

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 the underlying Bryte Machinery Breakdown Questionnaire and both questionnaire's must be submitted for quotation purposes.</p> <p>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.</p> <p>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.</p> <p>Protection of Personal Information Act of 2013 (as amended) applies.</p> <p>COMPLETION OF THE SECTIONS</p> <p>Compulsory</p> <p>Section 1: The insured</p> <p>Section 2: Deterioration of stock</p> <p>Section 3: Extensions required</p> <p>Section 4: Declaration</p>			
SECTION 1			
The insured			
Name			
SECTION 2			
Deterioration of stock			
(a) Normal operation			
Shifts per day	<input type="checkbox"/> One shift per day	<input type="checkbox"/> Two shifts per day	<input type="checkbox"/> Three shifts per day
Normal working hours	From:		To:
Days worked per week			
(a) Seasonal operation			
Shifts per day	<input type="checkbox"/> One shift per day	<input type="checkbox"/> Two shifts per day	<input type="checkbox"/> Three shifts per day
Working hours	From:		To:
Days worked per week			
Specify what season(s)			
(b) Are there any special hazards or circumstances – e.g. the mode of operation (computer controlled)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify			
Alternative storage facilities <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list premises			

