



BnB SURE (Pty) Ltd

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AUTHORIZED FINANCIAL SERVICES PROVIDER LICENSE NUMBER 9854

BROKER: AGENCY CODE

Insured Name (Legal Name):

Company Registration: VAT Number:

Contact Person: I.D. Number:

Establishment Name:

Postal address: Postal code:

Street address where establishment is situated: Postal code:

Cellphone Number: Telephone Number:

Fax No: (if different):

E-mail:

Website address:

Type of establishment e.g. B&B, Guesthouse, Backpacker, etc: Would you like to be listed on the BNB Finder Website?

NAA/GHASA/BABASA/ YES
 FEDHASA/ Chambers Accom. NO
 or AA Travel Guides Member? Which Association?

Association Membership No.:

Is The Establishment Star Graded? Number Of Stars?

When do you want the insurance to commence?

Would you prefer that the policy wording be e-mailed to you?

GENERAL (Compulsory)

1. Are some or all of your buildings THATCH or NON-STANDARD?

 Yes No

If YES, please specify:

If THATCH, please complete the enclosed thatch questionnaire

2. Do you have a restaurant or conference facility?

 Yes No

If so describe the facility:

(a) State number of seats in the restaurant?

(b) Is the restaurant part of the main building?

(c) Does the actual or estimated turnover of this facility exceed 40% of your total turnover?

 Yes No

If so what percentage?

(d) Does the facility comply with the requirements of the Liquor Licensing Act.?

 Yes No

(e) Do you offer restaurant and or bar facilities to patrons other than your guests?

 Yes No

(f) Do you have conference facilities?

 Yes No

If so how many delegates does the facility seat?

(g) If these facilities are not within the main building, please give details?

(h) Value of Liquor contained in the restaurant?

3. Do you offer any activities to your guests other than a domestic gym, swimming pool, tennis or squash court?

 Yes No

If so please describe these activities:

4. Do you cater for weddings? Yes No If so state the Percentage of Turnover from this service?

If so state the maximum Number of Guests per event?

5. What is the overall annual turnover for the establishment?

(a) What is the percentage split on items listed below

Accommodation

Tours

Restaurant

Conference Facilities

Weddings

Spa Facilities

Other (Please specify)

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6. How many bedrooms do you have?

Guest

Other:

7. Do you have any dormitory type rooms?

Yes

No

If so please give details:

8. Is your establishment classified as a holiday home?

Yes

No

If so, how long is the holiday home rented out during a 12 month period?

9. How long has the establishment been in operation?

10. Give details of telephone equipment in the premises:

11. Do you have staff permanently on the premises?

Yes

No

12. Please supply details of the security at your establishment:

13. If you have a manager running the premises and his/her possessions are to be insured, please give the name:

14. Do you have a TRAMPOLINE on the premises for use by guests?

Yes

No

If so is there a Disclaimer displayed at the trampoline?

Yes

No

15. Do you keep any animals other than domestic dogs and cats and caged birds?

Yes

No

If so please state what animals?

16. Do you have prominently displayed or signed DISCLAIMERS at the premises? PLEASE SUPPLY A COPY

Yes

No

17. Do you transport clients other than guests staying at the establishment?

Yes

No

Do you have a PDP and COF license?

Yes

No

18. Do you use deep fat fryers for cooking?

Yes

No

If so please give details?

19. Are you aware of any incidents which have arisen in the past 12 months which could give rise to a

Yes

No

claim? If so please give details:

20. Do you comply with all fire regulations required by local authorities?

Yes

No

21. With which insurer were you previously insured? (Personal & Business Insurances)

22. In what year was the establishment constructed?

23. Has any insurer ever cancelled any policy you have held whether personal or business?

 Yes No

If yes please tell us why?

24. Give full details of All losses or claims suffered (whether insured or not) in the past three years:

Type of loss (fire, motor, all risks, burglary, accident etc.)	Year	Cost (approx.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I confirm that the information contained in this questionnaire/ proposal is true and that this document will form the basis of my contract with BnB SURE (Pty) Ltd.

Signed:

Date:

BUILDINGS SECTION

1. Do you wish to insure your buildings?

 Yes No

If these are to be insured, what is the current replacement value?

Number of Geysers?

Size of Geysers?

2. Do you require Power Surge Cover in excess of the free

If Yes:

CONTENTS SECTION (Compulsory)

What is the total replacement value of the entire contents including both personal & business

(Min R100,000)

OPTIONAL COVER

1. Do you wish to insure the Personal Effects of Guests in excess of the free R25,000 whilst at your premises and where they are not otherwise insured?

If so, to what Value?

(Max R200,000)

2. Do you wish to insure all your electrical goods against Power Surge in excess of the free R15,000?

Value of the total electrical goods ?

