



General Insurance proposal forms

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: _____

Postal Address: _____

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: _____

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 _____

Building Construction: Roof _____ Walls _____

Number of free standing structures _____

GENERAL HOSPITALITY PROPOSAL

When were the buildings constructed _____

Are the buildings regularly maintained by qualified tradesman e.g.: Plumbers/Electricians 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 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 on Display? _____

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 flues YES NO

GOLF COURSES, BOTH COMMERCIAL AND DOMESTIC, HOTELS (HOSPITALITY LIFESTYLE COVER) – COMMERCIAL

What is your approximate annual turnover/ revenue? R _____

What is your average annual occupancy rate (PERCENTAGE)? _____

When is your peak accommodation period? _____

Are you registered with the TGCSA or similar grading body? YES NO

Name of grading body _____

Grading achieved (stars) _____

Are all guest rooms protected with fire or smoke detection system in terms of the National Building regulations? YES NO

GOLF, SPORT & RECREATIONAL CLUBS

Approximate number of member's _____

Are the grounds, greens, courses maintained by:

Employee	YES	NO
Third party	YES	NO
Contractor	YES	NO

Are these people qualified to do such maintenance? YES NO

How regularly are maintenance checks done? _____

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 _____

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 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.....