



GAME FARMS AND LODGES PROPOSAL

Game farms and lodges proposal form

GENERAL INFORMATION

Name of Proposer: _____
(This must represent a legal entity i.e.: (Pty), Ltd,CC etc.)

Contact Person: _____

Contact Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Business Description: _____

Physical Address: _____

Code: _____

Postal Address: _____

Code: _____

VAT Number: _____ Company reg no: _____

How long has the business been established? _____

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

How many Permanent employees does the business employ:

Have there been any labour disputes within the last 12 months YES NO
Are you aware of any Land Claims pending? YES NO



BUILDING DETAILS:

Total replacement value of buildings to be insured R_____

When last were these professionally valued/...../20.....

Approximate total square meterage of all the buildings m² _____

Construction of the Building: Roof _____ Walls _____

Number of free standing structures _____

How many number of guest rooms are there _____

When were the buildings constructed _____

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

Please provide details of the maintenance plan

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

Is there a dedicated & documented fire management, 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

Please provide details:

Do you have a 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? (Quad biking, canopy tours etc) please provide details

Please advise the annual turnover for these extreme activities _____

Are there any Disclaimer Notice Boards displayed? _____

And are there Indemnity Disclaimer Forms Signed? _____

If the building is thatch, please complete a thatch questionnaire, however if there is a lapa the following is to be completed

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

If there is a restaurant on the Premises, please complete the following:

Is access control or additional security provided? YES NO
Please provide details _____

Do you have armed response Alarm system installed? YES NO

Who is contacted to provide monitoring or response? _____

Provide details of the physical protections

What are your usual hours of operation? _____

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

LOSS OF PROFITS:

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 _____

Please advise Attraction name: _____

Bush Fire YES NO Limit of Indemnity _____

Spread of Fire YES NO Limit of Indemnity _____

PREVIOUS INSURANCE/ CLAIMS

Name of previous Insurer _____

Has any Insurer ever cancelled, declined or refused to renew your insurance or imposed special terms YES NO

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 for or not. _____

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

POLICY FREQUENCY (Tick the appropriate box)

Annual YES NO
Monthly YES NO

NB: 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.....