



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

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.

## 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.....

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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Approximate total square meterage of all the buildings m<sup>2</sup> \_\_\_\_\_

Building Construction: Roof \_\_\_\_\_ Walls \_\_\_\_\_

Number of free standing structures \_\_\_\_\_

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 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



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



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**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.



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Signature of the Insured/ broker

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

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