

PLEASE DO NOT SIGN ANY BLANK OR PARTIALLY COMPLETED FORMS. ANY LINES THAT ARE NOT APPLICABLE SHOULD BE STRUCK THROUGH OR THE WORDS 'NOT APPLICABLE' INSERTED.

Restaurant 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? _____

Is the Insured the owner of the Property or a Tenant? _____

How many Permanent employees does the business employ: _____

RESTAURANT PROPOSAL FORM



H&L, Hospitality and Leisure Insurance
 A division of Santam Limited
 Reg. No: 1918/001680/06
 VAT No: 4440102095
 FSP Number: 3416
 Tel: 0861 726 526
 Email: brokers@handl.co.za

BUILDING DETAILS:

Total replacement value of the buildings to be insured R _____ (if you are the owner of the building)

When last were the buildings professionally valued: _____ (if you are the owner of the building)

What is the approximate square meterage of the buildings : _____

Construction of Building: Roof _____ Walls _____

When the building was constructed (approximate age of building) _____ (if you are the owner of the building)

Are the buildings regularly maintained by qualified tradesman e.g Plumbers / Electricians _____

Please provide details of maintenance: _____

When last was an Electrical Compliance Certificate issued in respect of the buildings? _____

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:

Please provide the details of landlords fixtures and fittings for which you are responsible

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

Is the lapa attached to the main dwelling YES NO

If yes please provide square meterage of lapa _____

If no please advise the distance from the lapa to the building _____

Does the lapa have a braai facility YES NO



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

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

RESTAURANTS & FOOD FRANCHISES

Are you located inside a shopping Centre or Mall? YES NO
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 protection

What are your usual hours of operation?

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

Is cooking and heating done on gas or electrical?

Are all gas installations compliant to the relevant SABS codes?



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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

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?

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.....