

Security

QUESTIONNAIRE

BROKER INFORMATION

Broker	Contact No
Email	

CLIENT INFORMATION

Surname	First Name (s)
Risk Address	

RISK INFORMATION

Are there 24-hour guards on duty at the complex?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the guard patrol the estate at regular intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the guard contact the policyholder to inform him/her of visitors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the policyholder required to inform security about potential visitors in advance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the access control only consist of a boom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the visitors issued with permits or passes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the security guards on duty in constant radio contact with each other?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are contractors and builders allowed on the premises after hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the complex surrounded by 2-metre high walls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the complex surrounded by an electric fence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the electric fence linked to the guards' office at the front gate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RISK INFORMATION

Disclosure

You are reminded of the need to disclose all material facts that are likely to affect the acceptance of assessment of this insurance. If you are in any doubt as to what constitutes a material fact, please consult your broker or Vantage Insurance Acceptance 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. I agree that the completed proposal form and this questionnaire shall be the basis of the contract between me and Santam Limited represented by Vantage Insurance Acceptances (Pty) Ltd.

Signature of Policyholder/Proposer	Date	/	/20
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