

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 Section 2: Machinery loss of profits Section 3: Additional information Section 4: Declaration</p>			
SECTION 1			
The insured			
Name			
SECTION 2			
Machinery Loss of profits			
Basis		<input type="checkbox"/> Additions basis	<input type="checkbox"/> Difference basis
Annual gross profit		<input type="checkbox"/> Including VAT	<input type="checkbox"/> Excluding VAT
Time excess	<input type="checkbox"/> 1 day	<input type="checkbox"/> 3 days	<input type="checkbox"/> 7 days
Indemnity Period	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months
Is business seasonal?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details			
Limits and extensions			
Increased cost of working	Limit		
Public utilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Claims preparation cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit
Wages extension	Limit	Wages extension (number of weeks)	Weeks
Hire of machinery extension	Limit		
Standing charges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify			

Machinery as per Machinery Breakdown list/schedule	Operational dependency % on related production process	Major/critical spare parts available in stock at premises	Local spares available	Estimate standby time following breakdown
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is there alternate means of maintaining production following a breakdown (please give details)

SECTION 3

Additional information

Please provide any other additional information or attach supporting documents

SECTION 4

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>		
Signed by (full name)			
Designation		Place	
Signature		Date	