

CHANGE OF ADDRESS / SECURITY COMPLEX QUESTIONNAIRE



Client information

Policy Number	
Full name	Surname
Old Risk address	
New / Current Risk address	

Risk information

Age of Building:	
Wall Construction	- if 'other' please specify wall type
Roof Construction	- if 'other' please specify roof type
* If any part of the roof is thatch please complete an additional thatch questionnaire.	
Do you own the property	
Is the building and its outbuildings (please give full details in the text block after your answer)	
- subject to renovations?	
- rented out?	
- used for business or professional purposes?	
- value of goods	
- subject to interest of a third party / financial institution?	

Risk Security

Please select 'YES' or 'NO' from the drop down list (please give full details in the text block after your answer).

Are all opening windows protected by burglar bars?
Do all external doors have security gates?
Are the premises fully walled?
Do you have security on duty day and night?

Risk Security

Is a fully operational burglar alarm linked to a 24 hour control room with armed response installed?

Armed guards Secure Estate (if yes please complete Security Estate - Risk Information Section below)

Security Estate - Risk information

Are there 24-hour guards on duty at the complex?

- If "Yes", do the guards patrol the estate at regular intervals?

Does the guard contact the policyholder to inform him/her about visitors?

Is the policyholder required to inform security about potential visitors in advance?

Does the access control only consist of a boom?

Are visitors issued with visitors' permits or passes?

Is there communication between the guard at the entrance and the main dwelling?

Are security guards on duty in constant radio contact with each other?

Are contractors and builders allowed on the premises after hours?

Is the complex surrounded by 2-metre high walls?

Is the complex surrounded by an electric fence?

- If "Yes", is the electric fence linked to the guards' office at the front gate?

Disclosure You are reminded of the need 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 your broker or MUA Insurance Acceptances as failure to disclose or misrepresentation of a relevant fact 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 that the completed proposal form and questionnaire and any additional information or document shall form the basis of a contract between Auto & General Insurance Company Limited as represented by MUA, and myself.

Signature of policyholder/proposer

Date