

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 <i>(compulsory)</i>		
1. Owner Goods in Transit		
<i>(you are the owner of the goods transported, using your own vehicles and/or 3rd parties for transportation)</i>		
Subject matter	<input type="checkbox"/> New goods <input type="checkbox"/> Used goods <input type="checkbox"/> Temperature controlled goods	
Description of subject matter		
Basis of valuation		
Limit of liability per conveyance	R	
Geographical limits		
Conveyances	<input type="checkbox"/> Own vehicles <input type="checkbox"/> 3rd party <input type="checkbox"/> Combination owned and 3rd party vehicles	
Stowage	<input type="checkbox"/> Fully <input type="checkbox"/> Other	
	<i>If 'other', please give details:</i>	
Estimated annual carry	R	
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	
2. Carriers Liability		
<i>(you transport 3rd party goods on your own vehicles)</i>		
Subject matter	<input type="checkbox"/> New goods <input type="checkbox"/> Used goods <input type="checkbox"/> Temperature controlled goods	
Description of subject matter		
Basis of valuation		
Limit of liability per conveyance	R	
Geographical limits		
Conveyances	<i>include a list of all the vehicle registration numbers to be insured under this load limit and subject matter</i>	

Stowage	<input type="checkbox"/> Fully <input type="checkbox"/> Other	
	<i>If 'other', please give details:</i>	
Estimated annual haulage fee income	R	
Claims (if available, please attach detailed claims history to this application)		
Year	Gross incurred	Details
Year 1	R	
Year 2	R	
Year 3	R	
3. Contingent Liability		
<i>(you are a transport broker and/or you subcontract loads to 3rd parties)</i>		
Subject matter	<input type="checkbox"/> New goods <input type="checkbox"/> Used goods <input type="checkbox"/> Temperature controlled goods	
Description of subject matter		
Basis of valuation		
Limit of liability per conveyance	R	
Geographical limits		
Subcontractors	<i>include a list of subcontractors used</i>	
Stowage	<input type="checkbox"/> Fully <input type="checkbox"/> Other	
	<i>If 'other', please give details:</i>	
Estimated annual haulage fee income	R	
Claims (if available, please attach detailed claims history to this application)		
Year	Gross incurred	Details
Year 1	R	
Year 2	R	
Year 3	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		
7. Additional information		
Completed by	Name & Surname	
	Designation	
	Telephone	
	Signature	