

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.

Important notes	
1. Please print in BLOCK LETTERS. 2. No policy is in force until we have received the fully completed and signed application form and confirmed cover. If we decline your application, we will notify you or your broker immediately. 3. Please (✓) the applicable blocks for yes/no answers. 4. If insufficient space is available on the form please provide answers on the last page under "Additional Information/Comments".	
Broker Details	
Agency/broker	
Agency number	
Cover Required	
Cover is available for the following classes of insurance. Please (✓) the classes you require insurance cover on and complete the relevant sections in the application form. No proposal is required for Sasria as it is automatically included if this policy is insured by Bryte Insurance Company Limited.	
Section	
<input type="checkbox"/> Buildings (Home) <input type="checkbox"/> Household Contents <input type="checkbox"/> Specific Items (All Risks) <input type="checkbox"/> Personal Computer Equipment <input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Motor Cycles <input type="checkbox"/> Caravan/Trailers <input type="checkbox"/> Personal Legal Responsibility <input type="checkbox"/> Extended Personal Legal Responsibility
	<input type="checkbox"/> Personal Accident <input type="checkbox"/> Motor Personal <input type="checkbox"/> Accident Legal Costs <input type="checkbox"/> Watercraft
Personal Details	
First name(s)	
Surname	
Identity number	
Date of birth	
Postal address	
	Postal code
Physical address	
	Postal code
Insured's occupation or business	
Contact details	
Telephone number (work)	
Telephone number (home)	
Telephone number (cell)	
Fax number	
Email address	

Co-insured		
First name(s)		
Surname		
Identity number		
Date of birth		
Postal address		
		Postal code
Co-insured's occupation or business		
Contact details		
Telephone number (work)		
Telephone number (home)		
Telephone number (cell)		
Fax number		
Email address		
Cover required		
Effective date		
Language preference	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans	
General Information		
Previous insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give full details i.e. name of insurer, policy number, inception and cancellation date(s)		
Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give full details		
Give details of all losses or claims suffered in the last 3 years (whether insured or not)		
Type of loss (fire, motor, accident, burglary, etc.)	Year	Amount paid (approximate)
Do you intend going on holiday within the next two months?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give full details		

Will the premises be left vacant for longer than 60 days in any calendar year? Yes No

If yes, give full details

Is the premises occupied during the day? Yes No

If yes, by whom?

Is any part of the premises used for business purposes? Yes No

If yes, give full details

Is the property isolated e.g. on a plot or agricultural holding(s)? Yes No

If yes, the Plot Questionnaire is to be completed

Pensioner information (tick appropriate box)

- Not a pensioner Pensioner over 55
 Employed over 50 Pensioner in a retirement village

Will the premises be unoccupied during the year (tick appropriate box)

- More than 60 days 90 days 120 days 150 days
 180 days 210 days 240 days 270 days
 300 days

Buildings (Home) and Household Contents Sections

In respect of property to be insured please state

Details	Premises 1	Premises 2
Physical address		
	Postal code	Postal code
Construction	Walls Standard or non-standard	Walls Standard or non-standard
	Roof Standard or non-standard If thatch, the Questionnaire is to be completed	Roof Standard or non-standard If thatch, the Questionnaire is to be completed
Dwelling type (please specify)	Cluster home	
	Private dwelling home	
	Farm dwelling	
	Flat/apartment	
	Retirement village ¹	
	Simplex/duplex	
	Holiday home	
	Townhouse	
	Parkhome	

¹A secure complex or retirement village means a complex with high perimeter walls with either razor coil wire or an electric fence on top of the perimeter walls. The complex must either have a 24-hour staffed security gate or access must be controlled by an intercom, remote control or registration at the gate.

Details		Premises 1	Premises 2
Occupied by you as		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Security protections requirements	Burglar bars on all opening windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Security gates on all opening doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Alarm with armed response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is a maintenance contract in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of security service provider		
	Secure complex/retirement village	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Buildings (Home) Section

Building (Home) is defined as the private residence, all garages and outbuildings; brick, concrete or tar driveways, paths or patios; walls, gates and fences (other than hedges); tennis and squash courts; structure or fabric of swimming pools, sauna or spa baths and bore hole pumps situated at the address stated in the schedule.

