

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 attach 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		Please select where applicable	
Compulsory		Section 4: Deterioration of stock extension	
Section 1: Broker details		Section 5: Machinery Loss of Profits	
Section 2: Insured details		Section 6: Additional information	
Section 3: Machinery Breakdown			
Section 7: 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 (RA 1)			
		Postal code	
Risk address (RA 2)			
		Postal code	
Risk address (RA 3)			
		Postal code	
If more than 3 risk addresses, please attach complete list of addresses			

Inception date for cover			
Business operations	<input type="checkbox"/> Normal operations	<input type="checkbox"/> Seasonal operations – supply details in Section 4 and 5	
Specify working hours	Number of shifts per day		
	Total working hours per day		
	Number of working days per week		
	Average overtime per month (hours)		
Current insurer			
Has there been any previous MB 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 yes, please provide details			
Extensions required	Contents of liquid storage containers (automatic extension)	Limit	
	Damage to surrounding property	Limit	
	Explosion of boilers or pressure vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Claims preparation costs	Limit	
SECTION 3			
Material damage			
Please complete Annexure A: Machinery list/schedule below.			
Does the Schedule (Annexure A) list all the machinery within the business insurable under a machinery breakdown policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please give reason (e.g. balance of machinery of insignificant value, non-critical machinery; obsolete machinery; non-operational; etc.)			
SECTION 4			
Deterioration of stock extension			
Do you require deterioration of stock insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete additional and separate questionnaire			
SECTION 5			
Machinery Loss of Profits			
Do you require Machinery Loss of Profits insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete additional and separate questionnaire			
SECTION 6			
Additional information			
Please provide any other additional information or attach supporting documents			

SECTION 7

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

