

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.

Protection of Personal Information

The Protection of Personal Information Act 4 of 2013 ("PoPI") gives effect to your constitutional right to privacy in relation to safeguarding your personal information when processed by a responsible party, namely Bryte Insurance Company Limited ("Bryte"). In this regard you give consent to Bryte to retain your personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.

Should you decide to cancel this insurance contract you further consent to Bryte retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Bryte confirms its commitment to ensure that your information is kept confidential and has implemented appropriate measures to prevent loss, damage, unauthorised and unlawful access thereto.

Should you, at any point, wish to revoke this consent/authorisation, please contact your local Bryte office or your broker who will contact Bryte. The appropriate action will be taken in line with your request.

Information

| | | | |
|---|--|-----------------------------|--|
| Insured name (legal name) | | | |
| Establishment name | | | |
| VAT number | | Company registration number | |
| Contact person | | ID number | |
| Postal address | | | Postal code |
| Street address where the establishment is situated | | | Postal code |
| Cell phone number | | Telephone number | |
| Email address | | Website address | |
| May we occasionally send information on changes to your product or claims process updates? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of establishment | | | |
| Do you belong to any association/star graded? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, which one? | | | |
| Association membership number | | | |
| When do you want the insurance to commence? | | | |
| All documentation is sent electronically for security purposes | | | |
| Occupation and activities (compulsory) | | | |
| Do you offer any other activities or services outside the norm being tennis or squash courts etc? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cover provided as a standard includes overnight accommodation, breakfast and basic amenities including swimming pool, domestic gym or occasional incidental lifts to a nearby venue | | | |
| If yes, please describe these activities in detail | | | |
| | | | |
| Do you offer any adventure activities other than the norm such as guided tours, recreational activities, treatments or classes? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a restaurant open to non-paying guests? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have conference facilities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|------------------------------|-----------------------------|
| Do you cater for weddings? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is the percentage split of your annual revenue on the items listed below | | | |
| Accommodation | R | | % |
| Restaurant/Conference | R | | % |
| Weddings | R | | % |
| How many bedrooms do you have? | | | |
| Do you have prominently displayed or signed 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 premises? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General (compulsory) | | | |
| Are some or all of your buildings thatch or non-standard? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please specify dimensions of thatch cover and complete that attached thatch questionnaire | | | |
| Wall construction | | | |
| Floor construction | | | |
| Building square metre under roof | | | |
| Is your establishment classified as a holiday home? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how long is it rented out for during a 12-month period? | | | |
| How many geysers do you have? | | | |
| How long has the establishment been in operation? | | | |
| Do you have staff permanently on the premises? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you or your family live on the premises permanently? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please supply details of the security at your establishment | | | |
| | | | |
| Do you keep any animals other than domestic dogs, cats and caged birds? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please state what animals | | | |
| | | | |
| Are your domestic dogs and cats kept separate from the establishment? | | | |
| Extinguishers | | Remarks | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Serviced within the 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 | | |
| Details of any fire fighting equipment | | | |
| Smoke/fire detection in rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Gas cylinders | | Remarks | |
| 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 | | Remarks |
|---|--|--|
| Cooker hood in use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Cooker hood filters serviced 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 appliance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fire extinguisher in kitchen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Public safety | | Remarks |
| Is the swimming pool fenced? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Indemnity signs posted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evacuation signs posted in each room? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evacuation plan in place and formalised? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are employees aware of their duties in an evacuation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency numbers displayed/available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are any/all electric fences and geysers compliant with SANS or OHS Act regulations? | <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 open excavations or empty holes presenting a danger to guests? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any unprotected cliffs or edges with steep drop offs on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any stairways/walkways which are not illuminated at night? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Previous insurance | | |
| With which insurer(s) were you previously/currently insured with for at least the last 3 years? (personal and business insurances) | | |
| | | |
| | | |
| | | |
| | | |
| Has any insurer ever cancelled a policy you have held whether personal or business? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please tell us why | | |
| | | |
| | | |
| Have you ever had a professional valuation for insurance conducted on your buildings and contents? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please advise who conducted the valuation | | |
| | | |
| | | |
| Have you suffered any losses in the last 3 years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please provide details on insurer's letterhead | | |
| | | |
| | | |
| I confirm that the information contained in this questionnaire/proposal is true and that this document will form the basis of my contract with Bryte Insurance Company Limited. | | |
| Date _____ | | Signature _____ |

