

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.

## 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: \_\_\_\_\_



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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 m<sup>2</sup> \_\_\_\_\_

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

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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:

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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

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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 20m<sup>2</sup> 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 \_\_\_\_\_



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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

Directors: GG Gelink (Chairman), L Lambrechts (Chief Executive Officer), B Campbell, BTPKM Gamedze, IM Kirk, MLD Marole, NV Mtetwa, M Reyneke, PE Speckmann, HC Werth (Non-executive) HD Nel (Executive), M Allie (Company Secretary)



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influence the decision of the Insurers in regard to this proposal.

Signature of the Insured/ broker

Capacity: \_\_\_\_\_

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