

COMMERCIAL QUOTATION FORM

This quotation is valid for thirty (30) days only

GENERAL

Full name of Insured _____

Telephone number _____ E-mail address _____

Nature of business (if property owner, note nature of the business of all occupants) _____

PREVIOUS/CURRENT INSURER

Has any Insurance Company :	declined any proposal	YES	NO
	refused to renew any policy	YES	NO
	cancelled any policy	YES	NO
	imposed special terms or conditions on any policy	YES	NO

If yes, please state when and by whom and what terms or conditions were imposed, if any _____

LOSS HISTORY

Declare all losses (claimed for or not) during the past three years:

Description	Section	Date	Amount Paid
i)			R
ii)			R
iii)			R
iv)			R
v)			R

THE PREMISES – Risk 1

1. Physical address _____ Code _____

2. Construction

a) Walls	_____	b) Roof	_____
c) Floor	_____	d) No. of storeys	_____
e) Outbuildings/structures _____			
f) Perfect partition walls between buildings		YES	NO

3. Flood damage hazard (low-lying, basement, etc.) _____

4. Typography _____

5. Is there exposure from other perils _____

ADJOINING PREMISES – Risk 1

1. Occupation _____

2. Type of neighbourhood _____

THE PREMISES – Risk 2

1. Physical address _____ Code _____

2. Construction

a) Walls _____ b) Roof _____

c) Floor _____ d) No. of storeys _____

e) Outbuildings/structures _____

f) Perfect partition walls between buildings YES NO

3. Flood damage hazard (low-lying, basement, etc.) _____

4. Typography _____

5. Is there exposure from other perils _____

ADJOINING PREMISES – Risk 2

1. Occupation _____

2. Type of neighbourhood _____

FIRE

Details	Risk 1			Risk 2		
	Sum Insured	Rate	Premium	Sum Insured	Rate	Premium
Buildings	R	% R	R	R	% R	R
Plant, machinery, fixtures & fittings and all other contents	R	% R	R	R	% R	R
Escalation (10%) (Amount x rate x 50%)	R	% R	R	R	% R	R
Inflation (10%) (Amount x rate x 50% x 35%)	R	% R	R	R	% R	R
Stock in Trade (Declaration basis) – YES NO	R	% R	R	R	% R	R
Stock Debris Removal	R	% R	R	R	% R	R
Claims Preparation Costs	R	% R	R	R	% R	R
Sprinkler leakage extension (first loss/full sum insured)	R	% R	R	R	% R	R
Rent _____ months	R	% R	R	R	% R	R

Other extensions required

_____	R	% R	R	R	% R	R
_____	R	% R	R	R	% R	R

BUSINESS INTERRUPTION

Details	Difference basis		Additions basis	
	Sum insured	Rate	Premium	
Basis of cover: _____				
Gross Profit (declaration – YES NO)	R	% R	R	
Indemnity Period _____ months				
Gross Rentals	R	% R	R	
Revenue	R	% R	R	
Additional Increased Cost of Working	R	% R	R	
Wages (weeks basis) Number of weeks _____	R	% R	R	
Fines and penalties	R	% R	R	
Claims preparation cost	R	% R	R	

Utilities (maximum sub-limit R10 000 000)	R			% R
Suppliers Extension (name plus percentage of dependency required – max 25%)	R			% R
Customers Extension (name plus percentage of dependency required – max 10%)	R			% R

Other extensions required

	R			% R
	R			% R

BUILDINGS COMBINED

Details	Sum insured	Rate	Premium	First Amount Payable
Buildings (including common property)	R	% R		
Escalation (10%)	R	% R		
Inflation (10%)	R	% R		
Rent	R	% R		
Liability	R	% R		
Claims Preparation Costs	R	% R		
Geysers	R	% R		

ACCOUNTS RECEIVABLE

Details	Sum insured	Rate	Premium
Outstanding Debts	R		% R
Duplicate records retained	YES NO	N/A	R
Fireproof safe	YES NO		
Transit Cover Extension	YES NO	N/A	R
Claims Preparation Costs	YES NO	N/A	R

THEFT

Details	Sum insured	Rate	Premium	First Amount Payable
First Loss (Risk 1)	R	% R		
Damage to building (Risk 1)	R	% R		
First Loss (Risk 2)	R	% R		
Damage to building (Risk 2)	R	% R		

Other Extensions required

	R			% R
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Burglar Alarm System

	Risk 1		Risk 2	
Is there is burglar alarm system present	YES	NO	YES	NO
If YES, is it linked to armed response	YES	NO	YES	NO

MONEY				
Details	Sum insured	Rate	Premium	First Amount Payable
Major limit (Risk 1)	R _____	% R _____		
a) Seasonal limit	R _____	% R _____		
b) Period of seasonal limit	R _____	% R _____		
Receptacles (Risk 1)	R _____	% R _____		
Major limit (Risk 2)	R _____	% R _____		
a) Seasonal limit	R _____	% R _____		
b) Period of seasonal limit	R _____	% R _____		
Receptacles (Risk 2)	R _____	% R _____		
Collectors – Limit	R _____	% R _____		
Number of collectors _____				
P A Assault	Number of Employees _____		Flat Premium	R _____
a) Capital sum	R _____			
b) Weekly sum	R _____			
c) Medical expenses	R _____			
Other extensions required				
	R _____	% R _____		
	R _____	% R _____		
BUSINESS ALL RISKS				
Are all items specified at replacement value	YES	NO		
Details (including serial numbers where applicable)	Sum insured	Rate	Premium	First Amount Payable
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
ELECTRONIC EQUIPMENT				
Are all equipment insured at replacement value	YES	NO		
Details of electronic equipment	Sum insured	Rate	Premium	First Amount Payable
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		
	R _____	% R _____		

Details of electronic equipment (include serial numbers) – Risk 2	Sum insured	Rate	Premium	First Amount Payable
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
	R	%	R	
Reinstatement of data	R	%	R	
Increased cost of working	R	%	R	

Other extensions required				
	R	%	R	
	R	%	R	

ACCIDENTAL DAMAGE				
Details	Sum insured	Rate	Premium	First Amount Payable
First loss	R	%	R	
Leakage extension	R	%	R	

OFFICE CONTENTS				
Details – Risk 1	Sum insured	Rate	Premium	First Amount Payable
Contents	R	%	R	
Theft Extension (Non-forcible/violent entry/exit) (max 25% of Sum Insured)	R	%	R	
Loss of documents	R	%	R	
Legal Liability – documents	R	%	R	

Details – Risk 2	Sum insured	Rate	Premium	First Amount Payable
Contents	R	%	R	
Theft Extension (Non-forcible/violent entry/exit) (max 25% of Sum Insured)	R	%	R	
Loss of documents	R	%	R	
Legal Liability – documents	R	%	R	

GLASS SECTION (subject to average)								
Details	Risk 1				Risk 2			
	Sum Insured	Rate	Premium	First Amount Payable	Sum Insured	Rate	Premium	First Amount Payable
External & Internal Glass	R	%	R		R	%	R	
Signwriting	R	%	R		R	%	R	
Special Replacement extension		YES	NO					

2. Name/Categories of persons	Number of persons	Occupation	Rate	Premium
Compensation				
Death	R		%	R
Permanent Disablement	R		%	R
Temporary Total Disablement	R	for 52 weeks	%	R
Temporary Total Disablement	R	for 104 weeks	%	R
Medical Expenses	R		%	R

3. Name/Categories of persons	Number of persons	Occupation	Rate	Premium
Compensation				
Death	R		%	R
Permanent Disablement	R		%	R
Temporary Total Disablement	R	for 52 weeks	%	R
Temporary Total Disablement	R	for 104 weeks	%	R
Medical Expenses	R		%	R

Stated Benefits – Wages Basis (Compensation to be based on total annual wages including bonuses, commissions, etc.)

1. Number of persons	Occupation	Est. annual earnings	Rate	Premium
Compensation				
Death	R		%	R
Permanent Disablement	R		%	R
Temporary Total Disablement	100% for 52 weeks		%	R
Temporary Total Disablement	100% for 104 weeks		%	R
Medical Expenses	R		%	R

2. Number of persons	Occupation	Est. annual earnings	Rate	Premium
Compensation				
Death	R		%	R
Permanent Disablement	R		%	R
Temporary Total Disablement	100% for 52 weeks		%	R
Temporary Total Disablement	100% for 104 weeks		%	R
Medical Expenses	R		%	R

3. Number of persons

Occupation

Est. annual earnings

Compensation		Rate	Premium
Death	R	%	R
Permanent Disablement	R	%	R
Temporary Total Disablement	100% for 52 weeks	%	R
Temporary Total Disablement	100% for 104 weeks	%	R
Medical Expenses	R	%	R

EMPLOYERS LIABILITY

Details	Limit of indemnity	Rate of annual wages	Premium
All Employees	R	%	R
Estimated Annual Wages	R		

PUBLIC LIABILITY

Standard wording	YES	Broad Form wording	YES
Umbrella Liability considered	YES	NO	
Retroactive cover considered	YES	NO	

If yes, provide the following details:

To which date is cover backdated _____

Previous insurer and policy cancellation date _____ and _____ (DD/MM/YYYY)

Previous insurer limit R _____

Type of cover required	Section	Limit of Indemnity
_____	a. Public liability – general & tenants liability	R _____
_____	b. Products Liability	R _____
_____	c. Defective workmanship liability	R _____
_____	d. Work away from premises liability	Included in the wording up to limit in a. above

In addition to this proposal form, a Public Liability Questionnaire is required in respect of Products and/or Defective Workmanship

MOTOR

1. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
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R _____ % R _____

Type of cover required Third Party Only Third Party Fire & Theft Comprehensive

List accessories to be insured (e.g. car radio)	Sum Insured	Rate	Premium
_____	R _____	%	R _____
_____	R _____	%	R _____

Basic First Amount Payable _____ Theft First Amount Payable _____

Voluntary First Amount Payable _____ Other First Amount Payable _____

Tracking system YES NO If yes, give details _____

2. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
				R	%	R
Type of cover required	Third Party Only	Third Party Fire & Theft		Comprehensive		
List accessories to be insured (e.g. car radio)				Sum Insured	Rate	Premium
				R	%	R
				R	%	R
Basic First Amount Payable				Thft First Amount Payable		
Voluntary First Amount Payable				Other First Amount Payable		
Tracking system	YES	NO		If yes, give details		

3. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
				R	%	R
Type of cover required	Third Party Only	Third Party Fire & Theft		Comprehensive		
List accessories to be insured (e.g. car radio)				Sum Insured	Rate	Premium
				R	%	R
				R	%	R
Basic First Amount Payable				Thft First Amount Payable		
Voluntary First Amount Payable				Other First Amount Payable		
Tracking system	YES	NO		If yes, give details		

4. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
				R	%	R
Type of cover required	Third Party Only	Third Party Fire & Theft		Comprehensive		
List accessories to be insured (e.g. car radio)				Sum Insured	Rate	Premium
				R	%	R
				R	%	R
Basic First Amount Payable				Thft First Amount Payable		
Voluntary First Amount Payable				Other First Amount Payable		
Tracking system	YES	NO		If yes, give details		

5. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
				R	%	R
Type of cover required	Third Party Only	Third Party Fire & Theft		Comprehensive		
List accessories to be insured (e.g. car radio)				Sum Insured	Rate	Premium
				R	%	R
				R	%	R
Basic First Amount Payable				Thft First Amount Payable		
Voluntary First Amount Payable				Other First Amount Payable		
Tracking system	YES	NO		If yes, give details		

6. Make and Model	Year of Manufacture	Registration Number	NCB	Sum Insured	Rate	Premium
				R	%	R
Type of cover required	Third Party Only	Third Party Fire & Theft		Comprehensive		
List accessories to be insured (e.g. car radio)				Sum Insured	Rate	Premium
				R	%	R
				R	%	R
Basic First Amount Payable				Theft First Amount Payable		
Voluntary First Amount Payable				Other First Amount Payable		
Tracking system	YES	NO		If yes, give details		

Note: SASRIA COVER IS AUTOMATICALLY INCLUDED IN RESPECT OF ALL RELEVANT SECTIONS, EXCEPT BUSINESS INTERRUPTION.