

Business Name
Principle
Description
Previous Insurance
Risk Premises
Postal Address
Contact Numbers

Covers	Sum Insured Limit of indemnity
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**1. FIRE**

Buildings ( incl fixtures & Fittings, Walls, Gates & Driveway ) Building structure, Roof construction, Wall Construction Number of geysers and sum insured Rent : Indemnity Period ( ) Months <input type="checkbox"/> Receivable <input type="checkbox"/> Payable Plant Machinery ,landlords Fixtures & Fittings Stock & Materials in trade – Declaration clause (75%) <input type="checkbox"/> Yes <input type="checkbox"/> No Miscellaneous : <b>Extensions:</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 Subsidence & Landslip ( Survey Required) <input type="checkbox"/> Yes <input type="checkbox"/> No Malicious Damage <input type="checkbox"/> Yes <input type="checkbox"/> No Property in the open <input type="checkbox"/> Yes <input type="checkbox"/> No Disposal of salvage <input type="checkbox"/> Yes <input type="checkbox"/> No Escalator <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Claim Preparation Costs <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**2. BUILDING COMBINED**

Malicious Damage <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidence & Landslip <input type="checkbox"/> Yes <input type="checkbox"/> No Prevention of access <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Claim Preparation Costs <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**3. CONTENTS**

Contents <input type="checkbox"/> Including Theft <input type="checkbox"/> Excluding theft <input type="checkbox"/> Theft by force <input type="checkbox"/> Theft-Unrestricted Accidental Damage	
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**4. BUSINESS INTERRUPTION**

Gross Profit <input type="checkbox"/> Difference Basis (excl Purchases,Discount Rec.,Bad Debts) <input type="checkbox"/> Additions Basis Gross Rentals Revenue Additional Increase in Cost of Working Wages (No. of weeks ) Fines and penalties for breach of contract INDEMNITY PERIOD ( ) MONTHS <b>EXTENSIONS</b> Additional Claim preparation costs <input type="checkbox"/> Yes <input type="checkbox"/> No Deposit Premium Clause (basis 75%) <input type="checkbox"/> Yes <input type="checkbox"/> No Specified supplier / contractor      % of sum Insured <input type="checkbox"/> Yes <input type="checkbox"/> No Unspecified Suppliers <input type="checkbox"/> Yes <input type="checkbox"/> No Prevention of access – extended cover <input type="checkbox"/> Yes <input type="checkbox"/> No Customers      % of Sum Insured <input type="checkbox"/> Yes <input type="checkbox"/> No Public Telecommunications : <input type="checkbox"/> Insured Perils <input type="checkbox"/> Extended cover <input type="checkbox"/> Yes <input type="checkbox"/> No Public Utilities : <input type="checkbox"/> Insured Perils <input type="checkbox"/> Extended cover <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**5. ACCOUNTS RECEIVABLE**

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6. THEFT	
First Loss	
Damage to buildings	
Buildings (Increased limit)	
Tenant's fixtures and fittings forming part of the building (non-forcible) - Include/exclude	
<b>SUBJECT</b>	<b>Sum Insured</b>
7. MONEY	
<b>Minor Limits</b>	
Money out of safe outside business hours	
In the residence of directors or employees	
In custody of employee on business trip	
Seasonal Increase : From _____ to _____	
<b>Safe Limitations</b>	
No SABS Category	
SABS Category 1	
SABS Category 2	
SABS Category 1 ADM	
SABS Category 3	
SABS Category 4	
<b>Major Limits</b>	
Any Other Loss Limit	
Additional claim preparation costs	
Collectors and rounds man	
Receptacles	
Personal Accident Assault :Capital Sum	
Weekly Sum	
Medical Expenses	
8 GLASS	
Internal/external glass including signwriting/mirrors	
Sanitary ware	
Advertising signs, blinds and canopies	
9. FIDELITY	
10. GOODS IN TRANSIT	
Annual Carry :	
Maximum Carry	
Estimated Haulage fees : R3.5 million	
Debris Removal	
Basis of cover: All Risks <input type="checkbox"/>	
Fire, Collision,Overturning, Theft Following	<input type="checkbox"/>
F.C.O. Plus Hijack	<input type="checkbox"/>
Method of Conveyance: Insured's Own Vehicle <input type="checkbox"/>	
Third Party <input type="checkbox"/>	
<i>Cargo : Cigarettes , electronic goods , tyres , home or office furniture , NO PRODUCE , paper , plastic , hardware</i>	
11. BUSINESS ALL RISKS	
Item	
Increased cost of working <input type="checkbox"/> Yes <input type="checkbox"/> No	
Theft (non-forcible entry into an unattended vehicle)- Include/exclude	
12. ACCIDENTAL DAMAGE	
13. EMPLOYERS LIABILITY	

14. PUBLIC LIABILITY – Claims Made Basis–						
General & Tenants (including work away) Retroactive Date :						
Products						
Food and Beverage (on premises only)						
Defective Workmanship						
Legal defence costs						
Wrongful Arrest & defamation						
15. STATED BENEFITS						
Cover						Sum Insured Limit of indemnity
16. GROUP PERSONAL ACCIDENT/STATED BENEFITS						
Insured Persons :						
Death & Permanent Disability : ( ) x annual wages						
Temporary Total Disability : Payable for ( ) years						
Medical Expenses						
Burns Disfigurement						
Annual Wages :						
Staff : ( ) Management ( ) Drivers ( ) Driver Assistants ( ) Factory ( ) Total						
Cover including to/from work <input type="checkbox"/> Working hours only <input type="checkbox"/> 24 hour basis						
17. MOTOR						
Year	Make/ Model / Security	Registration	Code	Reg Owner	Tracking	
Passenger Liability					<input type="checkbox"/>	<input type="checkbox"/>
Unauthorised Passenger Liability					<input type="checkbox"/>	<input type="checkbox"/>
Contingent Liability					<input type="checkbox"/>	<input type="checkbox"/>
Windscreen (comprehensively insured vehicles only)					<input type="checkbox"/>	<input type="checkbox"/>
Loss Of Use					<input type="checkbox"/>	<input type="checkbox"/>
Loss of Keys					<input type="checkbox"/>	<input type="checkbox"/>
Credit Short fall					<input type="checkbox"/>	<input type="checkbox"/>
Wreckage removal					<input type="checkbox"/>	<input type="checkbox"/>
Parking and movement of third party vehicles					<input type="checkbox"/>	<input type="checkbox"/>
18. ELECTRONIC						
CLAIM HISTORY (Past 5 Years )						
Questions						
Has any insurer ever cancelled or refused to renew any of your policies ?						
Have you ever been declared insolvent ?						
How long has your business been established ?						
Are all persons likely to drive any insured vehicle to your knowledge free from physical defect and in good health ?						
Have you or any person likely to drive any insured vehicle, to your knowledge, been convicted of any driving offence ?						
Will your property ever be unoccupied for more than 30 consecutive days ?						
Do you						
Construction of building		Roof				
		Walls				
Tenants in Building						
<b>Security at premise</b>		Burglar bars on	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		Linked burglar	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		Security gates	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		Roller shutter gates - one front & back .				
Flamible materials on premise						
Comments						