NOTE: POWERSURGE COVER IS SUBJECT TO AVERAGE

3. Do you require "Bilking" cover in excess of the free R20,000 offered under Contents? Do you wish to increase to R25,000 or R30,000?

Value to be insured?

LIABILITY SECTION (Compulsory)

Limit of liability required:

R30,000 000

(Tick required cover)

R50,000 000

R100,000 000

Do you require Spread of Fire Cover?

Yes No

If so, please complete the enclosed questionnaire.

GUESTS MEDICAL EVACUATION

Do you wish to insure your guests for a medical evacuation?

10 000.00

What limit is required?

50 000.00

(Tick required cover)

100 000.00

MONEY SECTION

Money (cash, cheques etc.) can be insured on premises and in transit to and from the bank.

Do you wish to insure money?

Yes No

If required state amount?

ALL RISKS SECTION

Do you wish to insure any general unspecified items eg. Personal effects, clothing etc. whilst you have them away from your

premises?

Yes No

If yes for what amount?

R

Single articles are limited to 25% of this sum insured

(Min R3,000)

The term "personal effects" excludes sunglasses in excess of R250, contact lenses, firearms, car sound systems, tape deck and tapes, laptop or hand held computers and the like, compact discs, pedal cycles, cellular phones and pagers. These should be specified separately if cover is required.

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>

Please note we need a valuation for any item in excess of R2,000 in value.

ELECTRONIC SECTION

Do you wish to insure any computer or other electronic equipment?

Yes No

If yes please give details (please list laptop computers separately)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

4	
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5	
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BUSINESS INTERRUPTION SECTION

If you were to close your business following a fire, flood or storm a murder, rape or suicide or the death of a member of the establishment, would you like financial assistance to cover this loss? Yes No

If so what amount of **GROSS ANNUAL INCOME** would you lose? per year.

Indemnity period: 3 months 9 months
 6 months 12 months

MOTOR SECTION

Do you wish to insure your vehicles? If so, please complete the following:

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Make	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Retail Value	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Purchased	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finance Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finance Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shortfall Included (Yes/No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
How is vehicle Registered?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Owner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Driver's date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date licensed 1 st Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers License Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Regular Drivers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extra's or Modifications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current No Claim Bonus	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area where used	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cover:

Three empty rectangular boxes for cover details.

Please specify whether Comprehensive, Third Party Fire & Theft, or Third Party only

Vehicle Security & Make

Three empty rectangular boxes for vehicle security and make.

Usual overnight parking:

Three empty rectangular boxes for usual overnight parking.

Is the car garaged at night?

Car Radio's is **not included** here. Do do you wish to insure any Car Radios in your motor vehicles? (Specify this under All Risks)

OPTIONAL COVER TO MOTOR SECTION

1. Do you require BASIC EXCESS WAIVER?

Empty checkbox for basic excess waiver.

2. Do you require CAR HIRE following Accident?

Empty checkbox for car hire following accident.

PLEASURECRAFT SECTION

Do you wish to insure your boats?

eg. Yachts, Speedboats, Rubber ducks, Jetskis etc. (Maximum R100 000)

Yes

No

Manufacturer

Engine

Sum insured

Table with 3 columns: Manufacturer, Engine, Sum insured. Contains 5 empty rows for data entry.

FIDELITY SECTION

Do you require cover in excess of the free R10,000.00 cover?

Empty checkbox for excess cover.

If so, how much?

Empty rectangular box for specifying the amount of excess cover.

FUNERAL COSTS SECTION

Cover is provided for the Insured person and his or her immediate family. In the case of children this is restricted to minor children still resident with the proposer or for which he/she is still responsible.

Do you require funeral cover?

Yes

No

If Yes, what limit is required?

RM 6 000,00

Empty checkbox for RM 6,000.00 limit.

(waiting Period of 6 Months)

RM 10 000,00

Empty checkbox for RM 10,000.00 limit.

(waiting Period of 18 Months)

RM 15 000,00

Empty checkbox for RM 15,000.00 limit.

Proposer Name and Initials

I.D./Date of birth

Table with 2 columns: Proposer Name and Initials, I.D./Date of birth. Contains 4 rows numbered 1 to 4.

The following cover is available: Adults insured
Children 6-13
Children under 6

As per Limit selected above
R3,000.00
R1,000.00

To the best of your knowledge are all the persons to be insured for Funeral Costs in good health, free from physical defects, or infirmities, and not especially exposed to accidents from their occupations or pastimes?

