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|---|--|
| <b>Change of Address Form</b>                                     |  |
|   |  |
| <b>Insured:</b>   |  |
| <b>Policy No:</b>   |  |
| <b>New Risk address</b>   |  |
|   |  |
|   |  |
| <b>Kindly amend the following risk with effect from:</b>          |  |
| Is it a townhouse/Cluster /flat /free standing house              |  |
| Construction : Brick/tile or Zinc or Thatch roof                  |  |
| Are all opening windows protected by burglar bars?                |  |
| Are all external doors protected by security gates?               |  |
| Is there an alarm system in the house?                            |  |
| Is the alarm linked to an armed response company?                 |  |
| Are all openable doors & windows protected by the alarm?          |  |
| Do you have neighbors on all of your borders?                     |  |
| Do you have sliding doors in the house?                           |  |
| Are the sliding doors fitted with security gates?                 |  |
| Is the property occupied during working hours? By whom?           |  |
| Will the property be unoccupied during the next 30 days? Details? |  |
| Do you run a business from home? Details?                         |  |
| Is the house/property occupied by anyone other than the insured?  |  |
| If so, by whom? Relationship to insured?                          |  |
| Are any houses being built in the area?                           |  |
| Where will motor vehicles be kept?                                |  |
| Are you aware of any burglaries at this address?                  |  |
|   |  |
| Cover:  |  |
| Sum Insured:  |  |
|   |  |
| New Contact details:  |  |
|   |  |
| Commencement date:  |  |
|   |  |
| Sasria:   |  |
|   |  |
|   |  |

Client signature:

Broker signature:

