

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 proposer in full			
Nature of business (Full description)			
Trading name			
Has your company operation ever traded under a different name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply details			
List the proprietors/partners/members/directors			
Have any of the above-mentioned been liquidated/sequestered or insolvent?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of any conflict of interest of any proprietors/partners/members/directors in any type of motor repair company?			
Physical address			
		Postal code	
Contact details			
Telephone number	(work)	Telephone number	(home)
Telephone number	(cell)	Fax number	
Email address			Number of years in operation
Is the company a member/affiliate of any tourism board? (i.e. SATSA/ASATA)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate turnover per annum?			
Package Tours	R		
Flight Bookings only	R		
Accommodation only	R		
Approximate % revenue derived from International vs local tourists			
Local	%		
International	%		

Please attach a schedule of vehicles to be insured if less than 40 Units. This must detail the year of manufacture, make, model and registration.			
If the fleet is larger than 40 units, detail the numbers below			
Sedans			
Microbus (Up to 9 seats)			
Transporter (9 to 20 seats)			
Busses Small (20 to 36 seats)			
Busses (36 to 46 seats)			
Couriers (46+ seats)			
Has any drivers license ever been suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give separately a full explanation of the circumstances and action taken			
Are all drivers' licences checked to ensure that they are legally licensed to drive the appropriate category of vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly ensure that drivers' public driving permits are always in force?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver controls – maximum hours per trip/week			
What types of passenger transport are you involved in?			
	% of Turnover	Number of tours	Number of tourists
Tourism within RSA			
Tourism outside RSA			
Hire with driver			
Hire without driver			
Other (please specify)			
Areas of operation including territories outside RSA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance travelled one way per journey			
Do you conduct overnight trips?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate number of trips outside RSA per year?			
Has a passenger ever been injured in a vehicle operated by you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details on a separate schedule (date(s), circumstances and amount claimed)			
Has any insurer at any time			
Declined your insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Imposed special terms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused to renew your policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused to pay a claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancelled your policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide a full explanation

Vehicle Storage and Security

List of vehicles (for comprehensive motor quotes)

Vehicle description	Current retail value

If more than 3 vehicles, please submit a separate schedule with details of vehicles.

Vehicle/key controls

Where are the vehicles stored when not in use?

Details of security at premises above

Is the vehicle kept under cover/behind locked gates at premises? Yes No

Driver behaviour management

What is done to ensure vehicles not used beyond scope of employment?

Do drivers use the vehicles for personal/private use including weekends? Yes No

Are drivers responsible for single vehicle excesses or co-opted into losses? Yes No

Are criminal checks, identity verification undertaken at employment of drivers? Yes No

Are work permits for foreign drivers obtained and monitored annually? Yes No

Are there any tracking devices installed to monitor driving on vehicles? Yes No

Passenger liability

Own Vehicles – inside RSA	Number of vehicles	
	Limit of indemnity	
	Maximum number of passenger seats	
Own Vehicles – inside RSA	Number of vehicles	
	Limit of indemnity	
	Maximum number of passenger seats	
	Number of trips per annum	
Passenger personal accident	Limit of indemnity	
	Number of vehicles	
	Number of passenger seats per vehicle	

In respect of trips outside RSA please provide the following details on a separate schedule

Number of trips per annum	
Details of each trip	
Trip duration, size, value	
Suppliers used	

Declaration by the insured

I hereby declare that all the statements made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed to the underwriter.

Name	
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Position	
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Signed _____ on the _____ day of _____ 20 _____