

REAL INSURANCE COMPANY LIMITED

BURGLARY QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

1. NAME OF INSURED _____
2. POLICYNUMBER _____
3. POSTAL ADDRESS _____
4. ADDRESS OF PREMISES _____
5. CONSTRUCTION OF WALLS AND ROOF _____
NUMBER OF STOREYS _____
NUMBER OF ADULT PERSONS IN OCCUPANCY OTHER THAN SERVANTS _____
6. IS PROPERTY ISOLATED? _____
(Please draw a sketch overleaf showing description and location of all buildings, distances from other properties, roads, etc., protective fencing).
7. HOW MANY EXTERNAL DOORS ARE THERE? _____
HOW IS EACH FASTENED AND PROTECTED? _____
WHO HOLDS KEYS? _____
8. HOW ARE ALL WINDOWS AND OTHER POSSIBLE MEANS OF ENTRY FASTENED AND PROTECTED? _____

9. DO YOU EMPLOY A DAY GUARD? _____
DO YOU EMPLOY A NIGHT GUARD? _____
IF NOT PRIVATELY EMPLOYED STATE NAME OF AGENCY _____

10. DO YOU KEEP DOGS? _____
IF SO, HOW MANY? _____

ARE THEY KEPT INSIDE OR OUTSIDE AT NIGHT? _____
11. DO YOU HAVE SECURITY LIGHTS? _____
12. DO YOU HAVE A BURGLARY ALARM? _____
IF SO, STATE MANUFACTURERS NAME _____
13. DO YOU EMPLOY STAFF? _____
IF SO, HOW MANY AND WHAT CATEGORIES? _____
HOW LONG HAVE THEY BEEN IN YOUR EMPLOYMENT? _____
HOW MANY LIVE ON THE PREMISES? _____
ARE THE QUARTERS JOINED TO OR SEPARATE FROM THE MAIN BUILDING? _____

14. ARE THE PREMISES EVER LEFT UNOCCUPIED OR UNATTENDED? _____
IF SO, ON WHAT OCCASIONS, FOR HOW LONG AND WHAT ADDITIONAL PRECAUTIONS ARE TAKEN
DURING THESE PERIODS? _____

BEFORE ANSWERING THIS QUESTION, PLEASE CONSIDER IF THE PREMISES WILL BE UNOCCUPIED OR
UNATTENDED:-

- (a) DURING THE DAY TIME _____
- (b) IN THE EVENINGS OR AT NIGHT _____
- (c) AT WEEKENDS _____
- (d) DURING LOCAL OR LONG LEAVES _____

15. IS THERE A RECENT HISTORY OF BURGLARIES AT YOUR PREMISES OR IN YOUR AREA? _____
IF SO, PLEASE ELABORATE AND EXPLAIN WHAT ADDITIONAL SECURITY MEASURES YOU HAVE TAKEN AS
A RESULT _____

16. GIVE ANY OTHER INFORMATION IN YOUR POSSESSION MATERIAL TO THE RISK _____

D I A G R A M

(please sketch the diagram overleaf)