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COMMERCIAL INSURANCE PROPOSAL:

Commercial request to quote and proposal for insurance
 Subject to the terms and conditions of the Multimark III wording

INSURANCE ADVISER/BROKER:

Name: Khanyisa Insurance Brokers	Agency Code No:
Telephone Number: 011 482 5452 / 083 648 1993	Fax No: 086 542 0506

CLIENT DETAILS:

Name:			
Postal Address:			
Code			
Contact Person:		Capacity	
Telephone Number:			

RISK DETAILS

Business Description (full details required):			
Risk Address:			
Occupation of Premises:			
Construction of Buildings:			
Hazardous Process:			
Other Tenants Occupying the Premises:			
Previous Insurers:			
Period of Insurance:	From:		To:
Claims and Loss Experience Last Three Years:			

SHARING THE LIGHT TO GROW OTHERS

DETAILS PER CLASS

SECTION 1: BUILDINGS	
DETAILS / ADDRESS	SUM INSURED
	R
	R
	R

Buildings	R
Rent (Receivable/Payable)	R
Plant, Machinery, Landlord's Fixtures and Fittings and all other contents	R
Stock and Materials in Trade	R
Miscellaneous as described and tenants' improvements	R
Additional Claims Preparation Costs	R

ADDITIONAL PERILS TO BE INCLUDED (Please tick the appropriate block)

Earthquake	YES	NO
Special Perils (Storm, wind, water, hail)	YES	NO
Malicious Damage (This is not SASRIA)	YES	NO
Leakage – Limit Required	YES	NO
Subsidence and Landslip (Subject to Engineer's Report)	YES	NO

SECTION 2: BUILDINGS COMBINED	
DETAILS / ADDRESS	SUM INSURED
	R
	R
	R
Additional Claims Preparation Costs	R

ADDITIONAL PERILS TO BE INCLUDED (Please tick the appropriate block)

Subsidence and Landslip (Subject to Engineer's Report)	YES	NO
Riot and Strike (Outside RSA and Namibia)	YES	NO
Escalation – specify percentage	YES	NO
Prevention of Access	YES	NO

SECTION 3: OFFICE CONTENTS	
DETAILS / ADDRESS	SUM INSURED
Contents	R
Documents	R
Liability for Documents	R
Additional Claims Preparation Costs	R
TOTAL	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Riot and Strike (Outside RSA and Namibia)	YES	NO		
Theft by Forcible and Violent Entry or Exit	YES	NO	First amount payable	R
Theft	YES	NO	First amount payable	R

NB: COMPUTER EQUIPMENT IS EXCLUDED UNDER THIS SECTION

SECTION 4: BUSINESS INTERRUPTION	
DESCRIPTION	SUM INSURED
1. Gross Profit (Difference Basis)	R
2. Gross Profit (Additions Basis)	R
3. Revenue	R
4. Additional Increase in Cost of Working	R
5. Wages (Number of Weeks Basis) Number of Weeks	R
6. Fines and Penalties	R
7. Other	R
8. Additional Claims Preparation Costs	R

INDEMNITY PERIOD (Please specify the number of months) months

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Suppliers/Subcontractors (specified)	YES	NO% of the sums insured by items 1 to 5
Suppliers/Subcontractors (unspecified)	YES	NO% of the sums insured by items 1 to 5
Prevention of access – Extended cover	YES	NO	
Customers (specified)	YES	NO% of the sums insured by items 1 to 5
Public Utilities – Insured Perils	YES	NO	
Public Telecommunications – Insured Perils	YES	NO	
Public Utilities – Extended Cover	YES	NO	
Public Telecommunications – Extended Cover	YES	NO	
Accidental Damage (subject to a combined Business Interruption/ Accidental Damage limit as specified in the Accidental Damage Section)	YES	NO	As specified in the Accidental Damage Section

SECTION 5: ACCOUNTS RECEIVABLE	
DESCRIPTION	SUM INSURED
Outstanding Debit Balances	R
Additional Claims Preparation Costs	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Transit Extension	YES	NO
Riot and Strike (Outside RSA and Namibia)	YES	NO

Note: Declarations of outstanding debit balances to be made within 60 days of the end of month to which they refer.

SECTION 6.	THEFT
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(Premises to be specified)	FIRST LOSS
	R
	R
	R
	R
Total	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Damage to Buildings – as a result of attempted Theft – increased limits	YES	NO
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SECTION 7.	MONEY
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(Premises to be specified)	MAJOR LIMIT
	R
	R
TOTAL	R

Limit required during any other specified period:

	R
	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Receptacles	YES	NO	Limit	R
Additional Claims Preparation Costs	YES	NO	Limit	R
Riot and Strike (Outside RSA and Namibia)	YES	NO		R
Personal Accident Assault	YES	NO	No of Persons	
			Capital Sum	R
			Weekly Sum	R
			Medicals	R

FIRST AMOUNT PAYABLE TO BE ADVISED BY INSURER

SECTION 8:	GLASS
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(Premises to be specified)	SUM INSURED
	R
	R
Additional Claims Preparation Costs	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Special Reinstatement	YES	NO
Riot and Strike (Outside RSA and Namibia)	YES	NO

SECTION 9: FIDELITY GUARANTEE	
Name or Position Basis	SUM INSURED
	R
	R
	R
	R
	R
	R
	R
	R
TOTAL	R

