

**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.

Bryte branch	
Agency/broker	Agency number
Cover is available for the following classes of cover. Please tick (✓) the classes you require cover on and complete the relevant sections in the application form.	
<b>Commercial Cover Agreement</b>	
Section	<input type="checkbox"/> Fire <input type="checkbox"/> Business interruption <input type="checkbox"/> Accounts receivable <input type="checkbox"/> Money <input type="checkbox"/> Glass <input type="checkbox"/> Accidental damage <input type="checkbox"/> Office contents <input type="checkbox"/> Theft <input type="checkbox"/> Public liability <input type="checkbox"/> Employers liability <input type="checkbox"/> Fidelity guarantee <input type="checkbox"/> Goods in transit <input type="checkbox"/> Business all risks <input type="checkbox"/> Body corporate <input type="checkbox"/> Electronic equipment <input type="checkbox"/> Stated benefits <input type="checkbox"/> Group personal accident <input type="checkbox"/> Buildings combined <input type="checkbox"/> Motor <input type="checkbox"/> Motor personal accident <input type="checkbox"/> SASRIA
Period of cover	
	from _____ to _____
<b>Important notes</b>	
<b>Please print in BLOCK LETTERS</b>	
1. Please answer all questions in full. 2. Black blocks are for Bryte office use only. 3. No agreement is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.	
<b>General information</b>	
Name of applicant	
Postal address	
	Postal code
Telephone	Alt number/fax
Name of trade or business (full details required)	
1. How long has your business been established?	
2. Are you currently covered, if so who is your company?	
3. Has any company ever	(a) declined any proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) refused to renew any agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) cancelled any agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any member of your firm ever made a compromise with creditors or been declared insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you keep a complete set of books showing a true and accurate record of business transacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Give details of ALL losses or claims suffered in the last 3 years (whether covered or not)								
<b>Type of loss (Fire, Motor, Accident, Burglary, etc.)</b>				<b>Year</b>			<b>Cost</b>	
<b>Risk address</b>							<b>Code</b>	
1.	Physical address					Occupation		
						Postal code		Risk class
	Construction <input type="checkbox"/> Walls <input type="checkbox"/> Roof					Town class		
2.	Physical address					Occupation		
						Postal code		Risk class
	Construction <input type="checkbox"/> Walls <input type="checkbox"/> Roof					Town class		
<b>Fire</b>								
<b>Risk</b>	<b>Buildings</b>	<b>Rent</b>	<b>Number of months</b>	<b>Plant &amp; machinery</b>	<b>Stock</b>	<b>Decl. M/Q/A</b>	<b>Tenants improv.</b>	<b>F&amp;E Rate</b>
1 R								
2 R								
Notes: 1. M/Q/A above refers to stock declaration conditions on either a monthly, quarterly or annual basis. 2. If there are specified items to be covered, please note these below.								
<b>Additional perils</b>								
				<b>Rate</b>				<b>Rate</b>
Earthquake		<input type="checkbox"/> Yes <input type="checkbox"/> No			Special perils		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leakage		<input type="checkbox"/> Yes <input type="checkbox"/> No			Leakage sum covered		R	
Malicious damage		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Specified items</b>								
<b>Item</b>	<b>Description of items</b>					<b>Sum covered</b>		<b>Rate</b>
1.						R		
2.						R		
3.						R		
4.						R		
5.						R		
6.						R		
7.						R		
8.						R		
	Main location sum covered				R	EML percentage		%
<b>Extensions and clauses</b>								
Disposal of salvage		<input type="checkbox"/> Yes <input type="checkbox"/> No		Rate				
Escalator clause		<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum covered		R	Escalation %	
Conversion factor						Rate		
<b>Protections:</b> Please tick (✓) whichever is applicable to your premises.								
Fire alarm <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2				Sprinkler system <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2				
<b>Additional claims preparation costs</b>								
Sum covered		R		Rate		or flat contribution		

