



087 654 2299

086 692 2626

admin@eaglesure.co.za

CHANGE OF ADDRESS

POLICY NUMBER: _____ INSURED: _____

NEW RISK and POSTAL ADDRESS: _____

CELL : _____

EMAIL ADDRESS: _____@_____

The following questions are in respect of your **new** residence:

CONSTRUCTION OF ROOF

Is the roof of standard construction YES / NO

Is the roof constructed of thatch YES / NO

Is a lapa closer to 3 meters from the main building YES / NO

Lapa floor size as % of the mainbuilding size _____

Lapa higher than the main building YES / NO

If yes, supply an installed SABS approved Lightning Mast certificate

CONSTRUCTION OF WALLS

Brick, Stone or Concrete YES / NO

Non Brick, Stone or Concrete YES / NO

If YES Please specify _____

TYPE OF DWELLING

Detached house / Cottage YES / NO

Semi Detached house / Cottage YES / NO

Apartment / Flat (ground or first floor) YES / NO

Apartment / Flat (above 1st floor) YES / NO

SITUATION OF RESIDENCE

Smallholding / plot / farm YES / NO

Security village YES / NO

High Security village (non pre-cast walls/electric fence/patrolling guards) YES / NO

Retirement Complex YES / NO

Enclosed Access Controlled Security suburb YES / NO

Residential Area YES / NO

Bordering non-residential area YES / NO



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ARE ANY OF THE FOLLOWING WITHIN 1KM RADIUS OF THE RESIDENCE?

Taxi Rank and/or formal settlement YES / NO
Coast Line/lake/dam/river/stream or below the 50 year flood line YES / NO

OCCUPATION – Will the residence be-

Left unoccupied within the first 30 days YES / NO
Left unoccupied during working hours YES / NO
Used as a holiday home YES / NO
Hired or let out YES / NO
Part used for business YES / NO

If YES, Please specify _____
If YES, do you need extra cover for stock or liability* YES / NO

VEHICLES

Night parking -
LOCKED GARAGE/CARPORT/YARD/STREET/BASEMENT/PUBLIC PARKING/SECURED OPEN

SECURITY

Are all the opening windows/louvers/access doors burglar barred and gated YES / NO
Is the perimeter at least 1.8 meter walled/fenced with a wall or steel fence YES / NO
Are there full time security guards on your property YES / NO
Is there 24hour access control to your property YES / NO
Is the property all-round electric fenced YES / NO
Is your home protected with a linked alarm system YES / NO
If Yes, **please attach a copy of the certificate**

Any other information not mentioned above that can have an influence on cover YES / NO
If YES, please specify

***Certain category home based business only – please contact our office for information**

To be completed by the policyholder:

EFFECTIVE DATE: ___/___/20__

Signature: _____ Date: _____