

**Bryte Insurance Company Limited**

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and authorised FSP (17703)

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Bryte branch	
Agency/broker	Agency number
Cover is available for the following classes of insurance. Please tick (✓) the classes you require insurance cover on and complete the relevant sections in the application form.	
<b>Commercial Insurance Policy</b>	
Section	<input type="checkbox"/> Fire <input type="checkbox"/> Business interruption <input type="checkbox"/> Accounts receivable <input type="checkbox"/> Money <input type="checkbox"/> Glass <input type="checkbox"/> Accidental damage <input type="checkbox"/> Office contents <input type="checkbox"/> Theft <input type="checkbox"/> Public liability <input type="checkbox"/> Employers liability <input type="checkbox"/> Fidelity guarantee <input type="checkbox"/> Goods in transit <input type="checkbox"/> Business all risks <input type="checkbox"/> Body corporate <input type="checkbox"/> Electronic equipment <input type="checkbox"/> Stated benefits <input type="checkbox"/> Group personal accident <input type="checkbox"/> Buildings combined <input type="checkbox"/> Motor <input type="checkbox"/> Motor personal accident <input type="checkbox"/> SASRIA
Period of insurance	
	from to
<b>Important notes</b>	
<b>Please print in BLOCK LETTERS</b>	
1. Please answer all questions in full. 2. Black blocks are for Bryte office use only. 3. No policy is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.	
<b>General information</b>	
Name of proposer	
Postal address	
	Postal code
Telephone	Alt number/fax
Name of trade or business (full details required)	
1. How long has your business been established?	
2. Are you currently insured, if so who is your insurer?	
3. Has any insurer ever	(a) declined any proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) refused to renew any policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) cancelled any policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any member of your firm ever made a compromise with creditors or been declared insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you keep a complete set of books showing a true and accurate record of business transacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Give details of ALL losses or claims suffered in the last 3 years (whether insured or not)

Type of loss (Fire, Motor, Accident, Burglary, etc.)	Year	Cost

Risk address				Code
1.	Physical address		Occupation	
		Postal code	Risk class	
	Construction	<input type="checkbox"/> Walls <input type="checkbox"/> Roof	Town class	
2.	Physical address		Occupation	
		Postal code	Risk class	
	Construction	<input type="checkbox"/> Walls <input type="checkbox"/> Roof	Town class	

Fire								
Risk	Buildings	Rent	Number of months	Plant & machinery	Stock	Decl. M/Q/A	Tenants improv.	F&E Rate
1 R								
2 R								

Notes: 1. M/Q/A above refers to stock declaration conditions on either a monthly, quarterly or annual basis.  
2. If there are specified items to be covered, please note these below.

Additional perils				Rate	Rate
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No		Special perils	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leakage	<input type="checkbox"/> Yes <input type="checkbox"/> No		Leakage sum insured	R	
Malicious damage	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Specified items			
Item	Description of items	Sum insured	Rate
1.		R	
2.		R	
3.		R	
4.		R	
5.		R	
6.		R	
7.		R	
8.		R	
	Main location sum insured	R	EML percentage %

Extensions and clauses				
Disposal of salvage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate		
Escalator clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R	Escalation %
		Conversion factor		Rate

**Protections:** Please tick (✓) whichever is applicable to your premises.

Fire alarm	<input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	Sprinkler system	<input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2
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Additional claims preparation costs			
Sum insured	R	Rate	or flat premium

Business Interruption							
Risk	Gross profit	Indemnity period	Deposit premium	Gross profit basis*	Gross rental	Revenue	Rate
1 R			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> D			
2 R			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> D			
<b>*Note:</b> "A" refers to Additions basis, "D" refers to Difference basis							
							<b>Rate</b>
Add incr cost of working		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Wages (week basis)	R	Number of weeks					
Fines and penalties		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Additional claims preparation costs		Sum insured	R		Rate/premium		
<b>Extensions and clauses</b>							<b>Rate</b>
Specified suppliers*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Unspecified suppliers*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependency	%	Sum insured	R	
Prevention of access		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
Customers**		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured		R		
<b>Public utilities</b>							<b>Rate</b>
Insured perils		<input type="checkbox"/> Yes <input type="checkbox"/> No	Ext. Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R	
<b>* Details of suppliers/sub-contractors</b>							
Name			General location			Dependency %	
<b>** Details of customers</b>							
Name			General location			Dependency %	
Main location sum insured			R		EML percentage	%	
<b>Accidental Damage Extension</b>							
Cover required		<input type="checkbox"/> Yes <input type="checkbox"/> No	Conversion factor	100%	Sum insured	R	
<b>*Note:</b> (Sum Insured must follow Accidental Damage Section sum insured)					Rate		
<b>Accounts receivable</b>							
Outstanding debit balances		Sum insured	R	Rate			
<b>Extensions and clauses</b>							
Riot and Strike Cover		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate	Do you retain duplicate records? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a fire proof safe?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require transit cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Main location sum insured			R		EML percentage	%	
Additional claims preparation costs		Sum insured	R	Rate/Premium		%	

