

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 17703

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Bryte branch	
Agency/broker	Agency number
Cover is available for the following classes of insurance. Please tick (✓) the classes you require insurance cover on and complete the relevant sections in the application form.	
Commercial Insurance Policy	
Section	<input type="checkbox"/> Fire <input type="checkbox"/> Business interruption <input type="checkbox"/> Accounts receivable <input type="checkbox"/> Money <input type="checkbox"/> Glass <input type="checkbox"/> Accidental damage <input type="checkbox"/> Office contents <input type="checkbox"/> Theft <input type="checkbox"/> Public liability <input type="checkbox"/> Employers liability <input type="checkbox"/> Fidelity guarantee <input type="checkbox"/> Goods in transit <input type="checkbox"/> Business all risks <input type="checkbox"/> Body corporate <input type="checkbox"/> Electronic equipment <input type="checkbox"/> Stated benefits <input type="checkbox"/> Group personal accident <input type="checkbox"/> Buildings combined <input type="checkbox"/> Motor <input type="checkbox"/> Motor personal accident <input type="checkbox"/> SASRIA
Period of insurance	
	from _____ to _____
Important notes	
Please print in BLOCK LETTERS	
1. Please answer all questions in full. 2. Black blocks are for Bryte office use only. 3. No policy is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.	
General information	
Name of proposer	
Postal address	
	Postal code
Telephone	Alt number/fax
Name of trade or business (full details required)	
1. How long has your business been established?	
2. Are you currently insured, if so who is your insurer?	
3. Has any insurer ever	(a) declined any proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) refused to renew any policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) cancelled any policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any member of your firm ever made a compromise with creditors or been declared insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you keep a complete set of books showing a true and accurate record of business transacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Give details of ALL losses or claims suffered in the last 3 years (whether insured or not)								
Type of loss (Fire, Motor, Accident, Burglary, etc.)				Year			Cost	
Risk address							Code	
1.	Physical address					Occupation		
						Postal code		Risk class
	Construction <input type="checkbox"/> Walls <input type="checkbox"/> Roof					Town class		
2.	Physical address					Occupation		
						Postal code		Risk class
	Construction <input type="checkbox"/> Walls <input type="checkbox"/> Roof					Town class		
Fire								
Risk	Buildings	Rent	Number of months	Plant & machinery	Stock	Decl. M/Q/A	Tenants improv.	F&E Rate
1 R								
2 R								
Notes: 1. M/Q/A above refers to stock declaration conditions on either a monthly, quarterly or annual basis. 2. If there are specified items to be covered, please note these below.								
Additional perils								
				Rate				Rate
Earthquake		<input type="checkbox"/> Yes <input type="checkbox"/> No			Special perils		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leakage		<input type="checkbox"/> Yes <input type="checkbox"/> No			Leakage sum insured		R	
Malicious damage		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Specified items								
Item	Description of items					Sum insured		Rate
1.						R		
2.						R		
3.						R		
4.						R		
5.						R		
6.						R		
7.						R		
8.						R		
	Main location sum insured				R	EML percentage		%
Extensions and clauses								
Disposal of salvage		<input type="checkbox"/> Yes <input type="checkbox"/> No		Rate				
Escalator clause		<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum insured		R	Escalation	
						Conversion factor		Rate
Protections: Please tick (✓) whichever is applicable to your premises.								
Fire alarm <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2				Sprinkler system <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2				
Additional claims preparation costs								
Sum insured		R		Rate		or flat premium		

Business Interruption							
Risk	Gross profit	Indemnity period	Deposit premium	Gross profit basis*	Gross rental	Revenue	Rate
1 R			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> D			
2 R			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> D			
*Note: "A" refers to Additions basis, "D" refers to Difference basis							
							Rate
Add incr cost of working		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Wages (week basis)	R			Number of weeks			
Fines and penalties		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Additional claims preparation costs		Sum insured	R			Rate/premium	
Extensions and clauses							Rate
Specified suppliers*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Unspecified suppliers*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependency	%	Sum insured	R	
Prevention of access		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Customers**		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Public utilities							Rate
Insured perils		<input type="checkbox"/> Yes <input type="checkbox"/> No	Ext. Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R	
* Details of suppliers/sub-contractors							
Name			General location			Dependency %	
** Details of customers							
Name			General location			Dependency %	
Main location sum insured			R	EML percentage		%	
Accidental Damage Extension							
Cover required		<input type="checkbox"/> Yes <input type="checkbox"/> No	Conversion factor	100%	Sum insured	R	
*Note: (Sum Insured must follow Accidental Damage Section sum insured)					Rate		
Accounts receivable							
Outstanding debit balances		Sum insured	R			Rate	
Extensions and clauses							
Riot and Strike Cover		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate			Do you retain duplicate records? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a fire proof safe?		<input type="checkbox"/> Yes <input type="checkbox"/> No					Do you require transit cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
Main location sum insured			R	EML percentage		%	
Additional claims preparation costs		Sum insured	R	Rate/Premium		%	

