

Dear Valued Client,

As part of Santam's desktop review of your business and risk management practices, please

1. Complete the below questionnaire, specifically all sections and questions that are relevant to your business.
2. Take digital photographs of your premises, including any key equipment such as transformers, electrical panels, generators, computer servers, building structure, roof, and fire-fighting equipment.

Once completed, please email the questionnaire and photographs to your surveyor.

Your surveyor will then set up an interview with you or your nominated responsible person to discuss and clarify any outstanding issues. This interview will preferably be done via Microsoft teams, which can be downloaded, at no cost, at the following link:

<https://www.microsoft.com/en-za/microsoft-365/microsoft-teams/download-app>

Alternatively, please request a telephonic interview in your email.

Please provide us with correct and accurate information to ensure that we can make a comprehensive risk assessment that does not prejudice your business in any way. Incorrect or incomplete information or any risk relevant non-disclosure, may negatively impact your insurance contract and related coverage at the time of a loss.

The information below is intended for internal use only by Santam employees. The contents herein and the document itself may not be shared or distributed to any other party.

Regards

SANTAM COMMERCIAL UNDERWRITING TEAM

SANTAM RISK ASSESSMENT QUESTIONNAIRE

for Desktop interview

1. Site information required

- 1.1 Business name of the insured: _____
- 1.2 Physical address of the insured's premises: _____
- 1.3 Insured's contact name: _____
- 1.4 Insured's telephone number: _____ Cell phone number: _____
- 1.5 Name and surname of interviewee: _____
- 1.6 Email address of interviewee or preferred contact person for this risk assessment: _____
- 1.7 Role/designation of the interviewee: _____
- 1.8 Occupation and nature of the business: _____
- 1.9 Details of the names of the tenants in the building/s on the premises: _____
- 1.10 How long is the business in operation? _____
- 1.11 How long has the insured occupied the premises? _____
- 1.12 What are typical hours of operation? _____ Are there any shifts involved? Yes No
- 1.13 Please provide details of any losses (insured or not) sustained by the insured at the above premises:
- _____
- _____
- _____

2. Building condition, description and surroundings

- 2.1 How many buildings are on the premises? _____
- 2.2 What is the square meterage of the buildings on the premises? _____
- 2.3 How many storeys above ground is the building/s? _____
- 2.4 Are there any basement levels in the building/s? Yes No
- 2.5 Is the building located on a sloped or flat land or above road level or below road level ?
- 2.6 What is the main construction materials of the building/s? _____

- 2.7 What is the main roof construction of the building/s? _____
- 2.8 What type of roof insulation does the building/s have? _____
- 2.9 Are there any grass/vegetation around the buildings on the premises Yes No and is this usually maintained? Yes No
- 2.10 What is the general condition of the building/s on the premises? _____
- 2.11 Does the building/s have roof skylights? Yes No
- 2.12 Is there a formal maintenance plan in place to support maintenance requirements for building/s, structures, pipework, fixtures, fittings, etc. Yes No _____

3. External site exposures

- 3.1 What neighboring businesses or operations immediately surround your premises? _____
- 3.2 How far are the adjacent buildings to your premises? _____
- 3.3 Are there any physical structures that separate your premises from your neighbours e.g. high brick walls, metal fences, no separation, etc? Yes No _____
- 3.4 Are the premises in close proximity of any rivers/dams/streams/ water canals or the sea? Yes No
Please specify: _____
- 3.5 Are there any informal settlements or informal businesses located near the premises? Yes No
- 3.6 Are there any railway stations, bus stations or taxi ranks next to or in the vicinity of the premises? Yes No
- 3.7 Are there any vacant land or buildings within close proximity of the premises? Yes No
- 3.8 Are there any street lighting around the premises and are these working? Yes No
- 3.9 Is your physical location prone to any flash flooding or water accumulation during heavy rainfalls? Yes No