Interest noted (mortgagee)

Details		Premises 1	Premises 2
Sum insured		R	R
Optional cover		Maximum amount of cover	
Accidental damage not otherwise insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Optional – Minimum R5,000; Maximum R100,000			
Breakdown of fixed machinery		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Optional – Minimum R5,000; Maximum R100,000			
Additional power surge (optional to limited cover)		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Optional – Minimum R5,000; Maximum R100,000			
Full subsidence and landslip		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
(Geotechnical report required)			

Household Contents Section

The completion of the inventory form on the last page of this application will assist in establishing correct current replacement cost of contents.

Details		Premises 1	Premises 2
Sum insured		R	R
Are you entitled to a claim free discount?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name the company and attach proof of discount			
Business from home		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited to 35% of sum insured limited to R50,000			
Optional cover		Maximum amount of cover	
Accidental damage not otherwise insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Optional – Minimum R5,000; Maximum R100,000			
Electrical and mechanical breakdown		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Optional – Minimum R5,000; Maximum R100,000			
Additional power surge (optional to limited cover)		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Optional – Minimum R5,000; Maximum R100,000			
Subsidence and landslip		<input type="checkbox"/> Yes <input type="checkbox"/> No	R
(Geotechnical report required)			

Specific Items (All Risks) Section	
Description	Maximum amount of cover
Unspecified	R
Specified items	R
1.	R
2.	R
3.	R
4.	R

Notes

1. Attach valuation certificates for items such as specified jewellery (exceeding R5,000) and include photographs if available.
2. Where applicable, include serial numbers of specified items.
3. Describe items as fully and accurately as possible.

Personal Computer Equipment Section

Address of computer equipment	
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Description	Maximum amount of cover
Specified items	R
1.	R
2.	R
3.	R
4.	R
Computer software <input type="checkbox"/> Yes <input type="checkbox"/> No	R

Optional cover	
Reinstatement of data (limited to laptops and desktops) <input type="checkbox"/> Yes <input type="checkbox"/> No	R

Motor Vehicle Section

Details	Vehicle 1	Vehicle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	R	R
Agreed value (specific vehicle criteria if agreed)	R	R
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only <input type="checkbox"/> Comprehensive excluding theft	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only <input type="checkbox"/> Comprehensive excluding theft
Class of use	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

- Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession.
- Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession.
- Private use only: Social, domestic, pleasure purposes only.

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Details	Vehicle 1	Vehicle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Vehicle colour		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Security protection <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobiliser <input type="checkbox"/> Tracking device <input type="checkbox"/> Recovery identification	<input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobiliser <input type="checkbox"/> Tracking device <input type="checkbox"/> Recovery identification
Tracking device <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give the following details and provide certificate		
Tracking device make and model		
Tracking device serial number		
Tracking device installation date		
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Number of years driven an insured car		
License code type		
License date of first issue		
Number of claims between 1 to 12 months		
Number of claims between 13 to 24 months		
Number of claims between 25 to 36 months		

Details	Vehicle 1	Vehicle 2
Additional driver terms		
Additional drivers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, surname and identity number		
1.		
2.		
3.		
Optional cover	Maximum amount of cover	Maximum amount of cover
Vehicle accessories (post manufacturing)		
Covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Items description		
Tow bar <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Leather seats <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Bluetooth <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Credit shortfall (Comprehensive cover only) <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Additional locks and keys <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Excess waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Voluntary excess <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Additional wreckage removal <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Additional third party liability <input type="checkbox"/> Yes <input type="checkbox"/> No (Maximum limit up to R10,000,000)	R	R
Optional cover extension		
Car hire		
Covered <input type="checkbox"/> Yes <input type="checkbox"/> No	Days <input type="checkbox"/> 30 <input type="checkbox"/> 45	Days <input type="checkbox"/> 30 <input type="checkbox"/> 45
Motor Cycle Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	R	R
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only
Class of use	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession. B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession. C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details	Cycle 1	Cycle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		
Optional cover	Maximum amount of cover	Maximum amount of cover
Credit shortfall <input type="checkbox"/> Yes <input type="checkbox"/> No (Comprehensive cover only)	R	R
Additional locks and keys <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Additional wreckage removal <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R

