

## **Deterioration of Stock Extension** (following Machinery Breakdown)

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** This questionnaire can only be used in conjunction with the underlying Bryte Machinery Breakdown Questionnaire and both questionnaire's must be submitted for quotation purposes. Please answer all questions in full and select where applicable. All supporting documents - preferable on a company letterhead must be attached. Sign declaration in full at the end of this document. We reserve the right to vary, add, modify, alter or withdraw the quotation (or part thereof) should we become aware of any information, material or otherwise which may affect in any way the risk conditions. Protection of Personal Information Act of 2013 (as amended) applies. **COMPLETION OF THE SECTIONS** Compulsory Section 1: The insured Section 2: Deterioration of stock Section 3: Extensions required Section 4: Declaration **SECTION 1** The insured Name **SECTION 2 Deterioration of stock** Normal operation Shifts per day One shift per day Two shifts per day Three shifts per day Normal working hours From: To: Days worked per week Seasonal operation Shifts per day One shift per day Two shifts per day Three shifts per day Working hours From: To: Days worked per week Specify what season(s) Yes (b) Are there any special hazards or circumstances – e.g. the mode of operation (computer controlled)? No If yes, please specify Alternative storage facilities Yes No If yes, list premises

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Is condition of goods checked during storage?				
Alarm system	Audible	Visible	Linked to	central control
If linked to central control	Response time			
Description of Machinery		Type of stock		Maximum value any one time
SECTION 3				
Extensions required				
Failure of electrical supply ex	ension			Yes No
Stock in process extension	Limit			
Claim preparation costs	Limit			
SECTION 4				
Declaration	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.			
	It is agreed that the Insurers any other claims of whatever	are liable in accordance with the nature. The Insurers undertake	e terms of the p to treat this inf	olicy only and that the insured will not lodge ormation in strict confidence.
Signed by (full name)			I	
Designation			Place	
Signature			Date	