

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.

Information (compulsory)	
Insured name (legal name)	
Establishment name	
VAT number	Company registration number
Contact person	
Postal address	Postal code
Street address where the establishment is situated	Postal code
Cell phone number	Telephone number
Email address	Website address
Purpose of occupation	
Are you a member of an association?	
If yes, which one and state member number	
May we occasionally send information on changes to your product or claims process updates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When do you want the insurance to commence?	
All documentation is sent electronically for security purposes	
General (compulsory)	
How long has the business been established?	
How long has the current owner management been involved in this business?	
Is the business a franchise or privately owned?	
How many permanent staff does the business employ?	
Has there been any labour disputes during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you located inside a shopping mall or centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is access control or additional security provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	
Do you have an armed response alarm system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is contracted to provide response services?	
What are your usual hours of operating?	
Do you have prominently displayed disclaimers at the premises? Please supply a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a valid liquor licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is alcohol available on or sold from the premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Extinguishers	
All present and correctly located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clear access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In good condition and serviced in last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff trained to use fire equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke/fire detection in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other firefighting precautions/procedures/equipment in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas cylinders	
Fittings and hoses in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installed by accredited LPGASA installer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your gas installation comply with regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total kg gas kept on site?	
Kitchen	
Cooker hood in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooker hood filters served regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deep fryer in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire blanket near cooking appliances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguisher in kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public safety	
Evacuation plan in place and formalised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency numbers displayed/available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any balconies or raised decks not protected by railings or balustrades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any stairways/walkways which are no illuminated at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous insurance	
With which insurer(s) were you previously insured?	
Has any insurer ever cancelled a policy you have held and if so why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you suffered any losses in last 3 years, if yes supply insurers report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that the information contained in this questionnaire is true and that the document will form the basis of my contract with Bryte Insurance Company.	
Date _____	Signature _____

Debit order form		
Account holder		
Bank		
Account number		
Branch		
Branch code		
Type of account		
Please indicate what date, the 1 st 7 th or the 10 th of every month we should debit your account for the premium collection?		
Collection date of debit order		
I authorise Bryte Insurance Company Limited, on behalf of the insurers, to debit my account with the monthly premiums due for my Wine and Dine policy.		
Date _____	Signature _____	
Material Damage		
Buildings including all outbuildings of standard construction		R
Buildings roofed with thatch or non-standard construction		R
Plant, machinery, landlord's fixtures and fittings for which insured responsible		R
Stock and materials in trade		R
Miscellaneous as described and tenant's improvements		R
Additional cover		
Do you require subsidence and landslip added, please specify limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
If you require power surge in excess of R10 000 , please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you wish to include Accounts Receivable, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require escalator clause added, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require removal of silt, debris and fallen trees, specify limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require cost to reinstate landscaping damaged by perils, specify limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
If you require External signs, blinds etc in excess of R50 000 , please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require damage caused by animals, specify limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
If you require accidental loss of refrigerated stock in excess of R30 000 , specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require theft of external fixtures and fittings, please specify limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Office Contents		
Contents sum insured		R
Additional cover		
Do you require power surge, please specify limit		R
Glass		
Glass sum insured		R
Accidental Damage		
Accidental damage sum insured		R
Transit		
Goods in transit sum insured		R
Additional cover		
Do you require Breakdown of Refrigeration Equipment, please specify limit		R

Specified All Risks			
1.			R
2.			R
3.			R
4.			R
Crime			
All Contents and Stock theft sum insured			R
Do you require Seasonal Increase cover, please specify limit			R
Money sum insured			R
If you require Guests/Customers property in excess of R25 000, please specify			R
Fidelity			
Blanket Basis limit			R
Number of employees			
Consequential Loss			
Gross Profit sum insured			R
Additions or Difference Basis			
Loss of Revenue			R
Additional Increased Cost of Working			R
Indemnity Period required			months
Additional cover			
Do you require Prevention of Access Extended cover, please specify limit		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require Public Utilities – Insured Perils only, please specify limit		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require Public Telecommunications – Extended cover, specify limit		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require Bilking, please specify limit		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require Emergency Evacuation costs, please specify limit		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Do you require Franchisor extension, please specify limit		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Employee Benefits			
Applicable to persons between the ages of 18 and 70 only			
Do you wish to insure this section?			<input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge, are all the persons to be insured for personal accident in good health, free from physical defects or infirmities and not especially exposed to accidents from their occupations or past-times?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please give details			
Proposer name and initials		Date of birth	Disabilities
1.			
2.			
3.			
Cover required	Proposer 1	Proposer 2	Proposer 3

