

**REFERENCE INFORMATION**

Broker: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Inception date of Policy: \_\_\_\_\_

Risk Address: \_\_\_\_\_

**RISK DETAILS**

Name of Thatching Company: \_\_\_\_\_

Age of roof : \_\_\_\_\_

Present condition of roof : \_\_\_\_\_

How is the roof being treated/maintained? \_\_\_\_\_

Distance to the nearest Fire Station: \_\_\_\_\_

Does the kitchen have a concrete ceiling?

Yes

No

Does it extend to the roofline?

Yes

No

Does the chimney have spark arrestors installed?

Yes

No

How often is the chimney maintained? \_\_\_\_\_

Is LP Gas used for cooking and or heating?

Yes

No

Do you use open fires which are fueled by solid fuels, eg. wood?

Yes

No

Is there a lapa on your property?

Yes

No

Is the lapa attached to the main dwelling?

Yes

No

If so, please advise square meterage of lapa: \_\_\_\_\_

If not, please advise the distance from the lapa to the residence: \_\_\_\_\_

Does the lapa have a braai facility?

Yes

No

Does the chimney penetrate the roof line?

Yes

No

**RISK MANAGEMENT - Do you have the following devices installed?**

Fire resistant / Retardent material:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, how often is it treated?

Drencher System:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, is it Manual or Automatic?

Manual	<input type="checkbox"/>
Automatic	<input type="checkbox"/>
N/A	<input type="checkbox"/>

SABS approved lightning conductor?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Smoke alarms?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, are they linked to the alarm system?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
N/A	<input type="checkbox"/>

Sprinkler system?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, is it Manual or Automatic?

Manual	<input type="checkbox"/>
Automatic	<input type="checkbox"/>
N/A	<input type="checkbox"/>

High pressure fire hose reels?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Hand held fire extinguishers?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes - how many?


**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 \_\_\_\_\_