

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

Name of proposer				
Name of insured (if different)				
Address				
Nature of business				
Years in business				
Cargo details				
General description of goods				
Condition of goods		Are any of the goods prototype items (please detail)		
<input type="checkbox"/> New				
<input type="checkbox"/> Used				
<input type="checkbox"/> Reconditioned/as new				
<input type="checkbox"/> In need of repair				
Packaging				
Shipping arrangements (e.g. on pallets/containers/open)		<input type="checkbox"/> Top rack containers <input type="checkbox"/> Flat rack containers		
Susceptibility to damage <input type="checkbox"/> High (glass/ceramics/ other delicate items) <input type="checkbox"/> Average <input type="checkbox"/> Low (robust/non-computerised equipment)			Estimated number of shipments	
Maximum sum insured any one vessel/conveyance		R		
Total sum insured (per agreed basis of valuation)		R		
Transportation				
Conveyance	Name of	Vessel		
		Shipping line(s)		
		Inland carrier(s)		
		Forwarding agents		
Details of any transshipments				
Details of any barge shipments or tows				
Mode of transport	<input type="checkbox"/> Ocean	Route	From	
	<input type="checkbox"/> Inland		To	
	<input type="checkbox"/> Air		Via	
	<input type="checkbox"/> Combined inland/ocean			
	<input type="checkbox"/> Combined inland/air			
Distance from port(s) of discharge to project site				
Is site accessible by road or rail?				

Terms of sale	<input type="checkbox"/> FOB or equivalent <input type="checkbox"/> C & F or equivalent <input type="checkbox"/> EX works		
	<input type="checkbox"/> Other (please specify)		
Shipment date(s)			
Delivery date(s) at site where goods are to be put into production			/ /
(Please provide shipping schedule if available)			
Delayed start up			
Start up date (date when goods are intended to commence production)	/ /	Installation and testing period	
Period of indemnity (commences from start up date)			
Number of working days in indemnity period			
Basis of cover	<input type="checkbox"/> Loss of profits <input type="checkbox"/> Loss of standing charges <input type="checkbox"/> Increased cost of working		
	<input type="checkbox"/> Other (please specify)		
Indemnity amount (sum insured)	Maximum per day	R	
	Maximum per period of indemnity	R	
Proof of interest (How can indemnity amount be proved)			
Key items (please complete list attached)			
Repairs	Key items		Other goods
Can repairs be affected at site?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spare parts available on site	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement	Key items		Other goods
Possibility	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum time (days/weeks/months)			
Minimum time (days/weeks/months)			
Source	<input type="checkbox"/> Manufact . <input type="checkbox"/> Supplier <input type="checkbox"/> Other	<input type="checkbox"/> Manufact . <input type="checkbox"/> Supplier <input type="checkbox"/> Other	
Advise of any import or other restrictions to goods or any spares or replacements			
Alternative means of production (e.g. Use of existing machines/outside assistance/extra shifts)			
Previous claims			
Date of loss	Description		

Marine delayed start up (DSCU) Questionnaire

Key items

Description of item	Cost, insurance & freight value	Name of manufacturer	Address of manufacturing site	Is there an alternative manufacturer	Port of shipment	Date of shipment	Commencement date of installation	Installation and testing period	Replacement Time (*)