



Guesthouse / Bed and Breakfast Proposal form

GENERAL INFORMATION

Name of Proposer: _____
(This must represent a legal entity i.e.: (Pty), Ltd,CC or if individual then ID number.)

Contact Person: _____

Contact Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Business Description: _____

Physical Address: _____

Postal Address: _____

VAT Number: _____ Company reg no/ ID number: _____

How long has the business been established? _____

Is the insured the owner of the property or do you rent _____

How long has current owner/ management been involved in the business? _____

How many Permanent employees does the business employ: _____

What percentage of your bookings takes place through third parties? _____.

What details of patrons are obtained upon booking _____

Are Indemnity Forms completed and signed by guests on arrival? YES NO

Please advise details of access to office/admin area: 24hr access or locked when not in use?

BUILDING AND PREMISES DETAILS:

Total replacement value of buildings to be insured R _____

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When were the buildings constructed _____

Construction of buildings (if more than one please advise all): Roof _____ Walls _____

Approximate total square meterage of all the buildings m² _____

Number of free standing structures _____

How many number of guest rooms are there _____

Are the buildings regularly maintained by qualified tradesman e.g.: Plumbers/ Electrician YES NO

When last was an electrical compliance certificate issued in respect of the buildings/...../20.....

Is there a dedicated & documented fire management and/or emergency and evacuation plan? YES NO

Are all staff trained in the usage of firefighting equipment YES NO

Are all the staff aware of their roles and responsibilities in the event of a fire/emergency YES NO

Details of geysers to be insured:

Size _____ Number _____ Situation _____

If a lapa is on the property please complete the following:

Is the lapa attached to the main dwelling YES NO

Is the lapa larger than 20m² YES NO

Please advise the distance from the lapa to the building _____

Does the lapa have a braai/heating facility YES NO

If yes, does the chimney penetrate the roof line YES NO

If yes, does the chimney have brick or steel flu's YES NO

Do you have the following at or on the premises? If yes, please complete the questions below

RESTAURANTS open for use by the general public

Is access control or additional security provided? YES NO

Please provide details _____

Is there an armed response Alarm system installed? YES NO

Is there panic buttons in use? YES NO

Who is contacted to provide monitoring or response? _____

Provide details of the physical protection e.g burglar bars, electric fence, security gates

What are your usual hours of operation? _____

How often are the extractor fans and rock grills cleaned and maintained?

Conference center or a wedding venue YES NO

Do you offer any other activities (swimming, horseback riding, cycling) Please provide details

Do you offer any extreme activities (Indemnity Forms are required)? (Quad biking, canopy tours etc) please provide details

Please advise the annual turnover for these extreme activities _____

Is there a Swimming pool on the premises YES NO

Please describe access control to pool eg fenced in, locked when not in use _____

Are there disclaimers for the activities at the premises, and are they clearly visible YES NO

Where are the Disclaimers situated? _____

REVENUE:

How is access to the premises gained? E.g main road, farm road, traversing a river _____

If the following extensions are required, please complete the following:

Loss of Tourist Attraction YES NO Limit of Indemnity _____

Bush Fire YES NO Limit of Indemnity _____

Spread of Fire YES NO Limit of Indemnity _____

COMPUTER EQUIPMENT:

Do you have Portable Electronic Equipment? YES NO

Is it Insured Elsewhere? YES NO

If No, please list the equipment to be insured:

PREVIOUS INSURANCE/ CLAIMS

Name of previous Insurer _____

Has any Insurer ever cancelled, declined or refused to renew your insurance or imposed special Terms _____

If Yes, Please give details _____

In respect of the cover required, please provide details of losses/incidents sustains in the past three (3) years whether claimed or not: _____

What is the reason for the change/cancellation of Insurance from the previous insurer? _____

POLICY FREQUENCY REQUIRED

(Tick the appropriate box)

Annual	YES NO
Monthly	YES NO

Monthly Policies require a signed debit order authority form to be completed

DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the particulars and answers are true and correct and that I/We have not withheld any information which is likely to influence the decision of the Insurers in regard to this proposal.

Signature of the Insured/ broker

Capacity: _____

Date/...../20.....