

**Bryte Insurance Company Limited**

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 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			
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			
<b>Fire / Property</b>			
Building construction - Standard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flammable liquid stores	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of floors	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Is any form of heating taking place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Roof construction	Standard <input type="checkbox"/> Yes <input type="checkbox"/> No
Are electrics regularly checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non Standard	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Protections</b>			
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		
Sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Party approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serviced last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Theft</b>			
Are all opening windows burglar barred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all closed 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		
<b>Protections</b>			
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
<b>Money</b>			
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
<b>Protections</b>			
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