| Debit order form | |
|---|--|
| Account holder | |
| Bank | |
| Account number | |
| Branch | |
| Branch code | |
| Type of account | |
| Please indicate what date between the 1st and the 10th of every month we should debit your account for the premium collection? If possible, please attach a copy of a cancelled cheque | |
| 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 BnB SURE policy | |
| Date _____ | Signature _____ |
| Building or Contents (Compulsory) | |
| Please complete sections A, B and C | |
| A. Buildings section | |
| Sum insured (replacement value) | R |
| Cover required <input type="checkbox"/> Comprehensive <input type="checkbox"/> Fire and perils only | |
| Do you have retaining walls? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please specify | |
| | |
| | |
| Subject to an approved engineer's report and management approval | |
| If you require power surge cover in excess of the free R50,000 please specify the sum insured required | R |
| B. Contents section | |
| What is the total replacement value of the entire contents including both personal and business? (minimum R100,000) | R |
| Cover required <input type="checkbox"/> Comprehensive <input type="checkbox"/> Fire and perils | |
| Do you wish to insure the personal effects of guests in excess of the free R30,000 whilst at your premises and where they are not otherwise insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, to what value? (minimum R200,000) | R |
| Do you wish to insure all your electrical goods against power surge in excess of the free R50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Value of total electrical goods | R |
| Do you require "bilking" cover in excess of the free R25,000 offered under Contents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to increase to R30,000 or R40,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Value to be insured? | R |
| C. Liability section (compulsory) | |
| Limit of liability required <input type="checkbox"/> R30 million <input type="checkbox"/> R50 million <input type="checkbox"/> R100 million | |
| Do you require spread of fire cover? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please complete the enclosed spread of fire questionnaire | |
| Sections D – N (Optional) | |
| If there is any thatch on the premises – please complete the thatch form | |
| If you are located outside of any municipal boundary/rural location – please complete the spread of fire form | |

| D. Guests medical evacuation section | |
|--|--|
| Do you wish to insure your guests for medical evacuation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limit required | <input type="checkbox"/> R10,000 <input type="checkbox"/> R50,000 <input type="checkbox"/> R100,000 |
| E. Money section | |
| Money (cash, cheques etc.) can be insured on premises and in transit to and from the bank | |
| Do you wish to insure money? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, state amount | R |
| F. All risks section | |
| Do you wish to insure any general unspecified items e.g. personal effects, clothing etc. whilst you have them away from your premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, for what amount? (minimum R3,000) | R |
| Single articles are limited to 25% of this sum insured | |
| The term "personal effects" excludes sunglasses in excess of R250, contact lenses, firearms, car sound systems, tape decks and tapes, laptop or hand-held computers and the like, compact discs, pedal cycles, cellular phones and pagers. These should be specified separately if cover is required | |
| 1. | R |
| 2. | R |
| 3. | R |
| 4. | R |
| 5. | R |
| 6. | R |
| 7. | R |
| 8. | R |
| Please note we need a valuation for any item in excess of R5,000 in value | |
| G. Electronic section | |
| Do you wish to insure any computer or other electronic equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give details (please list laptop computers separately) | |
| 1. | R |
| 2. | R |
| 3. | R |
| 4. | R |
| 5. | R |
| 6. | R |
| 7. | R |
| 8. | R |
| Do you require reinstatement of data? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, to what value | R |
| Do you require increased cost of working? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, to what value | R |
| H. Business interruption section | |
| If you were to close your business following a fire, flood or storm, a murder, rape or suicide or the death of a key member of the establishment, would you like financial assistance to cover this loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what amount of gross annual income would you lose? | R per year |
| Indemnity period | <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months |
| Would you like SASRIA cover under the Business Interruption section? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standing charges | R |
| Working expenses | R |