4. Storage

- 4.1 Are any goods stored within buildings on the premises? Yes No
Please specify what is stored: _____
- 4.2 What is the maximum storage height within buildings on the premises? _____
- 4.3 What are the storage arrangements on the premises (shelving, racking, goods stored in blocks on the floor, etc.)? _____
- 4.4 What type of pallets are used for storage – wooden or plastic ?
- 4.5 If sprinklers are provided within storage buildings, what is the distance from the goods stored on the shelving or racks to the sprinkler heads? _____
- 4.6 Are there any idle pallets stored against the building structure? Yes No
- 4.7 Are any goods stored directly below any fluorescent light fittings in the premises? Yes No

4.8 Is the premises or any part of it vacant or unoccupied at any time? Yes No

Please specify the longest period when vacant or unoccupied: _____

4.9 How often is the waste removed from the premises and by which company/person (for example general waste, cardboard, plastic, etc.)? _____

4.10 Is there a formal housekeeping system in place in all storage areas? Yes No

Please provide details: _____

5. Utilities

5.1 Who is the electricity supplier? Eskom Municipal Own supply

5.2 Is there a current valid electrical certificate of compliance for the entire electrical reticulation system on the premises?
Yes No Please email a copy of the document with this questionnaire.

5.3 Are the electrical distribution boards within buildings obstructed by any goods or equipment? Yes No

5.4 Are any goods stored directly below the electrical distribution boards in the premises? Yes No

5.5 Is any infrared/thermal scanning been carried out on the electrical reticulation equipment on the premises?
Yes No Please specify which equipment and how often: _____

5.6 Are there any electrical substations on the premises? Yes No

Do they belong to the municipality or the insured ?

5.7 Are there any electrical transformers on the premises Yes No and if so how many? _____

If more than one, are these located next to each other? Yes No

5.8 Are these transformers filled with mineral oil? Yes No If so, do these have containment areas or bunding as well as brick walls separating them or is there no wall separation of the transformers?

5.9 Is there a formal maintenance program in place for all electrical equipment including electrical transformers?
Yes No

