

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.

Client name		Quote/policy number	
Client business contact details			
Physical address			
Business description for all tenants if more than one			
Have you been given notice of cancellation or refusal of insurance before. If yes, provide details			
Claims/Loss history			
Number of employees			
Fire/Property			
Building construction – type	Building size – square metres		
Building construction details			
Roof construction	Age of building		
	Are electrics regularly checked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Roof construction details			
Number of floors <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Is any form of heating taking place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cladding of Walls	<input type="checkbox"/> Combustible <input type="checkbox"/> Non- Combustible <input type="checkbox"/> None		
Does the building have an automatic suppression system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide us with third party verification (full inspection report/clearance certification)			
Are there any flammable liquids/gasses/solids on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, provide full details of volumes, types and storage arrangements			
What are they used for?			

Protections			
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Fire hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Fire hydrants	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Automatic suppression system	<input type="checkbox"/> Yes <input type="checkbox"/> No	3rd party verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serviced last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Smoke detection system	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Serviced last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Theft			
Are all opening windows burglar barred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all closing windows burglar barred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all external doors have security gates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full building perimeter alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Protections			
Do you have an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reaction unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High perimeter wall/electrified fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surrounding vacant land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money			
Do you have a scheduled collection agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often do you bank?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly
Protections			
Do you have a safe or strong room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it a SABS grading category safe/strong room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of SABS grading category safe/strong room is it?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Liability			
Do you work away from the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any visible disclaimers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need Products Liability cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Comments			
Signature	Date		