

**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.

All questions must be completed			
Name of insured			
Physical address			
		Postal code	
Date established			
Names of principal directors and/or partners			
Name	Qualifications	Date qualified	How long principal in this practice
Full detailed description of business activities			
Number of years trading from premises listed above			
Actual turnover for the last 3 years			
Period turnover			
Year 1			
Year 2			
Year 3			
Anticipated turnover for forthcoming year			
Number of guests per annum			
Local tourists		Overseas tourists	
Broad form limit of indemnity required			
Please describe all activities available for guests situated/supplied/purchased at your premises or by your suppliers (for example swimming pools, fitness centre, sporting activities – to be listed individually such as golf course, horse riding, shooting, fishing, boating, spa facilities, nightclub, bar, casino, conference centre, etc)			
Please provide details of standard operating procedures of these activities			

Please provide details of staff training with regards to these activities	
If spa facilities are available, please list type of treatments available – for example: sun bed, sauna/steam bath, jacuzzi, beauty treatments, hairdresser.	
Are the facilities listed above available to non-paying guests of the establishment as well? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list	
Are any other activities, not included above, contemplated by the Proposer during the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give details	
Are the premises/facilities of all sub-contractors/suppliers inspected and verified prior to use in the provision of services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of the Standard terms of trade with suppliers, including contractual indemnity.	
Please give details of all claims made against the proposer over the last 3 years	
<b>Date of claim description</b>	
Is the proposer, after enquiry, aware of any circumstances which may subsequently give rise to a claim under the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give full details	
Has the proposer previously been insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at present or have you in the past been Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following details	
Name of insurers	
Date cover expires/d	
Limit of liability	
Deductible applicable	

If YES; was such insurance on a "claims made in the period of insurance" basis or "losses occurring in the period of insurance"? Please state basis and indemnity limit of such previous insurance.	
If "claims made basis", please state present retroactive date	
Has any proposal for insurance ever been declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer ever required	
Increased premiums or terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special restrictions or conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any Insurer ever terminated or refused to renew any insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the above is "Yes", please give full details	
Please state the limit of indemnity required for broad form liability	
Have any claims ever been made against the proposed insured/partners/directors/members or employees for the type of cover for which you are now applying, whether in terms of this proposal or any other proposal/policy for the same type of cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide full details	
(Please attach details if not enough space)	
After enquiry, are any of the proposed insured/partners/directors/members or employees aware of any circumstances which would be covered under a policy of this type, or any other policy for the same type of cover (including but not limited to single projects), that may result in any claims or any possible claims being made against them	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide full details	
(Please attach details if not enough space)	
Are any branches of the proposed insured located outside of South Africa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide full details	
Does the proposer use a standard form of contract/agreement or letter of appointment for all contracts entered into?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a sample to this proposal form	
Are full rights of recourse maintained in contract with all sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the proposer ensure that such other sub-contractors carry their own insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the proposer issue any Brochures, Leaflets or other marketing material describing the proposer's services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach copies (or supply website address which contains such marketing information in the space provided below).	

Do you require cover in respect of any liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?  Yes  No

Staff complement

Total number of	
Partners/principals/directors	
All other staff	
Total	

Approximate percentage of estimated gross income accruing from various activities

1.		%
2.		%
3.		%
4.		%
5.		%
6.		%
		100%

Do you or your firm do any business for your customers in the USA, Canada or any other countries/states governed by their laws?  Yes  No

If yes, please provide full details


(Please attach details if not enough space)

Is the firm or any of the Directors/Partners connected or associated (financially or otherwise) with any other firm, Company or Organisation?  Yes  No

If yes, please provide full details


(Please attach details if not enough space)

Fee income (as at the company's financial year end)

Please give the audited fees for the past 5 years

Year end	Fees	Year end	Fees
	R		R
	R		R
	R	Estimate for next 12 months	R

Quotations required on Professional Indemnity

Limit any one period of insurance inclusive of costs and expenses.	Deductible
R	R

Do you require a quote on one or two reinstatements of the Limit during the period of Insurance?  Yes  No


**Declaration by the insured**

I/We the undersigned, do hereby declare and state as follows that:

- The information contained in this application form is true and correct and that I/we have not miss-stated or suppressed any material fact.
- I/we understand that the information contained herein will be used for the assessment of my risk and together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I/we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

**Sharing of information**

I/We acknowledge that the sharing and accessing of information (including credit information held by other institutions) for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies, assess and re-assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on behalf of any person/company I represent herein, I/we hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf.

I/We consent to such information being stored on any shared database to which Bryte Insurance Company Limited, from time to time subscribe, and for such information to be processed and reprocessed as set out above.

I/We also consent to such information being disclosed to any insurer or its agent.

I/We further consent to any underwriting information and credit information held by other institutions being accessed and verified on databases.

I/We also consent to the underwriting, claims or credit information referred to above being retained on any shared database and shared with insurers and/or other institutions for underwriting purposes and/or to reduce the incidence of fraud, notwithstanding the cancellation of my/our policy by myself/ourselves or by Bryte Insurance Company Limited.

\_\_\_\_\_  
Signature of proposer or person signing on behalf of the proposer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Position held