Business Interruption							
Risk	Gross profit	Indemnity period	Deposit contribution	Gross profit basis*	Gross rental	Revenue	Rate
1 R			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> D			
2 R			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> D			
<b>*Note:</b> "A" refers to Additions basis, "D" refers to Difference basis							
							<b>Rate</b>
<b>Add incr cost of working</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered		R		
<b>Wages</b> (week basis)	R			Number of weeks			
<b>Fines and penalties</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered		R		
<b>Additional claims preparation costs</b>		Sum covered	R			Rate/contribution	
<b>Extensions and clauses</b>							<b>Rate</b>
Specified suppliers*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered		R		
Unspecified suppliers*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependency	%	Sum covered	R	
Prevention of access		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered		R		
Participants**		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered		R		
<b>Public utilities</b>							<b>Rate</b>
Covered perils		<input type="checkbox"/> Yes <input type="checkbox"/> No	Ext. Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered	R	
<b>* Details of suppliers/sub-contractors</b>							
<b>Name</b>			<b>General location</b>			<b>Dependency %</b>	
<b>** Details of participants</b>							
<b>Name</b>			<b>General location</b>			<b>Dependency %</b>	
Main location sum covered			R	EML percentage		%	
<b>Accidental Damage Extension</b>							
Cover required		<input type="checkbox"/> Yes <input type="checkbox"/> No	Conversion factor	100%	Sum covered	R	
<b>*Note:</b> (Sum covered must follow Accidental Damage Section sum covered)					Rate		
<b>Accounts receivable</b>							
<b>Outstanding debit balances</b>		Sum covered	R			Rate	
<b>Extensions and clauses</b>							
Riot and Strike Cover		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate			Do you retain duplicate records? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a fire proof safe?		<input type="checkbox"/> Yes <input type="checkbox"/> No			Do you require transit cover? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Main location sum covered			R	EML percentage		%	
<b>Additional claims preparation costs</b>		Sum covered	R	Rate/contribution		%	

Buildings combined						
<b>Buildings sum covered</b>		R	<b>Liability</b> sub-section D		R1,000,000	
Specified item		<input type="checkbox"/> Yes <input type="checkbox"/> No	NB: See block provided below for description of items			
Extensions and clauses						
Prevention of access		<input type="checkbox"/> Yes <input type="checkbox"/> No	Flat contribution charge		R	
No	Miscellaneous items description		Sum covered	Rate/flat contribution	Excess	
1.			R			
2.			R			
3.			R			
4.			R			
5.			R			
6.			R			
7.			R			
8.			R			
9.			R			
10.			R			
11.			R			
12.			R			
13.			R			
14.			R			
15.			R			
16.			R			
17.			R			
18.			R			
19.			R			
20.			R			
21.			R			
22.			R			
23.			R			
24.			R			
25.			R			
26.			R			
27.			R			
28.			R			
29.			R			
30.			R			
31.			R			
<b>Additional claims preparation costs</b>			Sum covered	R	Rate/contribution	
Escalation						
Sum covered	R	Escalation	%	Rate	x Conversion	
Main location sum covered			R	EML percentage		%





Office contents continued				
<b>Specified items continued</b>				
Description	Sum covered	Rate/flat contribution	Excess % min	
	R			
	R			
	R			
	R			
	R			
	R			
	R			
<b>Additional claims preparation costs</b>	Sum covered	R	Rate/contribution	
<b>Theft</b>				
<b>Risk</b>	<b>Sum covered</b>	<b>Basis of cover</b> Full value of first loss	<b>Excess</b>	<b>Rate</b>
1				
2				
<b>Please answer the following questions and provide full details where requested to do so</b>				
1. What physical protections have been implemented to protect the premises and their contents from theft?				
Premises 1				
Premises 2				
2. Are the premises alarmed?			(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, do you subscribe to an armed response or security company?			(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of company			(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a maintenance agreement with this company?			(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. When was your alarm installed?			(1)	(2)
6. Are opening and closing signals monitored?			(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Extensions and clauses</b>				
Buildings – increased limit	Premises 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered	R
	Premises 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum covered	R
<b>Specified items</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list details in section provided below.		
<b>Additional claims preparation costs</b>	Sum covered		Rate/ contribution	
<b>Specified items</b>				
Description	Sum covered	Rate/flat contribution	Excess % min	
	R			
	R			
	R			
	R			
	R			
	R			

