

BUILDINGS

Insured Initials and Surname : _____

Effective Date : _____

* ☐ Replace ☐ Addition ☐ Cancellation ☐ Amendment ☐ Quotation

Adres _____

Sum Insured _____

Construction - Walls _____ Roof _____

Type of Premises

Residential	Small Holding	Farm	Other
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Type of Residence

Main Residence	Holiday Home	Other
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Is the residence unoccupied for the first 30 days

YES	NO
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Voluntary Excess

YES	NO
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 Amount R _____