

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.

The information that is sought herein is not intended to be an exhaustive list and Bryte accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Details requested are regarded as MATERIAL FACTS

Name of insured	
Company registration number	
VAT registration number	
Physical address	
	Postal code
Postal address	
	Postal code
Street facing	
Car park facing	
Shopping centre (enclosed)	
On which floor?	
Nature of business	Wholesale <input type="checkbox"/> Yes <input type="checkbox"/> No %
	Retail <input type="checkbox"/> Yes <input type="checkbox"/> No %
	Manufacturing <input type="checkbox"/> Yes <input type="checkbox"/> No %
Named persons	
<ul style="list-style-type: none">Personal conveyance limitPrivate dwelling	Name
	Address
	Safe and alarm details
Entrustments	
Previous losses	
	Please Initial

Schedule of protections	
Entrance door(s)	
Protection	<input type="checkbox"/> Security gate <input type="checkbox"/> Roller shutter <input type="checkbox"/> Padlocks <input type="checkbox"/> Access controlled
Glass type	<input type="checkbox"/> High impact <input type="checkbox"/> Bullet resistant <input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness mm
	Approximate glass size of entrance door(s) m2
	Other construction, please state
	Other comments
Rear door(s)	
Protection	<input type="checkbox"/> Fixed grille <input type="checkbox"/> Roller shutter <input type="checkbox"/> Security gate
	<input type="checkbox"/> Construction, please state
Display windows	
Protection	<input type="checkbox"/> Fixed grille <input type="checkbox"/> Roller shutter <input type="checkbox"/> Security gate
Glass type	<input type="checkbox"/> High impact <input type="checkbox"/> Bullet resistant <input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness mm
	Approximate glass size of all display windows m2
Other windows	
Protection	<input type="checkbox"/> Fixed grille <input type="checkbox"/> Roller shutter <input type="checkbox"/> High impact <input type="checkbox"/> Bullet resistant
Glass type	<input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness mm
Skylights and roof openings	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling	Concrete <input type="checkbox"/> Yes <input type="checkbox"/> No
	Void between ceiling and roof
	If yes, means of protection
Showcases – non premises	<input type="checkbox"/> Free standing <input type="checkbox"/> Fixed Please state construction
	By whom, and where are the keys kept
Safes and strong rooms	
Safe 1	(i) Maker's name and model
	(ii) SABS category grading
Safe 2	(i) Maker's name and model
	(ii) SABS category grading
Safe 3	(i) Maker's name and model
	(ii) SABS category grading
Strong room 1/Safe 4	(i) Maker's name and model
	(ii) SABS category grading

Please Initial	

Burglar alarm	
Service provider	
Alarm type	<input type="checkbox"/> Radio <input type="checkbox"/> Siren <input type="checkbox"/> Telephone <input type="checkbox"/> Other – specify
Panic buttons	Remote <input type="checkbox"/> Yes <input type="checkbox"/> No
	Static <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the system have specific protection per/ for	Doors <input type="checkbox"/> Yes <input type="checkbox"/> No
	Windows <input type="checkbox"/> Yes <input type="checkbox"/> No
	Internal passives <input type="checkbox"/> Yes <input type="checkbox"/> No
	Roof void <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the alarm system maintained under contract?	
Is alarm linked to an armed response company?	
Name	
Other protections	
Own	<input type="checkbox"/> 24 hour guard <input type="checkbox"/> CCTV cameras <input type="checkbox"/> Other – specify
Shopping centre	<input type="checkbox"/> 24 hour guard <input type="checkbox"/> CCTV cameras <input type="checkbox"/> Other – specify
Name of security company (shopping centre)	
<p>Declaration: I declare that the information contained herein is, to the best of my knowledge, true and accurate in every respect.</p> <p>Proposer's signature _____ Date _____</p>	
<p>_____</p> <p>Please Initial</p>	