Money								
Risk	Major limit sum covered	1. Seasonal increase			2. Seasonal increase			
		From	To	Sum covered	From	To	Sum covered	
1	R			R			R	
2	R			R			R	
<b>Extensions and clauses</b>								
Receptacles (R2,000 standard, if more state sum covered)				Sum covered	R	Flat/contribution		
<b>Special limit</b>								
	Description				Limit of indemnity		Flat contribution	
1(a)	Outside business hours				R1,500			
1(b)	Residence of directors/employees				R1,500			
1(c)	Petrol attendant(s)							
1(d)(i)	Transit – collectors/roundsmen							
1(d)(ii)	Transit – business trip				R1,500			
2(a)	Safe/strongroom description ((a) and/or (b) as reflected below)							
2(a)(i)								
2(a)(ii)								
3.	Crossed cheques				R100,000			
<b>Specified items</b>								
	Description				Limit of indemnity		Flat contribution	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
<b>Additional claims preparations costs</b>				Sum covered	R	Rate/contribution		
<b>Personal accident assault</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No		If required, please provide the following:		
Capital sum	R	Weekly sum		R	Medical expenses			
No. of employees				Contribution				
<b>Glass</b>								
<b>Premises 1</b>		<b>Sum covered</b>		<b>Excess</b>	<b>Premises 2</b>		<b>Sum covered</b>	<b>Excess</b>
		R					R	
<b>Extensions and clauses</b>								
Special reinstatement				<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Additional claims preparation costs</b>				Sum covered	R	Rate/contribution		

Fidelity guarantee					
Basis of cover		Blanket <input type="checkbox"/> Yes <input type="checkbox"/> No		OR named/position <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details to be shown in space provided below					
Extensions and clauses					
Retroactive cover		<input type="checkbox"/> Yes <input type="checkbox"/> No		Reduction/reinstatement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost of recovery		<input type="checkbox"/> Yes <input type="checkbox"/> No		If required – cost of recovery amount R	
24 month discovery		<input type="checkbox"/> Yes <input type="checkbox"/> No		36 month discovery <input type="checkbox"/> Yes <input type="checkbox"/> No	
Superseded agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of years	
				Agreement number	
Company			Sum covered R		
<b>Basis of cover:</b> if blanket basis, state "all employees". If named or position basis, list positions of persons to be covered or name persons individually. If more space is required, attach a separate page.					
Item	Description	Number of employees	Sum covered	Contribution	Excess
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Additional claims preparation costs</b>		Sum covered	R	Rate/contribution	
Goods in transit					
<b>Limit of indemnity</b>		R	Excess % of claim minimum		
Means of conveyance		R	R goods carried		
Company		Commodity class		Risk class	
Estimated annual carry		R	or number of vehicles		
Extensions and clauses					
Restricted cover		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Debris removal		<input type="checkbox"/> Yes <input type="checkbox"/> No		Debris limit R	
Fire extinguishing costs		<input type="checkbox"/> Yes <input type="checkbox"/> No		Flat contribution R	
<b>Additional claims preparation costs</b>		Sum covered	R	Rate/contribution	
<b>Specified items</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list details in space provided below.					
Description			Sum covered	Rate/flat contribution	Excess % min
			R		
			R		
			R		
			R		
			R		