Blanket Basis

Number of Employees		R
Additional Claims Preparation Costs (Either Basis)		R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Retroactive Cover	YES	NO	
Superseded Policy (..... years)	YES	NO	
Voluntary First Amount Payable	YES	NO	R
Reinstatement of Sum Insured	YES	NO	
Cost of Recovery Limit	YES	NO	R
Computer Losses	YES	NO	
Extension for losses discovered more than 24 months after being committed but not more than 36 months thereafter	YES	NO	
Extension granted on receipt of satisfactory systems audit in respect of losses discovered more than 24 months after being committed	YES	NO	
If YES, attach copy of Systems Audit Report and state name of Accounting Firm	YES	NO	

SECTION 10: GOODS IN TRANSIT	
Specified Vehicle (Load Limit) Basis	SUM INSURED
	R
	R
	R
	R
	R
	R
	R
	R
TOTAL	R

All Goods usual to the Insured's Business (Annual Carry) Basis

Annual Carry	R	Limit per Conveyance	R
Means of Conveyance			
Additional Claims Preparation Costs (Either Basis)			R

SPECIFY THE TYPE OF COVER REQUIRED (Please tick the appropriate block)

All Risks	YES	NO
Fire, Explosion, Collision, Derailment and Overturning Limitation		

FIRST AMOUNT PAYABLE TO BE ADVISED BY INSURER

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Debris Removal		
Riot and Strike (Outside RSA and Namibia)		
Fire Extinguishing Charges		
Increased Fire Extinguishing Charges		

SECTION 11: BUSINESS ALL RISKS	
DETAILS	SUM INSURED
	R
	R
	R
	R
	R
	R
Total	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Replacement Value Conditions	YES	NO		
Increase In Cost of Working	YES	NO	Sum Insured	R
Riot and Strike (Outside RSA and Namibia)	YES	NO		
Additional Claims Preparation Costs	YES	NO	Sum Insured	R

SECTION 12: ACCIDENTAL DAMAGE	
DETAILS	SUM INSURED
1. All Property as defined in the Section Total Value	R
OR	
2. First Loss	R

Premises	
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EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Leakage of Oils/Chemicals/Fumes	YES	NO	R
Additional Claims Preparation Costs	YES	NO	R

FIRST AMOUNT PAYABLE TO BE ADVISED BY INSURER

SECTION 13:	PUBLIC LIABILITY
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Basis of Cover				
Claims Made	YES	NO	If YES, state Retroactive Date	
Occurrence	YES	NO		

DETAILS	SUM INSURED
	R
	R
	R
	R

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)				
Products Liability	YES	NO	Sum Insured	R
Defective Workmanship	YES	NO	Sum Insured	R
Legal Defense Costs/Wrongful Arrest/Defamation	YES	NO	Sum Insured	R
EEC Liability	YES	NO	Sum Insured	R

PRODUCTS AND DEFECTIVE WORKMANSHIP REQUIRE A SEPARATE QUESTIONNAIRE TO BE COMPLETED
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SECTION 14:	EMPLOYERS LIABILITY (Claims Made Basis only)
Retroactive Date	R

SECTION 15:	STATED BENEFITS / GROUP PERSONAL ACCIDENT
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DESCRIPTION/OCCUPATION

CIRCUMSTANCES	COMPENSATION				
	1	2	3	4	
Death					times annual earnings
Permanent Disablement – the specified percentage of					times annual earnings
Temporary Total Disablement	%	%	%	%	of average weekly earnings
for a period longer than					Week(s)
but not longer than					weeks
Medical Expenses	R	R	R	R	

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)		
Burns Disfigurement Extension	YES	NO
Business Hours Limitation	YES	NO
Passive War Risks	YES	NO

SECTION 16: MOTOR

ITEM						
Make & Model	Year	Reg No	Cover*	CFG	Definition*	Value
						R
						R
						R
						R
						R
						R
						R
						R
						R
						R

*Description of Cover: F (Comprehensive); TPF (Third Party Fire & Theft); T (Third Party Only)
 *Definition: A (Private Type Vehicles); B (Commercial Vehicles); C (Motorcycles); D (Buses); E (Trailers)

EXTENSIONS TO BE INCLUDED (Please tick the appropriate block)

Contingent Liability	YES	NO
Passenger Liability	YES	NO
Unauthorised Passenger Liability	YES	NO
Parking Facilities	YES	NO
Windscreen	YES	NO
Loss of Keys	YES	NO
Radios and Tape Players	YES	NO
Telephones	YES	NO
Credit Shortfall	YES	NO
Riot and Strike (Outside RSA & Namibia)	YES	NO
Wreckage Removal	YES	NO
Loss of Use	YES	NO

} Comprehensive Cover Only

SECTION 17: ELECTRONIC EQUIPMENT

DETAILS	SUM INSURED
	R
	R
	R
Total	R

PREMISES

R
R
R

MONTHLY PREMIUMS

(Please complete and sign this section if you want to pay monthly)

Your Bank: _____	Branch: _____
Branch Code: _____	
Account Number: _____	
Payers Account Name: _____	
Signature of Payer: _____	

DECLARATION:

I warrant that the answers given are true and correct and I do not know of any material facts even though specific questions about them have not been asked that should be communicated to the insurers.

I have never been refused insurance for the risks I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. The person completing this request to quote and proposal on my behalf does so as my agent.

I AGREE THAT this request to quote and proposal shall be the basis of the contract between the insurer and myself.

I UNDERSTAND THAT this insurance will not start until this proposal has been accepted by the insurers.

If you are unable to sign this declaration without qualification, please state your reasons below:

Signature: _____ Date: _____