Section 1: Personal accident insurance			
Death	R	R	R
Permanent total disablement	R	R	R
Temporary total disablement number/wages per week	R	R	R
Medical Expenses	R	R	R
Liability			
Limit of liability required			R
Do you require Broadform Liability, please specify limit			R
Additional cover			
Do you require errors and omissions cover, please specify limit			<input type="checkbox"/> Yes <input type="checkbox"/> No R
Do you require goodwill protection costs, please specify limit			<input type="checkbox"/> Yes <input type="checkbox"/> No R
Motor section			
Do you wish to insure your vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete the following			
	Vehicle 1	Vehicle 2	Vehicle 3
Make			
Model			
Year			
Registration number			
VIN number			
Engine number			
Current retail value			
	Vehicle 1	Vehicle 2	Vehicle 3
Finance company			
Finance account number			
Shortfall included	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is vehicle registered	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rebuilt <input type="checkbox"/> Stolen/recovered	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rebuilt <input type="checkbox"/> Stolen/recovered	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rebuilt <input type="checkbox"/> Stolen/recovered
Extras or modifications			
	Vehicle 1	Vehicle 2	Vehicle 3
Registered owner			
Main driver			
Main driver's date of birth			
Date license first issued			
Driver's license code			

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Instructions

Please complete all fields

Section 1: General information	
Policy/quotation number	
Full name	
Street address, or geo location or google maps coordinates where the establishment is situated	
Section 2: Questionnaire	
Please note that the following questions refer to the main residence, lapa and outbuildings and must be answered accordingly	
2.1	Name of thatch construction company and year of construction
2.2	Thatch risk <input type="checkbox"/> Main residence <input type="checkbox"/> Lapa <input type="checkbox"/> Outbuilding(s)
2.3	Is the thatch outbuilding or lapa attached to or within five metres of the main dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please specify	
2.4	Does the kitchen have a ceiling of material other than thatch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, state type of material	
2.5	Distance between cooker hood and ceiling
2.6	Type of thatched roof (e.g. straw, Cape Reed)
2.7	If solid fuel is used in the kitchen or fireplaces
a.	Are open fires used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.	Type of fuel used
c.	Are chimneys fitted with spark arrestors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d.	Are chimneys constructed of brick or steel flues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e.	Are fire places used for cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.8	Are there trees or bush within three metres of the thatched risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.9	Is there isolation (layer between two thatch layers)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.10	Is there a mesh covering on the thatch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.11	Approximate distance of eaves from the ground
2.12	Does the building have a lightning conductor/strike mast? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, is it BOBS approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

2.13	Are there dry chemical powder portable fire extinguishers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes, please state the number and size			
2.14	Is any wiring passing through the thatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.15	How far are the premises from the nearest fire brigade?	kilometres		
2.16	Has the thatch been treated with any fire retardant measures e.g. fire blankets, Thatchsayf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.17	What other precautions have been taken against fire?			
	Please specify and elaborate			
2.18	Please provide details of fire response plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.19	Is training provided to employees on the use of fire fighting equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.20	Are fire drills conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.21	Specify all buildings separately below (Include plans, pictures or videos)			
	Building	Total roof m2	Thatch portion m2	Total value
	1. Main			
	2. Outbuilding			
	3. Lapa			
2.22	Is there any open fire lighting (candles/oil/paraffin lamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.23	Please provide details for fire controls (i.e. to ensure fires are completely extinguished)			
2.24	Have there been previous fire/lightning strikes at the premises or the surrounding premises, whether or not there was any damage to the insured premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.25	Additional details			

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For quotation purposes only	
A.	Proposer's details
	Full name of insured
	Risk address and name of farm (or geo location or google maps coordinates where the establishment is situated)
	Postal code
	Type of farming
	Size of insured's farm
	Width of fire breaks
	Frequency of burning
	Time of year of burning
	Precautions whilst burning
	Wind directions at time of burning
	Type of fire fighting equipment
	Previous claims/losses
B.	Neighbouring farm details
	Name of owners and the name of farms
	To north
	To south
	To east
	To west
	Type of farm
	To north
	To south
	To east
	To west
	Previous claims/losses
I hereby declare that all particulars and answers in the questionnaire are true and complete in every respect and that no material fact has been withheld	
Date _____	Signature _____