

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.

General information			
Legal entity name			
Name of establishment			
Date of birth			
		Postal code	
Name of broker			
Date completed			
General			Remarks
Has your insurance ever been cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your premium collection date be advised to you with pro-rata premiums if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the business permanently employ staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have there been any labour disputes in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your business a franchise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have prominently displayed disclaimers on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is alcohol available or sold on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you hold a valid liquor licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any fire fighting equipment at the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the fire fighting equipment been serviced in the last 12 months and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your staff trained to use the fire fighting equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there smoke / fire detection on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any gas cylinders on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the fittings and hoses of the gas cylinders in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your gas installation comply with regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you use a cooker hood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your cooker hood filters serviced regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you use a deep fryer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a fire blanket near your cooking appliances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a fire extinguisher in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you aware that should you be underinsured in the event of a claim that average will apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you aware of the excess structure that is applicable to your policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Fire section/Material damage		Remarks
Do you require subsidence and landslip cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R10 000 power surge is included, is this enough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require escalator clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require removal of silt, debris and fallen trees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R50 000 external signs, blinds canopies and outdoor furnishing is included, is this enough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require damage caused by animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R30 000 accidental loss of refrigerated stock is included, is this enough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R10 000 alcohol and beverage is included, is this enough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you satisfied with the current value, including replacement costs, of your building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you satisfied with the current value of your stock and contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your buildings bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the interests of the bank noted on your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Office contents		Remarks
Do you require cover for office contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for power surge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you satisfied with the current value of your office contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Glass		Remarks
Do you require cover for glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require accidental damage cover to glass in display fridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accidental damage		Remarks
Do you require cover for accidental damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific all risks		Remarks
Do you require cover for your belongings whilst you are away from your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have valuation certificates for any items in excess of R2 000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is all jewellery kept in a locked safe when not worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for cellphones, navigator systems and iPods when you leave the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crime		Remarks
Do you require cover for contents, stock and money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you satisfied with the current value of your contents, stock and money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require malicious damage caused by theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R25 000 guest / customer property cover is included, is this enough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require seasonal increase cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consequential loss		Remarks
Do you need financial assistance should you lose income due to a variety of insured circumstances such as fire, storm, flood etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do require additional increased cost of working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for cancellation of bookings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know that ventilation, auxiliary and power failure cover is included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require loss of tourist attraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Consequential loss (continued)		Remarks
Do you require cover following accidental damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you satisfied with your sums insured of loss of income that they are adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Liability		Remarks
Do you require errors and omissions cover of R2m?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require goodwill protection costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require adventure activities cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for search and rescue costs of guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require Passenger Liability above limit under motor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the premises cater for weddings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you run any other business from the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of your current liability limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you thought whether you are adequately insured if an overseas guests sues you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for Professional Indemnity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for employees liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor		Remarks
Are the vehicles on this policy for business use only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know that even using the vehicle to buy groceries is business use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require basic excess waiver for vehicles under the value of R500 000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require car hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard car hire cover - Group B is given would you like to buy this up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any factory fitted anti-theft devices in the vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a tracking device installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your vehicles registered in the business name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use any vehicle for any other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you satisfied that the current value of your vehicle is correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know that windscreen glass is automatically covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require assistance with collision and breakdown for a premium of R15 per vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your vehicles financed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the vehicles are financed, are the interests of the finance company noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are over the age of 80, do you have a medical certificate stating you are fit and proper to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for death and bodily injury following a loss for fare paying passengers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic equipment		Remarks
Does your premises have adequate protection by suitable safeguards and electrical supply fluctuations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require cover for laptops?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need cover for Reinstatement of data?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need cover for Increased Cost of Working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your electronic equipment adequately insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Machinery Breakdown and Interruption		Remarks
Do you require cover for machinery breakdown and interruption following such loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deterioration of stock		Remarks
Do you require cover for deterioration of stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Hour Emergency Assistance		Remarks
Do you require Emergency Medical advice, legal advice and trauma and assault assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	