

## CLIENT SITE RISK ASSESSMENT

Performed by Polygon Underwriting Managers on behalf of Nedbank Limited.

<b>RISK ASSESSOR</b>	
<b>ASSESSMENT DATE</b>	
<b>ASSESSMENT TIME</b>	

RISK ASSESSMENT CLIENT DETAILS	
<b>Client Name:</b>	
<b>Client Trading Name:</b>	
<b>Operating Hours</b>	<b>MONDAY</b>
	<b>TUESDAY</b>
	<b>WEDNESDAY</b>
	<b>THURSDAY</b>
	<b>FRIDAY</b>
	<b>SATURDAY</b>
	<b>SUNDAY</b>
<b>Risk Assessment Site Address:</b>	
<b>RA Site What Three Words Location:</b>	///
<b>RA Site Contact details:</b>	
<b>Site Contact Person:</b>	
<b>Designation:</b>	
<b>Contact Details</b>	<b>Telephone:</b>
	<b>Cell:</b>
	<b>Email:</b>

<b>RISK ASSESSMENT DETAILS</b>		
<b>RA Client</b>	<b>EXISTING CLIENT</b>	<b>NEW CLIENT</b>
<b>Requested Site Limit:</b>		
<b>Current Site Limit:</b>		
<b>Current Device installed:</b>		

<b>PERIMETER</b>	<b>YES</b>	<b>NO</b>
<b>Is the entire perimeter of the premises enclosed with a wall or fence?</b>		
<b>Is the wall or fence of the premises, electrified or razor wired?</b>		
<b>Is the perimeter of the premises monitored by security guards?</b>		
<b>Is the entrance of the premises monitored by security guards?</b>		
<b>Can the alarm be triggered with via perimeter fencing?</b>		
<b>Number of entrances to the site:</b>		
<b>Additional Comments:</b>		

<b>PHYSICAL GUARDING</b>	<b>YES</b>	<b>NO</b>
<b>Does the premises have security guards?</b>		
<b>Day compliment?</b>		
<b>If yes, number of guards:</b>		
<b>Night compliment?</b>		
<b>If yes, number of guards:</b>		
<b>Are the security guards armed?</b>		
<b>Are the security guards equipped with radios?</b>		
<b>Can the security guards communicate with police and/ or armed reaction?</b>		

<b>Are the security guards equipped with Panic buttons?</b>		
<b>If yes, please confirm that the panic buttons are in working order.</b>		
<b>Additional Comments:</b>		

<b>PREMISES</b>		
	<b>YES</b>	<b>NO</b>
<b>Are the premises fitted with an alarm?</b>		
<b>Has the alarm been tested?</b>		
<b>Alarm Test Reference Number:</b>		
<b>Is the said alarm monitored by an external security provider?</b>		
<b>EXTERNAL SECURITY PROVIDER:</b>		
<b>Panic buttons on premises?</b>		
<b>Number of panic buttons on site?</b>		
<b>Are the premises under CCTV surveillance?</b>		
<b>Is the CCTV footage recorded and stored on a hard drive?</b>		
<b>Is the said hard drive located on site?</b>		
<b>Additional Comments:</b>		

<b>CASH ACCEPTANCE DEVICE LOCATION</b>		
	<b>YES</b>	<b>NO</b>
<b>Is the Cash Acceptance Device enclosed by brick walls?</b>		
<b>Device Location Roofing:</b>		
<b>Is the device bolted to the floor / wall?</b>		
<b>Is the device accessible through a window on the premises?</b>		
<b>Are the windows fitted with burglar bar(s) or tinted? Bullet-proofed?</b>		

<b>Can the device be seen by the client's customers?</b>		
<b>Is the device under CCTV surveillance?</b>		
<b>Can the alarm be triggered from device location?</b>		
<b>Number of employees with access to the device:</b>		
<b>Is there a safe / vault on the premises?</b>		
<b>Type of safe:</b>		
<b>SABS CAT Rating:</b>		
<b>Number of keys to safe on site:</b>		
<b>Persons carrying keys: (Name all)</b>		
<b>Process on-site if safe has more than 1 key:</b>		
<b>Additional Comments:</b>		

<b>CIT MOVEMENT</b>							
<b>CIT CARRIER</b>							
<b>CIT CODE</b>							
<b>Frequency</b>	<b>1 x</b>	<b>2 x</b>	<b>3 x</b>	<b>4 x</b>	<b>5 x</b>	<b>6 x</b>	<b>7 x</b>
<b>Total pickup(s) per week?</b>							



## APPROVED INSURANCE SITE LIMITS

<b>CATEGORY</b>	<b>R250,000.00</b>	<b>R500,000.00</b>	<b>R1,000,000.00</b>
<b>Cash in Device</b>			
<b>Cross Pavement Carry</b>			
<b>Cash in Vehicle</b>			
<b>Manual Banking</b>	<b>As specified in agreement.</b>		
<b>Approved Site Limit</b>			

<b>ADDITIONAL INSURANCE REQUIREMENTS:</b>



<b>ADDITIONAL INSURANCE RECOMMENDATIONS:</b>

<b>EMERGENCY SERVICES</b>	<b>KM</b>
<b>Nearest Fire Station:</b>	
<b>Nearest Police Station:</b>	



**ADDITIONAL INSURANCE NOTES:**


All of the above information, subject to underwriters' approval, issued policy wording and issued policy schedule.

Signed at \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Place) (Day) (Month) (Year)

\_\_\_\_\_  
**RISK ASSESOR Signature**

\_\_\_\_\_  
**CLIENT Signature**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_