Buildings combined									
Buildings sum insured		R			Liability sub-section D			R1,000,000	
Specified item		<input type="checkbox"/> Yes <input type="checkbox"/> No			NB: See block provided below for description of items				
Extensions and clauses									
Prevention of access		<input type="checkbox"/> Yes <input type="checkbox"/> No			Flat premium charge		R		
No	Miscellaneous items description				Sum Insured		Rate/flat premium		Excess
1.					R				
2.					R				
3.					R				
4.					R				
5.					R				
6.					R				
7.					R				
8.					R				
9.					R				
10.					R				
11.					R				
12.					R				
13.					R				
14.					R				
15.					R				
16.					R				
17.					R				
18.					R				
19.					R				
20.					R				
21.					R				
22.					R				
23.					R				
24.					R				
25.					R				
26.					R				
27.					R				
28.					R				
29.					R				
30.					R				
31.					R				
Additional claims preparation costs				Sum insured	R	Rate/premium			
Escalation									
Sum insured	R	Escalation		%	Rate	x Conversion			
Main location sum insured					R	EML percentage		%	

## Body Corporate

Schedule of units ☐ Yes ☐ No

<b>Common property</b> sum insured	R
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Liability sub-section D sum insured

R1,000,000

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## Escalation

Sum insured	R	Escalation %	%	Rate	
Main location sum insured			R	EML percentage	%

Accidental damage									
Defined events (i)									
Property total value	R		First loss sum insured		R		Basis		
	Property rate				First loss rate				
					Excess		% of claim minimum R		
Defined events (ii)									
Leakage (oil/chem)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Rate		Excess		% of claim minimum R		
Memoranda									
Excluded property	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reinstatement		<input type="checkbox"/> Yes <input type="checkbox"/> No				
* Excluded property description									
Additional claims preparation costs			Sum insured		R		Rate/premium		
Office contents									
Risk	Contents sum insured		Excess		Loss of documents		Liability for documents		
1	R				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	R				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specified items		<input type="checkbox"/> Yes <input type="checkbox"/> No		Please list items in the space provided					
Extensions and clauses									
Theft – forcible entry	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum insured - risk		1	R		2	R
			Excess		1			2	
Theft – full cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum insured – risk		1	R		2	R
			Excess		1			2	
Specified items									
Description			Sum insured		Rate/flat premium			Excess % min	
			R						
			R						
			R						
			R						
			R						
			R						
			R						
			R						

Office contents continued				
Specified items continued				
Description	Sum insured	Rate/flat premium	Excess % min	
	R			
	R			
	R			
	R			
	R			
	R			
	R			
Additional claims preparation costs	Sum insured	R	Rate/premium	
Theft				
Risk	Sum insured	Basis of cover Full value of first loss	Excess	Rate
1				
2				
Please answer the following questions and provide full details where requested to do so				
1. What physical protections have been implemented to protect the premises and their contents from theft?				
Premises 1				
Premises 2				
2. Are the premises alarmed?		(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If yes, do you subscribe to an armed response or security company?		(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of company		(1)	(2)	
4. Do you have a maintenance contract with this company?		(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. When was your alarm installed?		(1)	(2)	
6. Are opening and closing signals monitored?		(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Extensions and clauses				
Buildings – increased limit	Premises 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R
	Premises 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R
Specified items	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list details in section provided below.		
Additional claims preparation costs	Sum insured		Rate/premium	
Specified items				
Description	Sum insured	Rate/flat premium	Excess % min	
	R			
	R			
	R			
	R			
	R			
	R			

Money							
Risk	Major limit sum insured	1. Seasonal increase			2. Seasonal increase		
		From	To	Sum insured	From	To	Sum insured
1	R			R			R
2	R			R			R
<b>Extensions and clauses</b>							
Receptacles (R2,000 standard, if more state sum insured)			Sum insured	R	Flat/premium		
<b>Special limit</b>							
	Description				Limit of indemnity		Flat premium
1(a)	Outside business hours				R1,500		
1(b)	Residence of directors/employees				R1,500		
1(c)	Petrol attendant(s)						
1(d)(i)	Transit – collectors/roundsmen						
1(d)(ii)	Transit – business trip				R1,500		
2(a)	Safe/strongroom description ((a) and/or (b) as reflected below)						
2(a)(i)							
2(a)(ii)							
3.	Crossed cheques				R100,000		
<b>Specified items</b>							
	Description				Limit of indemnity		Flat premium
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
<b>Additional claims preparations costs</b>			Sum insured	R	Rate/premium		
<b>Personal accident assault</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		If required, please provide the following:		
Capital sum	R	Weekly sum	R	Medical expenses			
No. of employees				Premium			
<b>Glass</b>							
<b>Premises 1</b>	Sum insured		Excess	<b>Premises 2</b>	Sum insured		Excess
	R				R		
<b>Extensions and clauses</b>							
Special reinstatement		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Additional claims preparation costs</b>			Sum insured	R	Rate/premium		