Buildings combined						
Buildings sum insured		R	Liability sub-section D		R1,000,000	
Specified item		<input type="checkbox"/> Yes <input type="checkbox"/> No	NB: See block provided below for description of items			
Extensions and clauses						
Prevention of access		<input type="checkbox"/> Yes <input type="checkbox"/> No	Flat premium charge		R	
No	Miscellaneous items description		Sum Insured	Rate/flat premium	Excess	
1.			R			
2.			R			
3.			R			
4.			R			
5.			R			
6.			R			
7.			R			
8.			R			
9.			R			
10.			R			
11.			R			
12.			R			
13.			R			
14.			R			
15.			R			
16.			R			
17.			R			
18.			R			
19.			R			
20.			R			
21.			R			
22.			R			
23.			R			
24.			R			
25.			R			
26.			R			
27.			R			
28.			R			
29.			R			
30.			R			
31.			R			
Additional claims preparation costs			Sum insured	R	Rate/premium	
Escalation						
Sum insured	R	Escalation	%	Rate	x Conversion	
Main location sum insured			R	EML percentage		%

Office contents continued

Specified items continued

Description	Sum insured	Rate/flat premium	Excess % min
	R		
	R		
	R		
	R		
	R		
	R		
	R		
Additional claims preparation costs	Sum insured	R	Rate/premium

Theft

Risk	Sum insured	Basis of cover Full value of first loss	Excess	Rate
1				
2				

Please answer the following questions and provide full details where requested to do so

1. What physical protections have been implemented to protect the premises and their contents from theft?

Premises 1

Premises 2

2. Are the premises alarmed? (1) Yes No (2) Yes No

3. If yes, do you subscribe to an armed response or security company? (1) Yes No (2) Yes No

Name of company (1) Yes No (2) Yes No

4. Do you have a maintenance contract with this company? (1) Yes No (2) Yes No

5. When was your alarm installed? (1) (2)

6. Are opening and closing signals monitored? (1) Yes No (2) Yes No

Extensions and clauses

Buildings – increased limit	Premises 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R
	Premises 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R

Specified items Yes No If yes, please list details in section provided below.

Additional claims preparation costs	Sum insured	Rate/premium
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Specified items

Description	Sum insured	Rate/flat premium	Excess % min
	R		
	R		
	R		
	R		
	R		
	R		

Money							
Risk	Major limit sum insured	1. Seasonal increase			2. Seasonal increase		
		From	To	Sum insured	From	To	Sum insured
1	R			R			R
2	R			R			R
Extensions and clauses							
Receptacles (R2,000 standard, if more state sum insured)			Sum insured	R	Flat/premium		
Special limit							
	Description			Limit of indemnity		Flat premium	
1(a)	Outside business hours			R1,500			
1(b)	Residence of directors/employees			R1,500			
1(c)	Petrol attendant(s)						
1(d)(i)	Transit – collectors/roundsmen						
1(d)(ii)	Transit – business trip			R1,500			
2(a)	Safe/strongroom description ((a) and/or (b) as reflected below)						
2(a)(i)							
2(a)(ii)							
3.	Crossed cheques			R100,000			
Specified items							
	Description			Limit of indemnity		Flat premium	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
Additional claims preparations costs			Sum insured	R	Rate/premium		
Personal accident assault			<input type="checkbox"/> Yes <input type="checkbox"/> No		If required, please provide the following:		
Capital sum	R	Weekly sum	R	Medical expenses			
No. of employees				Premium			
Glass							
Premises 1	Sum insured		Excess	Premises 2	Sum insured		Excess
	R				R		
Extensions and clauses							
Special reinstatement			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional claims preparation costs			Sum insured	R	Rate/premium		

Fidelity guarantee

Basis of cover	Blanket <input type="checkbox"/> Yes <input type="checkbox"/> No	OR named/position <input type="checkbox"/> Yes <input type="checkbox"/> No
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Details to be shown in space provided below

Extensions and clauses

Retroactive cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reduction/reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	If required – cost of recovery amount	R
24 month discovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	36 month discovery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Superseded policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years	Policy number
Insurer			Sum insured R

Basis of cover: if blanket basis, state "all employees". If named or position basis, list positions of persons to be insured or name persons individually. If more space is required, attach a separate page.