5.10 When were the above transformers last inspected and serviced? _____

Who does this _____ and are there any service reports available? Yes No

5.11 Are there surge arrestors installed on the electrical distribution board? Yes No

5.12 What is the source of water supply on the premises (municipal, bore hole, etc.)? _____

5.13 Are there backup power generator/s used on the premises? Yes No

If so, what systems do these support? _____

5.14 Are there service and maintenance reports for these generators? Yes No

Are these also load tested monthly to confirm its operation? Yes No

5.15 Are there industrial water boilers or any other pressure vessel equipment used on the premises? Yes No

Please specify: _____

5.16 Are there service and maintenance records for these boilers or pressure equipment? Yes No

5.17 Is there load test certificates for any overhead cranes used on the premises? Yes No

5.18 What is the condition of the lighting in the premises? _____

5.19 Are any electric heaters used in the premises? Yes No

6. Fire protection

6.1 Are there any fire hydrants and booster hydrants installed on the premises? Yes No How many? _____

6.2 Are there any fire hose reels on the premises? Yes No How many? _____

6.3 How many portable fire extinguishers are installed on the premises? _____

6.4 Are all the firefighting equipment serviced by an approved contractor? Yes No

Please provide service date: _____

6.5 Is there easy access to all the firefighting equipment? Yes No

6.6 Are there fire/smoke detectors installed on the premises? Yes No

If yes, please advise who they are linked to and who monitors the system: _____

6.7 Are these fire/smoke detection systems approved by any relevant authority such as FSIB? Yes No

6.8 Is there a sprinkler system installed in the building/s? Yes No

If so is this maintained, serviced and tested and by who? _____

6.9 Does the above sprinkler system have an approved Certificate of Compliance from ASIB, SAIFP, etc.? Yes No

6.10 How far is the nearest fire department from your premises and when last did they visit your premises? _____

6.11 Is there a service and maintenance program in place for all firefighting equipment on the premises? Yes No

Please specify how often and by who? _____

6.12 Have staff members received basic or advanced firefighting training? Yes No

How often is this done? _____

6.13 Is there a formal emergency response plan for the premises including a fire plan, assembly points, etc? Yes No

7. General security protection

7.1 Is there a burglar alarm system installed on the premises Yes No and is this connected to an armed response? Yes No

7.2 Is there a monitoring and armed response for the premises? Yes No

If yes, does this extend to after-hours patrol as well? Yes No

7.3 How often is the burglar alarm tested? Monthly Weekly

7.4 Do you have portable and fixed panic buttons on the premises? Yes No

7.5 Are there security guards on the premises? Yes No

7.6 Are there CCTV cameras installed on the premises Yes No and are these connected to a central monitoring system or office? Yes No

- 7.7 Is there a security gate or steel roller shutter door protecting the entrance to the premises and other external doors? Yes No
- 7.8 What is the notification procedure if there is a burglar intrusion during or after hours?

8. Money

- 8.1 Is cash handling carried out on the premises? Yes No
- 8.2 What is the maximum amount of money stored overnight on the premises? _____
- 8.3 Is there a safe on premises? Yes No
- 8.4 Where are safe keys kept during the day and night? _____
- 8.5 What is the maximum amount of cash that is banked at any one time? _____
- 8.6 Who does the banking? Professional carrier Management Employees
- 8.7 Is there an ATM on the premises? Yes No
- 8.8 Who is responsible for the cash in the ATM? Bank Insured
- 8.9 Who is responsible for topping up the ATM? Bank Insured
- 8.10 Does the insured provide ATM surveillance? Yes No
- 8.11 How many tills on the premises? _____
- 8.12 Are till drawers locked when unattended? Yes No
- 8.13 What is the frequency of till clearing? _____
- 8.14 What is the maximum amount of cash when tills have to be cleared? _____
- 8.15 Does the insured collect cash from external parties? Yes No
- 8.16 Number of drivers or roundsmen: _____
- 8.17 What is the frequency of collection? _____ Collection limit per vehicle: _____
- 8.18 Cash wage pay-outs on premises? Yes No Frequency: _____ Amount: _____
- 8.19 Cash pay-outs (not wages) on premises? Yes No Frequency: _____ Amount: _____
- 8.20 Is there a cash office on the premises? Yes No
- 8.21 What is the physical protection of the cash office? _____

9. Flammable gases and liquids

- 9.1 Are there any flammable liquids that are used or stored on the premises? Yes No
- 9.2 What flammable liquids and quantities are stored on the premises? _____
- 9.3 Is there a flammable liquids store on the premises? Yes No
- 9.4 Is decanting carried out within buildings on the premises? Yes No
- 9.5 Is there any flammable gases being used on the premises? Yes No

- 9.6 Is there an approved flammable gas storage facility on the premises? Yes No
- 9.7 Is there flammable liquids and gases certification from the municipality or fire department in place? Yes No
- 9.8 What fire-fighting measures or equipment are in place if a fire occurs in areas where there are flammables?

- 9.9 Are there any gas tanks, cylinders or bottles stored and used on the premises? Yes No
How and where are these stored on the premises? _____

10. Commercial kitchens

- 10.1 Is there a commercial kitchen on the premises? Yes No
- 10.2 What is the construction of the kitchen ceiling? _____
- 10.3 Is cooking using LP gas carried out on the premises? Yes No
- 10.4 Is there an isolation valve fitted to the gas supply? Yes No
- 10.5 Is cooking using electrically heated units carried out inside the kitchen? Yes No
- 10.6 Are deep fat fryers used in the kitchen? Yes No
- 10.7 Are deep fat fryers covered with steel covers when oil is left overnight? Yes No
- 10.8 Are there timer switches fitted to the deep fat fryer? Yes No
- 10.9 How often is the deep fat fryer serviced? _____
- 10.10 How often is the ducting for the extractor system serviced? _____
- 10.11 Are fire extinguishers installed in the kitchen? Yes No
- 10.12 Are there fire blankets installed in the kitchen area? Yes No