Fidelity guarantee									
Basis of cover		Blanket <input type="checkbox"/> Yes <input type="checkbox"/> No			OR named/position <input type="checkbox"/> Yes <input type="checkbox"/> No				
Details to be shown in space provided below									
Extensions and clauses									
Retroactive cover		<input type="checkbox"/> Yes <input type="checkbox"/> No			Reduction/reinstatement <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cost of recovery		<input type="checkbox"/> Yes <input type="checkbox"/> No			If required – cost of recovery amount		R		
24 month discovery		<input type="checkbox"/> Yes <input type="checkbox"/> No			36 month discovery <input type="checkbox"/> Yes <input type="checkbox"/> No				
Superseded policy		<input type="checkbox"/> Yes <input type="checkbox"/> No			Number of years		Policy number		
Insurer					Sum insured		R		
<b>Basis of cover:</b> if blanket basis, state "all employees". If named or position basis, list positions of persons to be insured or name persons individually. If more space is required, attach a separate page.									
Item	Description			Number of employees	Sum insured		Premium		Excess
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
Additional claims preparation costs				Sum insured	R		Rate/premium		
Goods in transit									
Limit of indemnity		R			Excess		% of claim minimum		
Means of conveyance		R			R goods carried				
Insurer					Commodity class		Risk class		
Estimated annual carry		R			or number of vehicles				
Extensions and clauses									
Restricted cover		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Debris removal		<input type="checkbox"/> Yes <input type="checkbox"/> No		Debris limit	R		Flat premium		R
Fire extinguishing costs		<input type="checkbox"/> Yes <input type="checkbox"/> No		Fire costs limit	R		Flat premium		R
Additional claims preparation costs				Sum insured	R		Rate/premium		
Specified items		<input type="checkbox"/> Yes <input type="checkbox"/> No		Please list details in space provided below.					
Description					Sum insured		Rate/flat premium		Excess % min
					R				
					R				
					R				
					R				
					R				

**Goods in transit continued**

[illegible][illegible]

Business all risks
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## Schedule of items to be insured

Item	Description	Sum insured	Rate/premium	Excess
1.				
	Commodity/class code	R		% minimum R
2.				
	Commodity/class code	R		% minimum R
3.				
	Commodity/class code	R		% minimum R
4.				
	Commodity/class code	R		% minimum R
5.				
	Commodity/class code	R		% minimum R
6.				
	Commodity/class code	R		% minimum R
7.				
	Commodity/class code	R		% minimum R

Business all risks continued						
Schedule of items to be insured						
Item	Description	Sum insured	Rate/premium	Excess		
8.						
	Commodity/class code	R		% minimum R		
9.						
	Commodity/class code	R		% minimum R		
10.						
	Commodity/class code	R		% minimum R		
Extensions and clauses						
Replacement value	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Increased cost of working	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum insured	R	Premium		
Public liability						
Basis	Claims made		OR Claims occurring			
Retroactive date			Limit of liability	R		
Premium per location	R	Number of locations				
Turnover limit	R	Other limit		R		
	Excess % of claim subject to a minimum R					
Products liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit of liability		Rate		
	Excess % of claim subject to a minimum R					
Territories	<input type="checkbox"/> Yes <input type="checkbox"/> No	State amended territories if other than standard are required				
Territorial limits description (excluding the USA and Canada) Republic of South Africa, Namibia, Botswana, Lesotho, Swaziland, Zimbabwe, Malawi						
Other						
Defective workmanship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages limit of liability	R	Rate		
		Excess % of claim subject to a minimum R				
Legal defence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit of liability			R	
Number of persons		Prem/person	R	OR	Flat premium R	
Wrongful arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of persons		Prem/person	R	OR	Flat premium R	
EC liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate			Excess	



