CHANGE OF ADDRESS / SECURITY COMPLEX QUESTIONNAIRE



Client information

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

Risk information

Wall Constru	ıction	- if 'other' please specify wall type
Roof Constru	uction	 if 'other' please specify roof type
* If any part of the roof is thatch please complete an additional thatch questionnaire.		
Is the building and its outbuildings (please give full details in the text block after your answer)		
- subject to renovations?		
- if renovating, is the property occupied during renovations?		
- rented out?		
- used for business of professional purposes?		
- subject to interest of a third party / financial institution?		
- part of a sectional title body corporate?		
GEYSERS - please indicate the number, type and location of all geysers of the risk address		
Geyser 1	Geyser Type	Geyser Location
Geyser 2	Geyser Type	Geyser Location
Geyser 3	Geyser Type	Geyser Location
Geyser 4	Geyser Type	Geyser Location
Geyser 5	Geyser Type	Geyser Location

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?

MUA Insurance Acceptances (Pty) Ltd (Registration number 2008/011925/07) is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Compass Insurance Company Limited (Pty) Ltd (Registration number 1994/003010/06), an licensed non-life Insurer and Financial Services Provider (FSP No.: 12148) EMAIL info@mua.co.za WEB www.mua.co.za



Risk Security

Do all external doors have security gates?

Are the premises fully walled?

Do you have security on duty day and night?

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)

Overnight parking

Is risk address situated within 1km radius of a taxi rank / informal settlement?

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' identity verified before access is granted?

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 Compass Insurance Company Limited as represented by MUA, and myself.

Processing Consent:

By making use of our services, products and service channels, I explicitly agree and consent that MUA may process my personal information (which includes special personal information) for the purposes as described in the <u>Privacy and Security</u> <u>Policy</u>. Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.

Signature of policyholder/proposer

Date