

**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>Answer all questions in full or tick boxes where applicable and attached any supporting documents – preferable on a company letterhead. Sign declaration in full at 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>			
COMPLETION OF THE SECTIONS			
<b>Compulsory</b>			
Section 1: Broker details	<b>Please select where applicable</b>		
Section 2: Insured details	Section 6: Extensions required		
Section 3: Electronic equipment	Section 7: SASRIA		
Section 4: Reinstatement of data	Section 8: Additional information		
Section 5: Increased cost of working			
Section 9: Declaration			
SECTION 1			
Broker details			
Name			
Physical address			
		Postal code	
Contact person	Contact number		
Email address			
SECTION 2			
Insured details			
Name			
VAT number	Telephone number		
Physical address			
		Postal code	
Contact person	Contact number		
Business description			
Risk address			
		Postal code	
Risk address			
		Postal code	
Risk address			
		Postal code	
If more than 3 risk addresses, please attach complete list of addresses			

Inception date for cover			
Current insurer			
Has there been any previous EE insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state previous insurer and give details of losses (including claims from third parties) incurred during the last three (3) years (as minimum).			
Has any company/insurer ever:	Declined any proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Refused to renew your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cancelled any policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Imposed special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please provide details			
<b>SECTION 3</b>			
<b>Electronic equipment</b>			
Is the equipment maintained in accordance with the manufacturer's instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please refer to Annexure A – Electronic Equipment Schedule on page 4 and 5. Complete or attach list with required details.			
Do you have surge protectors installed on the insured premises on all data lines, power supply plugs to electrical distribution boards?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a burglar alarm installed at the premises and is it fully operational?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4</b>			
<b>Reinstatement of data</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit			
How often is data backed-up?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily and weekly
Where is back-up data stored?	<input type="checkbox"/> Onsite	<input type="checkbox"/> Offsite	<input type="checkbox"/> Onsite and offsite
<b>SECTION 5</b>			
<b>Increased cost of working</b>			
Limit (each and every occurrence)			
Indemnity period	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months <span style="float: right;">months</span>
Time excess	<input type="checkbox"/> 1 day	<input type="checkbox"/> 3 days	<input type="checkbox"/> 7 days <span style="float: right;">days</span>
<b>SECTION 6</b>			
<b>Extensions required (limit of indemnity)</b>			
Claims preparation costs	Limit		
Transit	Limit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Telkom land access lines extension	Limit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Incompatibility of computer media	Limit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other extensions (please specify)		Limit of indemnity	
Other extensions (please specify)		Limit of indemnity	

**SECTION 7**

**SASRIA**

Do you require SASRIA?  Yes  No

**SECTION 8**

**Additional information**

Please provide any other additional information or attach supporting documents

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**SECTION 9**

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 are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatsoever nature. The insurers undertake to treat this information in strict confidence.		
Signed by (full name)			
Designation		Place	
Signature		Date	