Motor				
1. Registration number/year of manufacture				
2. Make and model of vehicle				
3. Number of cylinders/cubic capacity/number of seats				
4. Value (maximum indemnity)	R			
5. Type of cover required (tick (v) the appropriate box)		Comprehensive <input type="checkbox"/>		
		Third party, fire and theft <input type="checkbox"/>		
		Third party only <input type="checkbox"/>		
	Vehicle definition	(a)	(b)	(c)
6. No claim discount (proof required)				
7. Chassis number/engine number				
8. Vehicle ID number (VIN code)				
	Own damage excess	%	Minimum R	
9. Is the vehicle used for private use?	Give details	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. What security devices are fitted?				
	Third party (liability) excess	%	Minimum R	
11. Passenger liability required?	Limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
OR				
12. Unauthorised passenger liability?	Limit of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
13. Windscreen cover required – for commercial vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	Excess	
and/or LDVs		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Loss of keys (standard R250)	Is higher limit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
15. Wreckage removal		<input type="checkbox"/> Yes <input type="checkbox"/> No	R1,000	
16. Credit shortfall required	(Value must be adequate)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Accessories (e.g. car radio, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	List items to be covered in space provided	
18. Is the vehicle modified in any way?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Details	
19. Is it imported?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Do you require car hire following theft cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(applicable to private type cars only)	
and/or car hire total loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(applicable to private type cars only)	
21. Is the vehicle fitted with a tracking device?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Type	
<b>Specified items</b> (accessories e.g. car radio)				
Description	Sum insured	Rate/flat premium	Excess % min	
<b>NB: If cover for more than one vehicle is required, attach a separate page(s)</b>				

## Electronic equipment

### Sub-section A: Material damage

## Equipment schedule

[illegible]

### Sub-section B: Consequential loss

Inc. cost of work	R	Time excess	R	(d) Ind period	(m)	Rate	
Reinstatement of data	R			Excess	R	Rate	

## Extensions and clauses

Transit and away	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit		Excess	R	Rate	
Telkom access lines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate		Failure of electricity supply		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional claims preparation costs (sum insured)		R		Rate	or flat premium R		

## Motor personal accident section

<b>Basis of cover</b> (tick cover required)	(i) Named persons		<input type="checkbox"/>
	(ii) Any driver		<input type="checkbox"/>
	(iii) Any driver and passengers		<input type="checkbox"/>
<b>Basis of cover</b>	<b>Vehicle details to be completed if (ii) and/or (iii) above is/are elected</b>		
	Make and model of vehicle		
	Registration number	Year of manufacture	
	Seating capacity		
	Are all seats fitted with seatbelts?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Motor personal accident section continued					
Basis of cover: if (i) named persons or (ii) any driver and passengers are elected, list persons to be insured in space provided below. If more space is required, attach a separate page.					
Details to be shown in the space provided below					
Name of person	Date of birth	Benefits Number of units (refer below)	Name of person	Date of birth	Benefits number of units (refer below)
Selected benefits (select the amount of cover you require for each individual benefit available)					
Applicable to persons over 15 and under 75 years of age					
Units	Death & Permanent Total Disability (PTD)			Medical expenses	
1	R250,000			R10,000	
2	R500,000			R20,000	
3	R750,000			R30,000	
4	R1,000,000			R40,000	
5	R1,250,000			R50,000	
6	R1,500,000			R60,000	
7	R1,750,000			R70,000	
8	R2,000,000			R80,000	
SASRIA					
Please indicate if you require SASRIA (South African Special Risks Insurance Association) cover by completing the relevant section(s) below					
Material damage					
Section		Sum insured		Rate	
Fire		R			
Buildings combined/body corporate		R			
Office contents		R			
Business all risks		R			
Electronic equipment		R			
Glass		R			
Money	Underlying premium	R			
Goods in transit		R			
Standing charges/working expenses					
Tick (✓) whichever is applicable. Note: full list of standing charges or working expenses are required					
Standing charges	R	OR	working expenses	R	Liability period
Standing charges	R	OR	working expenses	R	Liability period
Sum insured	R			R	
List of standing charges OR uninsured working expenses					

**Motor**

If the number of vehicles to be covered is 4 or less, please provide the following information

Make and model	Registration Number	Value	Premium
		R	
		R	
		R	
		R	

If the number of vehicles to be insured is 5 or more, please provide the number of vehicles to be covered within each category

Category	Description	Number of vehicles			Total premium
1	Cars and taxis seating up to 12		x R15	=	R
2	Goods vehicles		x R30	=	R
3	Taxis seating 13 to 19		x R30	=	R
Category	Description	Total value of all vehicles	Premium		Total premium
4	Car/vehicle ferrying companies and/or auto carrying companies and motor traders	R	x 0,006%	=	R
5	Buses	R	x 0,250%	=	R

**Consent to information sharing (this clause applies to Domestic Business only)**

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

**Declaration**

I/We declare that all particulars and answers in this proposal and application are true and complete in every respect, and that no material fact has been suppressed or withheld. I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves, such person shall be deemed to have been my/our Agent for the purpose. I/We agree that this declaration and the details given shall be the basis of the contract between myself/ourselves and Bryte Insurance Company Limited (referred to as the Company). I/We further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay premium thereunder. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property for which insurance is proposed.

Signature of insured \_\_\_\_\_ Date \_\_\_\_\_