

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.

Specie Risk Proposal Form

1. Details of broker			
Name of broker			
Contact person			
Telephone number			
Broker's code			
2. Details of proposer			
Name of proposer			
Physical address of the premises			Postal code
Postal address			Postal code
Owner's ID number			
Telephone number (work)		Telephone number (cell)	
Fax number		Email address	
Company registration number		Website address	
VAT number			
3. Period of insurance			
(Both days at 0:01am Local Standard Time at the principal address)			
4. Please provide full business description of the assured			
5. Broking commentary/background			
6. Please provide full description of all subject-matter to be insured			
7. Estimated annual turnover			
	Current year	Previous year	
Amount			

8. Local risks

Please provide full address, security details and description of all locations where you will be responsible for insurance

Location		
Alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Second alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Armed response company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Armed response company name		
CCTV surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Onsite CCTV monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offsite CCTV monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security guards during the day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security guards at night	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of security guards	Day	Night
Panic buttons with security guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Radio communication with security guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric fencing on perimeter of property (ies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safes and/or vaults (please provide details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mantrap doors to access property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Biometric finger readers	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide full address, security details and description of all other locations where your goods may be held and advise who is responsible for insurance

Location		
Alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Second alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Armed response company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Armed response company name		
CCTV surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Onsite CCTV monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offsite CCTV monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security guards during the day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security guards at night	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of security guards	Day	Night
Panic buttons with security guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Radio communication with security guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric fencing on perimeter of property (ies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safes and/or vaults (please provide details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mantrap doors to access property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Biometric finger readers	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide the maximum and average value to be held at each of these locations

Please advise the basis of valuation required

9. Transit risks

Exports

Please provide details of all transits FROM each of the locations named in the previous question: (this needs to include packing, method of transport, destination and value)

Please advise which of these transits are at your risk or if a carrier is responsible for the insurance

Please confirm the basis of valuation required

Please advise maximum limit of liability you would require for each type of transit

Imports

Please provide details of all transits INTO each of the locations named in the previous question: (Please include packing, method of transport, point of origin and value?)

Please advise which of these transits are at your risk or if a carrier is responsible for the insurance

Please confirm the basis of valuation required

Please advise maximum limit of liability you would require for each type of transit

10. Excess

11. Fidelity guarantee

Sum insured required

12. Entrustments

Sum insured required

For named

For unnamed

Names of trustees

13. Claims history

Please provide details of any incidents of property loss or damage that have occurred during the past five years (more if details are known). Information required is date of incident, description of incident and amount of loss.
Please also include incidents where there was a loss, but no claim?

14. Additional comments

Multiple empty lines for providing additional comments.

Protection of personal information

We at Bryte, respect your constitutional right to privacy. We are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information. We will check and validate the information you provide through legal means. We have high level security measures in place to protect your personal information. Your personal information herein collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. Your information shall be kept confidential, however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Sharing of information includes, but is not limited to, information sharing as arranged via the South African Insurance Association. You hereby give consent and fully understand the reason for Bryte to process, use, share and retain your personal information for its designated purpose and you confirm the accuracy of the information. You may request Bryte to amend, update, change or correct your personal information processed by us by sending a request to your broker or your nearest Bryte offices. A full version of the Consent to process Personal Information is available on this link (<http://brytesa.com/forms/personal-information/>) for download. Should you decide to cancel this insurance contract you further consent to Bryte retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

Declaration

I/we, the proposer(s), have read the proposal form and I/we declare that the answers which have been provided are true and correct. I/we agree that this proposal form shall be the basis of the insurance contract. I/we declare that all material information relevant to a proper assessment of the risk under the insurance contract has been provided and I/we accept that the insurer may void the insurance contract in consequence of any material misrepresentation and/or non-disclosure.

Signature(s) of proposer(s) _____ Date _____