<b>Motor</b>			
1. Registration number/year of manufacture			
2. Make and model of vehicle			
3. Number of cylinders/cubic capacity/number of seats			
4. Value (maximum indemnity)	R		
5. Type of cover required (tick (✓) the appropriate box)	Comprehensive		<input type="checkbox"/>
	Third party, fire and theft		<input type="checkbox"/>
	Third party only		<input type="checkbox"/>
	Vehicle definition	(a)	(b) (c)
6. No claim discount (proof required)			
7. Chassis number/engine number			
8. Vehicle ID number (VIN code)			
	Own damage excess	%	Minimum R
9. Is the vehicle used for private use?	<i>Give details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. What security devices are fitted?			
	Third party (liability) excess	%	Minimum R
11. Passenger liability required?	Limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
OR			
12. Unauthorised passenger liability?	Limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
13. Windscreen cover required – for commercial vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	Excess
and/or LDVs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Loss of keys (standard R250)	Is higher limit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
15. Wreckage removal		<input type="checkbox"/> Yes <input type="checkbox"/> No	R1,000
16. Credit shortfall required	(Value must be adequate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Accessories (e.g. car radio, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>List items to be covered in space provided</i>
18. Is the vehicle modified in any way?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Details</i>
19. Is it imported?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Do you require car hire following theft cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(applicable to private type cars only)</i>
and/or car hire total loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(applicable to private type cars only)</i>
21. Is the vehicle fitted with a tracking device?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Type
<b>Specified items</b> ( <i>accessories e.g. car radio</i> )			
Description	Sum covered	Rate/flat contribution	Excess % min
<b>NB: If cover for more than one vehicle is required, attach a separate page(s)</b>			



**Motor personal accident section continued**

**Basis of cover: if (i) named persons or (ii) any driver and passengers are elected, list persons to be covered in space provided below. If more space is required, attach a separate page.**

Details to be shown in the space provided below

Name of person	Date of birth	Benefits Number of units (refer below)	Name of person	Date of birth	Benefits number of units (refer below)

**Selected benefits (select the amount of cover you require for each individual benefit available)**

*Applicable to persons over 15 and under 75 years of age*

Units	Death & Permanent Total Disability (PTD)	Medical expenses
1	R250,000	R10,000
2	R500,000	R20,000
3	R750,000	R30,000
4	R1,000,000	R40,000
5	R1,250,000	R50,000
6	R1,500,000	R60,000
7	R1,750,000	R70,000
8	R2,000,000	R80,000

**SASRIA**

Please indicate if you require SASRIA (South African Special Risks Insurance Association) cover by completing the relevant section(s) below

<b>Material damage</b>		Sum covered	Rate
<b>Section</b>			
Fire		R	
Buildings combined/body corporate		R	
Office contents		R	
Business all risks		R	
Electronic equipment		R	
Glass		R	
Money	Underlying contribution	R	
Goods in transit		R	

**Standing charges/working expenses**

Tick (✓) whichever is applicable. Note: full list of standing charges or working expenses are required

Standing charges	R	OR	working expenses	R	Liability period	
Standing charges	R	OR	working expenses	R	Liability period	
Sum covered	R			R		

List of standing charges OR uncovered working expenses

SASRIA continued

**Motor**

If the number of vehicles to be covered is 4 or less, please provide the following information

Make and model	Registration Number	Value	Contribution
		R	
		R	
		R	
		R	

If the number of vehicles to be covered is 5 or more, please provide the number of vehicles to be covered within each category

Category	Description	Number of vehicles			Total contribution
1	Cars and taxis seating up to 12		x R15	=	R
2	Goods vehicles		x R30	=	R
3	Taxis seating 13 to 19		x R30	=	R

Category	Description	Total value of all vehicles	Contribution		Total contribution
4	Car/vehicle ferrying companies and/or auto carrying companies and motor traders	R	x 0,006%	=	R
5	Buses	R	x 0,250%	=	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.

**Declaration**

I/We declare that all particulars and answers in this proposal and application are true and complete in every respect, and that no material fact has been suppressed or withheld. I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves, such person shall be deemed to have been my/our Agent for the purpose. I/We agree that this declaration and the details given shall be the basis of the agreement between myself/ourselves and Bryte Insurance Company Limited (referred to as the Company). I/We further agree to accept an agreement subject to the usual conditions prescribed by the Company and endorsed on their agreement, and to pay contribution thereunder. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property for which cover is proposed.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

Applicant name and surname \_\_\_\_\_

Applicant signature \_\_\_\_\_