Yes	No
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PERSONAL ACCIDENT, CRITICAL ILLNESS & INCOME PROTECTION SECTION

Do you wish to insure this Yes No (Applicable to persons between the ages of 18 and 70 only)

To the best of your knowledge are all the persons to be insured for personal accident in good health, free from physical defects or infirmities, and not especially exposed to accidents from their occupation or past-times? Yes No

If "NO", please give details:

Proposer Name and Initials	Date of birth	Disabilities
1		
2		
3		

COVER REQUIRED	PROPOSER 1	PROPOSER 2	PROPOSER 3
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SECTION 1 - PERSONAL ACCIDENT INSURANCE

1. Death			
2. Permanent Total			
3. Temporary Total Disablement Wages per week			

SECTION 2 – ACCIDENT MEDICAL EXPENSES

Accident Medical Expenses	R	R	R
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SECTION 3 – CRITICAL ILLNESS

Critical illness	R	R	R
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SECTION 4 – INCOME PROTECTION

Income protection Requirement per month	R	R	R
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Notes:

1. Section 1 – minimum cover for Items 1&2 - R100 000
2. Section 2 for R25000, R50000 or R100 000
3. Section 3 is available for R50 000 only
4. Sections 2 and 3 may only be taken together with Section 1.
5. Cover is excluded whilst the insured person is engaged in steeplechasing, waterpolo, winter sports (involving snow or ice), professional football, mountaineering, motorcycling, racing of any kind (involving the use of any power-driven vehicles, vessels, aircraft or pedal cycle), big-game hunting or any sport or past-time involving exceptional risk of accident.
6. Special cover for servants can be obtained. Please refer to BnB Sure for details.

APPLIANCE MAINTENANCE SECTION (Compulsory)

Domestic type of Appliances and electronics as per policy wording are insured on a first loss basis for repairs up to a limit of R3,000.00. ~ Portable items and Industrial Commercial type equipment may not be included.

Household Motors such as Pool Motor/Jacuzzi/Electric Gate/Electric Garage Door Motors can be included at an additional premium of R8.00 per motor. Do you require this additional cover: If yes, please specify:

Description of Item	
1 <input style="width: 350px;" type="text"/>	6 <input style="width: 350px;" type="text"/>
2 <input style="width: 350px;" type="text"/>	7 <input style="width: 350px;" type="text"/>

3
4
5

8
9
10

DEBIT ORDER FORM

Account holder:
Bank:
Account Number:
Branch:
Branch code:
Type of account:

Please indicate what date between the 1st and the 7th of every month we should debit your account for the premium collection: If possible, please attach a copy of a cancelled cheque

I authorise BNB SURE (Pty) Limited, on behalf of the insurers, to debit my account with the monthly premiums due for my BNB SURE Policy.

Signed: _____

Date: _____

THATCH QUESTIONNAIRE (for quotation purposes only)

1. Full name and
Postal address
2. Full risk address

Tel.: Fax :

3. Does the kitchen have a ceiling of material other than thatch?

If YES, state type of material

4. Type of thatched roof ? (e.g. straw, cape reed)

5. If solid fuel is used: i) Are open fires used Yes No

ii) Are chimneys fitted with spark arrestors? Yes No

6. Are there trees surrounding the thatched risk? If YES, are they higher than the roof? Yes No

7. Does the building have a lightning conductor? If YES, is it SABS approved? Yes No

8. Are hosereels installed at the premises?
9. Are fire extinguishers installed at the premises? If YES, state number and where situated?
10. How far are the premises from the nearest fire brigade?
11. Has the thatch been treated with any fire retardant measures e.g. fire blankets, Thatchsayf? Yes No
12. Is the building protected by a Drencher System? Yes No
If yes, state whether manual or automatic
13. What other precautions have been taken against fire?
14. What is the name of your thatching company?
15. Are surrounding grounds (**within 25 meters or the boundary perimeter, whichever is the closer**) free of all bush, jungle, grass and weeds, other than normal garden Yes No
16. Values to be insured for Thatch:
- a) Buildings (including outbuildings, tennis courts, swimming pools, walls, gates, fences and driveways) R
- b) Contents (excluding all risks items) R
- c) Loss of Revenue (Gross Annual Revenue) R

SPREAD OF FIRE THATCH QUESTIONNAIRE (for quotation purposes only)

A. PROPOSERS DETAILS

1. Full name of Insured
2. Risk Address & Name of Farm
3. Type of Farming
4. Size of Insured's Farm
5. Width of Fire Breaks
6. Frequency of Burning
7. Time of Year of Burning
8. Precautions Whilst Burning
9. Wind Directions at Time of Burning
10. Type of Fire Fighting Equipment
11. Previous Claims/Losses

B. NEIGHBOURING FARM DETAILS

1. Name of Owners and the Name of Farms:
- To North
- To South
- To East

To West

2. Type of Farm:

To North

To South

To East

To West

PREVIOUS LOSSES/CLAIMS:

I Hereby declare that all particulars and answers in the questionnaire are true and complete in every respect, and that no material fact has been withheld.

Signed: _____

Date: _____

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