Quads and Off Road Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	R	R
Type of cover	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive
Class of use	<input type="checkbox"/> C	<input type="checkbox"/> C
C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		

Motorised Ride On Equipment such as Golfcarts, Sedgeway and Ride On Lawnmowers Section		
Details	1	2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	R	R
Type of cover	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive
Class of use	<input type="checkbox"/> C	<input type="checkbox"/> C
C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		

Caravan/Trailer Section		
Details	Caravan/Trailer 1	Caravan/Trailer 2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	R	R
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only
Class of use	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<p>A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession.</p> <p>B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession.</p> <p>C. Private use only: Social, domestic, pleasure purposes only.</p>		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Optional cover	Maximum amount of cover	Maximum amount of cover
Credit shortfall <input type="checkbox"/> Yes <input type="checkbox"/> No (Comprehensive cover only)	R	R
Additional locks and keys <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Windscreen <input type="checkbox"/> Yes <input type="checkbox"/> No	R	R
Personal Legal Responsibility Section		
	Covered	Maximum amount of cover
Personal legal responsibility (Compulsory)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> R2,500,000 <input type="checkbox"/> R3,000,000 <input type="checkbox"/> R4,000,000 <input type="checkbox"/> R5,000,000
Optional cover		
Business from home (included) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Extended Personal Legal Responsibility Section		
	Covered	Maximum amount of cover
Extended personal legal responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> R10,000,000 <input type="checkbox"/> R20,000,000
Personal Accident Section		
Insured person		
Name and surname		
Identity number		
(Date of birth/passport number)		
Occupation		
Specific circumstances covered	Covered	Maximum amount of cover
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Permanent total disablement (PTD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Temporary total disablement (TTD) per week	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
TTD not exceeding 104 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Additional medical expenses (medical certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Motor Personal Accident Section		
Cover type	<input type="checkbox"/> Any driver <input type="checkbox"/> Any passenger and driver <input type="checkbox"/> Named person(s)	
If named person		
Name and surname		
Identity number		
Year of manufacture		
Make and model		
Registration number		
Number of units	Maximum amount of cover: Death and permanent total disablement	Maximum amount of cover: Medical expenses
1.	<input type="checkbox"/> R250,000	<input type="checkbox"/> R10,000
2.	<input type="checkbox"/> R500,000	<input type="checkbox"/> R20,000
3.	<input type="checkbox"/> R750,000	<input type="checkbox"/> R30,000
4.	<input type="checkbox"/> R1,000,000	<input type="checkbox"/> R40,000
5.	<input type="checkbox"/> R1,250,000	<input type="checkbox"/> R50,000
6.	<input type="checkbox"/> R1,500,000	<input type="checkbox"/> R60,000
7.	<input type="checkbox"/> R1,750,000	<input type="checkbox"/> R70,000
8.	<input type="checkbox"/> R2,000,000	<input type="checkbox"/> R80,000
Legal Costs Section		
Specific items covered	Covered	Maximum amount of cover
Plan type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> R70,000 <input type="checkbox"/> R40,000 <input type="checkbox"/> R20,000 <input type="checkbox"/> R15,000

Watercraft Section		
Vessel name		
Vessel type		
Cruising range (Limited to South African territorial waters only – 12 nautical miles)	Inland waters only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inland and coastal waters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the vessel be used on inland waters only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, Questionnaire is to be completed.		
Hull construction		
Year of manufacture		
Vessel length		
Unit of measure		
Design speed		
Auxiliary motors		
Glitter		
Claim free group		
Class of use	<input type="checkbox"/> C	
C. Private use only: Social, domestic, pleasure purposes only.		
What is your boat handling experience as a skipper?		
Skipper certificate		
Specific items covered	Covered	Maximum amount of cover
Hull	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Trailer description		
Trailer registration number		
Dinghy	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Auxiliary motor (yachts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Special equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special equipment items description	Maximum amount of cover	
1.	R	
2.	R	
Inboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Outboard motor details		
Make and model		
Year		
Serial number		
Total maximum amount of cover for watercraft section	R	
Optional extension	Covered	Maximum amount of cover
Road or rail transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Racing risk sails (yacht racing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Submerged objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Third party additional sum insured (maximum limit up to R750,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Passenger additional sum insured (maximum limit up to R750,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Water skiers extended sum insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	R

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.

