

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.

Section 1: General Information	
Insured's name	
Policy number	
Section 2: Questionnaire	
2.1	Where is the property situated? <input type="checkbox"/> Plot <input type="checkbox"/> Farm <input type="checkbox"/> Smallholding
2.2	What size is the smallholding/plot/farm in hectares?
2.3	Is the land cultivated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide full details
2.4	Is there a plantation/forest/dry grass/other agricultural field within 500 metres from the main dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide full details
2.5	Are there fire breaks on or around the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide full details
2.6	Are there any commercial activities on the premises (tuckshop, spaza shop etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide full details
2.7	Main dwelling construction
	Walls <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Fibre glass
	<input type="checkbox"/> Concrete <input type="checkbox"/> Asbestos <input type="checkbox"/> Zinc
	<input type="checkbox"/> Other – please specify
	Roof <input type="checkbox"/> Thatch <input type="checkbox"/> Asbestos <input type="checkbox"/> Tiles
	<input type="checkbox"/> Zinc <input type="checkbox"/> Fibre glass
	<input type="checkbox"/> Other – please specify
	Please note that separate thatch questionnaire to be completed if roof is thatch

Section 2: Questionnaire (Continued)

2.8	Other buildings not attached to the main dwelling (outbuildings, second dwelling, lapas, barns, wendy houses etc) Please specify below:						
		Type of building	Wall construction	Roof construction	Year built	Condition	Value
	1.						
	2.						
	3.						
Please note that separate thatch questionnaire to be completed if roof is thatch							
2.9	Is the property enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, please provide full details						
2.10	How many non-related families live on the premises?						
	If more than two families, please provide full details of relationship to insured						
Is there any income generated by rent? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2.11	Is there a supply of feed or hay stored on the smallholding/plot/farm? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, is it inside another building or in the open?						
2.12	What is the distance between the dwelling and the nearest:						
	<input type="checkbox"/> Neighbours			<input type="checkbox"/> Police station			
	<input type="checkbox"/> Business centre			<input type="checkbox"/> Fire brigade			
	<input type="checkbox"/> Armed security company			<input type="checkbox"/> Hospital			
	<input type="checkbox"/> Informal settlements						