



Principal's Advance Loss of Profits Insurance (in respect of Once off CW/EAR projects) Questionnaire

Bryte Insurance Company Limited
A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and authorised FSP (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			
<p>This questionnaire can only be used in conjunction with Principle Controlled Once Off CW/EAR projects and both must be send to your Bryte South Africa Engineering office. Please answer all questions in full and tick boxes where applicable. All supporting documents – preferable on a company letterhead must be attached. Sign declaration in full at the end of this document.</p> <p>We reserve the right to vary, add, modify, alter or withdraw in the quotation (or part thereof) should we become aware of any information, material or otherwise which may affect in any way the risk conditions in any way.</p> <p>Protection of Personal Information Act of 2018 (as amended) applies.</p> <p>COMPLETION OF THE SECTIONS</p> <p>Section 1: Project details</p> <p>Section 2: Advance Loss of Profits/Delay in Start Up</p> <p>Section 3: Additional Information</p>			
SECTION 1			
Project Details			
Insured			
Project name			
*Only the financial interests of the Owner or Principal will be covered.			
SECTION 2			
Advance Loss of Profits			
Annual gross profit		Standing charges	
Increase cost of working		Additional increase in cost of working	
Indemnity period	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> Other _____ months		
Time excess	<input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other _____ days		
Brief description of intended business/service activities. Comment on bottlenecks (crucial items of insured object) in the construction process			
Can loss of or damage to adjacent buildings and/or surrounding property (as a result of the insured works) cause a delay in completion of the business to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give details			
Are there any seasonal events likely to affect the gross profit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give details			

What possibilities exist to reduce a loss indemnifiable under the ALoP Section of the policy (for example: stand-by equipment, extra shifts, purchase of materials from outside, etc.)?

Are there any penalty agreements between the Principal and the Contractors in connection with the Contract Works? Yes No

If yes, please give details

Intended normal working hours of the site activities

Per day	hours	In	shifts
Per week	hours	Per year	hours

SECTION 3

SASRIA

Do you require SASRIA? Yes No

SECTION 4

Additional Information

Please provide any other additional information or attach supporting documents.

SECTION 5

Declaration	<p>I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal are, to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that this questionnaire/proposal forms the basis and is part of any policy issued in connection with the above risk.</p> <p>It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.</p>
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Signed by (full name)			
Designation		Place	
Signature		Date	

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