






Building 3, Midrand Business Park,  
563 Old Pretoria Main Road  
Midrand

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## Proposal form Hospitality

### GENERAL INFORMATION

Broker: \_\_\_\_\_

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: \_\_\_\_\_

Have there been any labor disputes within the last 12 months (please tick appropriate box)

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> \_\_\_\_\_

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

How many number of guest rooms are there \_\_\_\_\_

When were the buildings constructed \_\_\_\_\_

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

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Please advise the annual turnover for these extreme activities \_\_\_\_\_

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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**If a lapa is on the property please complete the following:**

Is the lapa attached to the main\_dwelling YES NO

If yes please provide square meterage of lapa \_\_\_\_\_

If no please advise the distance from the lapa to the building \_\_\_\_\_

Does the lapa have a braai facility YES NO

Does the chimney penetrate the roof line YES NO

**If you have the following at or on the premises, please complete the below questions**

**RESTAURANTS & FOOD FRANCHISES**

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 protection \_\_\_\_\_

\_\_\_\_\_

What are your usual hours of operation? \_\_\_\_\_

\_\_\_\_\_

How often are the extractor fans and rock grills cleaned and maintained?

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

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What is the reason for the change/cancellation of Insurance from the previous insurer?

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**POLICY FREQUENCY**

(Tick the appropriate box)

Annual	YES NO
Quarterly	YES NO
Monthly	YES NO

**NB: Monthly, Bi- Quarterly and Bi- Annual policies have fees attached to them  
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.

Signature of the Insured/ broker

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

