

**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.

Policy type	<input type="checkbox"/> Annual	<input type="checkbox"/> Single Shipment
Period of cover required	_____ to _____	
Brokerage	_____	
Brokerage province	_____	
Date	_____	
Company/client name	_____	
Company VAT registration (compulsory)	_____	
<b>1. Imports</b>		
Subject matter	<input type="checkbox"/> New	<input type="checkbox"/> Used <input type="checkbox"/> Refrigerated
Description of subject matter	_____	
Voyage(s) from	_____	
Voyage(s) to	_____	
Mode of transport	<input type="checkbox"/> Sea	<input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Air
Basis of valuation	_____	
Incoterms@ 2010	_____	
Limits of liability	R	any one conveyance
Stowage	<input type="checkbox"/> FCL <input type="checkbox"/> AIR <input type="checkbox"/> Fully Enclosed	<input type="checkbox"/> LCL <input type="checkbox"/> Bulk/Breakbulk <input type="checkbox"/> Other _____
Estimated annual carry	R	
<b>2. Exports</b>		
Subject matter	<input type="checkbox"/> New	<input type="checkbox"/> Used <input type="checkbox"/> Refrigerated
Description of subject matter	_____	
Voyage(s) from	_____	
Voyage(s) to	_____	
Mode of transport	<input type="checkbox"/> Sea	<input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Air
Basis of valuation	_____	
Incoterms@ 2010	_____	
Limits of liability	R	any one conveyance
Stowage	<input type="checkbox"/> FCL <input type="checkbox"/> AIR <input type="checkbox"/> Fully Enclosed	<input type="checkbox"/> LCL <input type="checkbox"/> Bulk/Breakbulk <input type="checkbox"/> Other _____
Estimated annual carry	R	

3. Inland transit					
Subject matter	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refrigerated				
Description of subject matter					
Voyage(s) from					
Voyage(s) to					
Mode of transport	<input type="checkbox"/> Sea <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Air				
Basis of valuation					
Limits of liability	R    any one conveyance				
Stowage	<input type="checkbox"/> FCL <input type="checkbox"/> AIR <input type="checkbox"/> Fully Enclosed <input type="checkbox"/> LCL <input type="checkbox"/> Bulk/Breakbulk <input type="checkbox"/> Other                      _____				
Estimated annual carry	R				
4. Storage					
<i>(if required as part of a Marine Stock Throughput policy; please attach additional sheet if required)</i>					
Location address	Postal code	Fire limit	Theft / burglary limit	Accidental damage limit	Malicious damage limit
Company annual turnover	R				
5. Prior insurance					
Has any insurer ever declined insurance or imposed special conditions?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer ever cancelled or refused to renew your insurance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please advise the name(s) of your current or prior insurer and due date for renewal					
6. Claims					
<i>(if available, please attach detailed claims history to this application)</i>					
Year	Gross incurred	Details			
Year 1	R				
Year 2	R				
Year 3	R				
7. Additional information					
Completed by	Name & Surname				
	Designation				
	Telephone				
	Signature				