| I. 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 | | | |
| Date purchased | | | |
| 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 |
| Shortfall sum insured | | | |
| How is vehicle registered | <input type="checkbox"/> New <input type="checkbox"/> Used | <input type="checkbox"/> New <input type="checkbox"/> Used | <input type="checkbox"/> New <input type="checkbox"/> Used |
| | <input type="checkbox"/> Rebuilt <input type="checkbox"/> Stolen/recovered | <input type="checkbox"/> Rebuilt <input type="checkbox"/> Stolen/recovered | <input type="checkbox"/> Rebuilt <input type="checkbox"/> Stolen/recovered |
| Extras or modifications | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Registered owner | | | |
| Main driver | | | |
| Main driver's date of birth | | | |
| Date license first issued | | | |
| Driver's license code | | | |
| Other regular drivers | | | |
| Current no claim bonus | | | |
| Area where used | | | |
| Cover required | <input type="checkbox"/> Comprehensive | <input type="checkbox"/> Comprehensive | <input type="checkbox"/> Comprehensive |
| | <input type="checkbox"/> Third party fire and theft | <input type="checkbox"/> Third party fire and theft | <input type="checkbox"/> Third party fire and theft |
| | <input type="checkbox"/> Third party only | <input type="checkbox"/> Third party only | <input type="checkbox"/> Third party only |
| Vehicle security and make | | | |
| Usual overnight parking | | | |
| Is the car garaged at night? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Car radios are not included here | | | |
| Please specify non-factory fitted car radios under the All Risks section | | | |
| Optional cover to motor section | | | |
| Do you require basic excess waiver? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require R5,000,000 unspecified personal accident cover? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Covers any passenger (excluding any person in the employ of the insured or family of the insured) being transported in the insured's vehicle, injured in a motor accident and where the insured is clearly to blame | | | |

| J. Pleasurecraft section | | | |
|---|------------|-----------------------------------|--|
| Do you wish to insure your boats e.g. yachts, speedboats, rubber ducks, jetskis etc. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (minimum R100,000) | | | |
| Manufacturer | Engine | Sum insured | |
| | | R | |
| | | R | |
| | | R | |
| | | R | |
| K. Fidelity section | | | |
| Do you require cover in excess of the free R10,000 cover? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how much? | | R | |
| L. Personal accident | | | |
| 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 |
| Section 2: Accidental medical expenses | | | |
| Accidental medical expenses | R | R | R |
| Section 3: Motor personal accident | | | |
| Death | R | R | R |
| Permanent total disablement | R | R | R |
| Notes | | | |
| <p>a. Section 1 minimum cover for items 1 and 2 for R100,000</p> <p>b. Section 2 for R25,000, R50,000 or R100,000</p> <p>c. Sections 2 and 3 may only be taken together with Section 1</p> <p>d. Section 3, any amount up to R5,000,000 crucial cover for the insured in motor accident</p> <p>e. Cover is excluded whilst the insured person is engaged in steeplechasing, waterpolo, winter sports (involving snow or ice), professional football, mountaineering, motorcycling, racing of any kind (involving the use of any power-driven vehicles, vessels, aircraft or pedal cycle), big-game hunting or any sport or past-time involving exceptional risk of accident</p> <p>f. Special cover for employees can be obtained. Please refer to BnB SURE for details</p> | | | |
| M. Tax and CPA legal costs section | | | |
| Do you wish to have insurance on tax and CPA legal costs? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, specify annual limit | | <input type="checkbox"/> R120,000 | <input type="checkbox"/> R300,000 |
| Are you currently undergoing any investigation by SARS? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you expecting a refund from SARS? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any outstanding debts with SARS? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you up to date with VAT and PAYE? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Are all your tax returns up to date and submitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How much of your business as a percentage is cash business? | % |
| Have you familiarised yourself with the Consumer Protection Act – how it pertains to your business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have legally acceptable disclaimers in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you receive a deposit as confirmation of a booking, is the consumer provided with information concerning a cancellation process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Hospitality assist (compulsory) | |
| Domestic type of appliances and electronics as per policy wording are insured on a first loss basis for repairs up to a limit of R3,000. Portable items and industrial commercial type equipment may not be included. | |
| Household motors such as pool motor/Jacuzzi/electric gate/electric garage door motors can be included at an additional premium | |
| Do you require this additional cover? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please specify | |
| | |
| | |
| Solar panels can also be included at an additional premium | |
| Do you require this additional cover? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please specify | |
| | |
| | |
| | |

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.

Instructions

Please complete all fields

| Section 1: General information | |
|--|---|
| Policy/quotation number | |
| Full name | |
| 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 |
| f. | Do any chimneys penetrate the thatch roof? <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 sisalation (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 SABS approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| | | | |
|----------------------------|---|------------------------------|--|
| 2.13 | Please specify the number and types of fire fighting equipment available on the premises (this question is compulsory) | | |
| | | | |
| | | | |
| 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 |
| | Was it treated at installation or afterwards? | <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 | | |
| | | | |
| | | | |
| 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 | | |
| | Building | Total roof m2 | Thatch portion m2 |
| | 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 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signed by _____ Date _____ | | | |

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.

| For quotation purposes only | |
|---|--------------------------------------|
| A. | Proposer's details |
| | Full name of insured |
| | Risk address and name of farm |
| | |
| | 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 _____ |