Item	Description	Number of employees	Sum insured	Premium	Excess
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Additional claims preparation costs		Sum insured	R	Rate/premium	

Goods in transit

Limit of indemnity	R	Excess	% of claim minimum
Means of conveyance	R	R goods carried	
Insurer		Commodity class	Risk class
Estimated annual carry	R	or number of vehicles	

Extensions and clauses

Restricted cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debris removal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debris removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debris limit	R
Fire extinguishing costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire costs limit	R
Additional claims preparation costs		Sum insured	R
			Rate/premium

Specified items

<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list details in space provided below.		
Description	Sum insured	Rate/flat premium	Excess % min
	R		
	R		
	R		
	R		
	R		

Motor			
1. Registration number/year of manufacture			
2. Make and model of vehicle			
3. Number of cylinders/cubic capacity/number of seats			
4. Value (maximum indemnity)	R		
5. Type of cover required (tick (✓) the appropriate box)	Comprehensive		<input type="checkbox"/>
	Third party, fire and theft		<input type="checkbox"/>
	Third party only		<input type="checkbox"/>
	Vehicle definition	(a)	(b) (c)
6. No claim discount (proof required)			
7. Chassis number/engine number			
8. Vehicle ID number (VIN code)			
	Own damage excess	%	Minimum R
9. Is the vehicle used for private use?	Give details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. What security devices are fitted?			
	Third party (liability) excess	%	Minimum R
11. Passenger liability required?	Limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
OR			
12. Unauthorised passenger liability?	Limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
13. Windscreen cover required – for commercial vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	Excess
and/or LDVs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Loss of keys (standard R250)	Is higher limit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
15. Wreckage removal		<input type="checkbox"/> Yes <input type="checkbox"/> No	R1,000
16. Credit shortfall required	(Value must be adequate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Accessories (e.g. car radio, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	List items to be covered in space provided
18. Is the vehicle modified in any way?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Details
19. Is it imported?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Do you require car hire following theft cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(applicable to private type cars only)
and/or car hire total loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(applicable to private type cars only)
21. Is the vehicle fitted with a tracking device?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Type
Specified items (accessories e.g. car radio)			
Description	Sum insured	Rate/flat premium	Excess % min
NB: If cover for more than one vehicle is required, attach a separate page(s)			

Motor personal accident section continued

Basis of cover: if (i) named persons or (ii) any driver and passengers are elected, list persons to be insured in space provided below. If more space is required, attach a separate page.

Details to be shown in the space provided below

Name of person	Date of birth	Benefits Number of units (refer below)	Name of person	Date of birth	Benefits number of units (refer below)

Selected benefits (select the amount of cover you require for each individual benefit available)

Applicable to persons over 15 and under 75 years of age

Units	Death & Permanent Total Disability (PTD)	Medical expenses
1	R250,000	R10,000
2	R500,000	R20,000
3	R750,000	R30,000
4	R1,000,000	R40,000
5	R1,250,000	R50,000
6	R1,500,000	R60,000
7	R1,750,000	R70,000
8	R2,000,000	R80,000

SASRIA

Please indicate if you require SASRIA (South African Special Risks Insurance Association) cover by completing the relevant section(s) below

Material damage		Sum insured	Rate
Section			
Fire		R	
Buildings combined/body corporate		R	
Office contents		R	
Business all risks		R	
Electronic equipment		R	
Glass		R	
Money	Underlying premium	R	
Goods in transit		R	

Standing charges/working expenses

Tick (✓) whichever is applicable. Note: full list of standing charges or working expenses are required

Standing charges	R	OR	working expenses	R	Liability period	
Standing charges	R	OR	working expenses	R	Liability period	
Sum insured	R			R		

List of standing charges OR uninsured working expenses

SASRIA continued

Motor

If the number of vehicles to be covered is 4 or less, please provide the following information

Make and model	Registration Number	Value	Premium
		R	
		R	
		R	
		R	

If the number of vehicles to be insured is 5 or more, please provide the number of vehicles to be covered within each category

Category	Description	Number of vehicles			Total premium
1	Cars and taxis seating up to 12		x R15	=	R
2	Goods vehicles		x R30	=	R
3	Taxis seating 13 to 19		x R30	=	R

Category	Description	Total value of all vehicles	Premium		Total premium
4	Car/vehicle ferrying companies and/or auto carrying companies and motor traders	R	x 0,006%	=	R
5	Buses	R	x 0,250%	=	R

Consent to information sharing (this clause applies to Domestic Business only)

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

Declaration

I/We declare that all particulars and answers in this proposal and application are true and complete in every respect, and that no material fact has been suppressed or withheld. I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves, such person shall be deemed to have been my/our Agent for the purpose. I/We agree that this declaration and the details given shall be the basis of the contract between myself/ourselves and Bryte Insurance Company Limited (referred to as the Company). I/We further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay premium thereunder. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property for which insurance is proposed.

Signature of insured _____ Date _____