

REFERENCE INFORMATION

Broker: _____
 Policy Holder: _____ Inception date of Policy: _____
 Risk Address: _____

PROPERTY DETAILS

How many storeys does the structure have?

Single
 Double
 Multiple

What ground is the structure built on?

Level
 Sloping

If built on sloping ground, are the foundations reinforced?

Yes
 No
 N/A

Is the structure close to any cliff, riverbank, seafront, reservoir, coastal or waterway?

Yes
 No

What distance is the structure from the closest body of water?
Please supply details:

_____ kms

Has the premises or those in close proximity ever been flooded?

Yes
 No

If yes, please provide full details:

Is the structure built on clay soil/sub-soils?

Yes
 No

Are there any trees close to the structure (especially to the foundations)?

Yes
 No

If yes, please provide details, number, age and proximity of trees:

Are there any cracks to the structure that are wider than 5mm (interior and exterior)?

Yes
 No

If yes, please provide details and action taken to remedy the situation:

Single	<input type="checkbox"/>
Double	<input type="checkbox"/>
Multiple	<input type="checkbox"/>
Level	<input type="checkbox"/>
Sloping	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
N/A	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
_____ kms	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Has the structure been altered since the original plans were passed?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
If yes, were municipal plans passed for all renovations?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
	N/A	<input type="checkbox"/>		
Have any prior reports or investigations been done to determine the cause of movement or faults in the structure?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Was subsidence, landslip or heave of land identified as a possible cause?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
If yes, please provide full details and attach any reports:				
Is the structure situated in an area with a history of subsidence related problems?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
If yes, please provide full details, including proximity to, number of properties affected, and year the damage occurred:				
Are there any visible signs of historic movement of the structure?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
If yes, please provide full details and action taken to remedy the situation:				
Is the structure located in close proximity to any of the following?:	Mining Area	<input type="checkbox"/>	Quarry	<input type="checkbox"/>
	Landfill	<input type="checkbox"/>	Highway Intersection	<input type="checkbox"/>
	Any structure requiring major civil engineering	<input type="checkbox"/>		
If selected, please provide full details:				
Please supply any other material information that would be relevant to the proposed cover requested:				

WARRANTY

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the risks to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me and Santam Limited herein represented by Echelon Private Client Solutions (Pty) Ltd and shall be promissory.

Date _____

Signature of Policy Holder _____