

GENERATOR QUESTIONNAIRE

Uma Underwriting Consultants is an authorized financial services provider: 24370

Policy Information

| Insured: | |
|------------------|--|
| Policy/Quote No: | |

Alternative Energy systems on the property (Tick all that apply)

| Is there an alternative energy system on the property? | Yes 🗆 No 🗆 |
|--|------------|
| Generator | Yes 🗆 No 🗆 |

Generator (Plug-in type portable generators not covered as part of the building)

| Make: | | Type (Petrol/Diesel/LP | |
|--------------|------------------------|------------------------|--|
| | | Gas): | |
| Total kVa: | | Guarantee Period: | |
| Where is the | e generator installed: | | |

Security and prevention of theft

| Perimeter fencing or boundary barriers | Yes 🗆 No 🗆 |
|--|------------|
| Access control | Yes 🗆 No 🗆 |
| Alarm system linked to 24hr armed response | Yes□ No□ |
| CCTV | Yes□ No□ |

Compliance

| Electrical certificate of compliance | Yes No |
|--|------------|
| Structural certification for rooftop installations | Yes 🗆 No 🗆 |

Installation

| Is the system permanently affixed to the building and connected to the | Yes□ No□ |
|---|------------|
| Distribution Board? | |
| Has a Certificate of Compliance been issued for the installation of the system? | Yes 🗆 No 🗆 |
| (Copy of the COC and SSEG Test Report Required) | |
| Has Local Authority approval been issued where required? (Western Cape) | Yes□ No□ |
| If no provide a reason: | |
| Is an extinguisher installed in close proximity to the system? | Yes 🗆 No 🗆 |
| Provide details of the type and number of | |
| extinguishers: | |
| Is there any lease or _nance agreement applicable? | Yes 🗆 No 🗆 |
| (Copy of lease agreement required) | |
| The total value of the installation | |
| (Copy of invoice required) | |
| Where is the generator located? Inside the building or outside in the open? | |
| Is the generator visible from the outside of the premises? | |
| Is the generator situated behind locked gates? | Yes□ No□ |
| Is the generator locked inside a steel cage? | Yes□ No□ |
| Is the cage roofed or open? | Yes□ No□ |
| Confirm where are the keys kept for the steel cage? | |
| | |

| Completed By: | |
|---------------|--|
| Designation: | |
| Date: | |

Please provide photos of the system showing internal installation as well as external (Where applicable).