



**NEW BUSINESS – HOUSEHOLDERS QUESTIONNAIRE**

**Date of Call:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Insured Name:** \_\_\_\_\_

**Insured's D.O.B.:** \_\_\_\_\_

**Situation:** \_\_\_\_\_

**Inception Date:** \_\_\_\_\_

**Cover Required:** **Accidental Damage / Defined Events**

**Building Description:** **House / Townhouse / Villa / Unit / Flat**

**Occupancy:** **Owner Occupied / Tenanted / Landlord / Holiday Home / Unoccupied**

**Claims History:** \_\_\_\_\_  
\_\_\_\_\_

**Current Insurance:** \_\_\_\_\_

<b>Construction:</b> Walls _____ Floor _____ Roof _____ No. of Storeys _____
Age _____
If more than 50 years old, has it been re-wired/re-plumbed & when? _____

<b>Burglary Security:</b> Deadlocks _____ Window Locks _____ Local Alarm _____
Bars on Windows _____ Padlocks _____ Roller Shutters _____
Monitored Alarm: Provider Type (i.e.) Dialler, Securitel, Radio, Landline _____

**Mortgagee:** \_\_\_\_\_

**COVER REQUIRED**

Building: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Specified Contents: \$ \_\_\_\_\_

Description of Items:

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Unspecified Valuables:\$ \_\_\_\_\_

Specified Valuables: \$ \_\_\_\_\_

Description of Items:

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Liability: Standard Amount or advise \$ \_\_\_\_\_

Domestic Workers' Compensation: Yes / No Employees: \_\_\_\_\_

Loss of Rent: \$ \_\_\_\_\_

Rent Default & Theft by a Tenant: Yes / No

Any additional information:

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