11. Spray painting

- 11.1 Is spray painting carried out on the premises? Yes No
- 11.2 Is the spray room/booth in a dedicated fire resistant structure? Yes No
- 11.3 Is there flameproof lighting fitted inside the spray booth/room? Yes No
- 11.4 Where is the light switch for the spray booth/room located? _____
- 11.5 How is the spray booth/room ventilated i.e. mechanical fan ventilation? _____
- 11.6 Are there storage of flammables in the spray room/booth? Yes No
- 11.7 Is there any containment areas if there are paint/flammable liquid spills? Yes No
- 11.8 How is the paint dried i.e. use of heaters, normal air drying, etc.? _____
- 11.9 Is paint used solvent or water based?

12. Electronic equipment

- 12.1 What are the backing up procedures for computer records? _____
- 12.2 Are laptops stored overnight on the premises? Yes No
- 12.3 Are there steel anti-theft cables securing laptops to an immovable object? Yes No

13. Public liability

- 13.1 Are there disclaimers displayed at the entrances to the premises? Yes No
- 13.2 Are there stairs on the premises? Yes No
- 13.3 Are there balcony railings on the premises? Yes No
- 13.4 Is there a swimming pool present? Yes No
- 13.5 Is there a playground area on the premises? Yes No

14. Smoking controls

- 14.1 Are there smoking controls in place on the premises with appropriate signs on buildings e.g. no smoking signs etc.?
Yes No
- 14.2 Is there a dedicated outdoor smoking area for staff with appropriate receptacles to dispose of used cigarettes?
Yes No
- 14.3 Is smoking allowed within any buildings or structures on the premises? Yes No

15. Hot work and welding

- 15.1 Is hot work or welding carried out as part of normal business activities? Yes No
Please specify what is made and what equipment is used: _____
- 15.2 If yes above, are there welding screens, proper housekeeping, clearance of combustibles, safety of flammables in place at all times? Yes No
- 15.3 Is hot work usually done by staff or external contractors ?
- 15.4 Is there a hot work permit system or process in place to safely manage all hot work activities? Yes No

16. Plant and machinery

- 16.1 What type of key plant machinery/equipment is used for your business? _____
- 16.2 Is there a formal maintenance plan in place for the above equipment? Yes No
Who carries out maintenance and at what frequency? _____
- 16.3 Is there critical spares available on site? Yes No
- 16.4 Is equipment sourced locally or from international suppliers ?
- 16.5 What is the lead time for key equipment from suppliers? _____

16.6 Do any key equipment have safety features such as emergency stop buttons to stop operations if something goes wrong? Yes No

17. Business interruption

17.1 Is this site the only source of revenue for your business or are there other related sites? Yes No

Please specify: _____

17.2 What will cause 100% business interruption to your business at this premises eg. breakdown of key machinery, fire in any production areas or key buildings?

17.3 Do you have any backup plans, duplicate machinery or business contingencies in place? Yes No

Please specify: _____

17.4 Do you have a formal business recovery plan in place? Yes No

If yes, please specify what this includes: _____

17.5 Do you have any agreements in place with suppliers, contractors, customers? Yes No

Please specify: _____

17.6 Can you source materials, products from other suppliers to keep the business going? Yes No

Please specify: _____

17.7 Is your business a seasonal operation? Yes No

Please specify: _____

17.8 What is the longest lead time for key plant and machinery or spares e.g. 6 weeks, 6 months, 24 months, etc.? _____

18. General risk management

18.1 Is there a formal risk management plan in place to manage all key risks in your business? Yes No

Please give details: _____

18.2 Is a hot work permit and safety system in place? Yes No

18.3 Is there contractor management and site access system in place? Yes No

18.4 Is there a COVID-19 health and safety system in place? Yes No

18.5 Has anyone on site been diagnosed with COVID-19 to date? Yes No