For a full version of the Consent to process Personal Information is available on this link (<http://brytesa.com/insurance-partnerships/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.

Monthly Debit Authority

The information required below is to enable your monthly premiums to be debited to your bank account. To validate cheque/current account information please attach a cancelled cheque. Important: if you change your bank account please advise the Company immediately and forward a cancelled cheque from your cheque book or advise details of your new account.

In the event that the banking details below are in the name of another person, written consent from the account holder is required. In the event that the banking details below are in the name of a company, written consent (from the director) on the company's letterhead and a cancelled cheque are required.

I hereby declare that Bryte Insurance Company Limited is authorised to debit the monthly premium to my bank account stated below and to adjust such debit as necessary due to changes in cover, risk, sums insured or premiums.

Name of bank	
Branch name	
Branch number	
Account number	
Name of account holder	
Type of account	

Signed at _____ on the _____ day of _____ 20 _____

Signature of account holder

Declaration

Consent to information sharing

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by Bryte's service provider on behalf of the South African Insurance Association.

By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between Bryte Insurance Company Limited and myself.

Signed at _____ on the _____ day of _____ 20 _____

Signature of policyholder

Contents Inventory at New Replacement Value				
Bedroom	1	2	3	4
Mattresses				
Bedside radios				
Tables, chairs, wardrobes				
Curtains, loose carpets				
Paintings, ornaments				
Linen, blankets, bedding				
Clothing, footwear				
Furs, jewellery				
Lamps				
Toys				
TV set, video, hi-fi				
Other				
			Total R	
Study/workroom				
Desk, bookcases				
Tables, chairs				
Curtains, loose carpets				
Paintings, ornaments				
Sewing, knitting machine				
Camera, projector				
Firearms, binoculars				
Typewriter, PC, fax machine				
Sporting equipment				
Reading lamps				
Other				
			Total R	
Bathroom/toilet	1	2		
Curtains, loose carpets				
Towels, linen				
Shaving equipment				
Hairdryer				
Toiletries				
Other				
			Total R	
Passage/entry hall				
Tables, chairs				
Curtains, loose carpets				
Paintings, ornaments				
Household heaters				
Linen stored				
Other				
			Total R	

Laundry	
Washing machine	
Tumble drier	
Iron, ironing board	
Curtains	
Linen stored	
Other	
	Total R
Lounge	
Lounge suite	
TV, video, video games, DVDs	
Hi-Fi/Tape deck, CD player	
Records, tapes, CDs, DVDs	
Display cabinet, articles	
Curtains, loose carpets	
Paintings, ornaments	
Reading lamps	
Liquor, glassware	
Other	
	Total R
Family room	
TV, video, video games, DVD	
Hi-Fi/Tape deck, CD player	
Records, tapes, CDs, DVDs	
Tables, chairs	
Curtains, loose carpets	
Paintings, ornaments	
Musical instruments	
Reading lamps	
Liquor, glassware	
Other	
	Total R
Dining room	
Dresser, sideboard	
Tables, chairs	
Crockery, glassware	
Cutlery, silverware	
Linen stored	
Reading lamps	
Display articles	
Hot tray	
Curtains, loose carpets	
Tea trolley	
	Total R

Kitchen	
Fridge/freezer	
Dishwasher	
Mixer, blender	
Vacuum cleaner, polisher	
Electrical appliances	
Cutlery, crockery, glassware	
Furniture, chairs	
Groceries	
Utensils	
Microwave oven	
Other	
	Total R
Garage/workshop	
Power/hand tools	
Workbench, vice	
Bicycles	
Lawnmower, roller	
Garden furniture	
Garden implements	
Braai equipment	
Camping equipment	
Swimming pool equipment	
Welding equipment	
Other	
	Total R
Domestic employee	
Bed, mattress	
Wardrobe	
Tables, chairs	
Curtains, loose carpets	
Paintings, ornaments	
Linen, blankets, bedding	
Clothing, footwear	
Radio, TV, video	
Other	
	Total R
	Grand Total R
Additional Information/Comments	