPT IN LOCKED GARAGE AT NIGHT?					
IF NOT, WHERE IS IT KEPT?					
SIGNATURE:					
DATE:					

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