

BnB Sure Proposal & Questionnaire



BnB SURE (Pty) Ltd

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AUTHORIZED FINANCIAL SERVICES PROVIDER LICENSE NUMBER 9854

BROKER:	<input type="text"/>	AGENCY CODE	<input type="text"/>
Insured Name (Legal Name):	<input type="text"/>		
Company Registration:	<input type="text"/>	VAT Number:	<input type="text"/>
Contact Person:	<input type="text"/>	I.D. Number:	<input type="text"/>
Establishment Name:	<input type="text"/>		
Postal address:	<input type="text"/>		Postal code: <input type="text"/>
Street address where establishment is situated:	<input type="text"/>		Postal code: <input type="text"/>
Cellphone Number:	<input type="text"/>	Telephone Number:	<input type="text"/>
Fax No: (if different):	<input type="text"/>		
E-mail:	<input type="text"/>		
Website address:	<input type="text"/>		
Type of establishment e.g. B&B, Guesthouse, Backpacker, etc:	<input type="text"/>	Would you like to be listed on the BNB Finder Website?	<input type="text"/>
NAA/GHASA/BABASA/ FEDHASA/ Chambers Accom. or AA Travel Guides Member?	<input type="text"/>	Which Association?	<input type="text"/>
Association Membership No.:	<input type="text"/>		
Is The Establishment Star Graded?	<input type="text"/>	Number Of Stars?	<input type="text"/>
When do you want the insurance to commence?	<input type="text"/>		

ALL DOCUMENTATION IS SENT ELECTRONICALLY FOR SECURITY PURPOSES

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)

6. How many bedrooms do you have? Guest: Other:

7. Do you have any dormitory type rooms? Yes No

If so please give details:

7. 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?

8. How long has the establishment been in operation?

9. Give details of telephone equipment in the

premises:

10. Do you have staff permanently on the premises?

Yes

No

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

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

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13. 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

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

Yes

No

If so please state what animals?

--

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

Yes

No

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

Yes

No

Do you have a PDP and COF license?

Yes

No

17. Do you use deep fat fryers for cooking?

Yes

No

If so please give details?

--

18. Are you aware of any incidents which have arisen in the past 12 months which could give rise to a claim? If so please give details:

Yes

No

--

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

Yes

No

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

21. In what year was the establishment constructed?

--

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

Yes

No

If yes please tell us why?

--

23. 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.)

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 have Retaining Wall? Yes No
If YES please specify

Subject to an approved engineers report and Management Approval

3. Do you require Power Surge Cover in excess of the free R22,500.00? 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 R22,500? Value of the total electrical goods ?
- NOTE: POWER SURGE COVER IS SUBJECT TO AVERAGE
3. Do you require "Bilking" cover in excess of the free R25,000 offered under Contents? Do you wish to increase to R30,000 or R40,000? 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 decks 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	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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	
2	
3	
4	
5	

Do you require reinstatement of data? Yes No If so, to what value?

Do you require increased cost of working? Yes No If so, to what value?

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 Yes No

a key member of the establishment, would you like financial assistance to cover this loss?

If so what amount of **GROSS ANNUAL INCOME** would you lose? R 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			
Model			
Year			
Registration Number			
VIN Number			
Engine Number			
Current Retail Value			
Date Purchased			
Finance Company			
Finance Account Number			
Shortfall Included (Yes/No)			
How is vehicle Registered?			
	(new, used, rebuilt or stolen/recovered)		
Registered Owner			
Main Driver			
Main Driver's date of birth			
Date licensed 1 st Issued			
Drivers License Code			
Other Regular Drivers			
Extra's or Modifications			
Current No Claim Bonus			
Area where used			
Cover:			
	Please specify whether Comprehensive, Third Party Fire & Theft, or Third Party only		
Vehicle Security & Make			
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? 2. Do you require CAR HIRE following Accident?

UNSPECIFIED PERSONAL ACCIDENT

1 Do you require R5 000,000.00 Unspecified Personal Accident cover? Yes No

Covers any passenger (excluding any person in the employ of the insured or family of the insured) being transported in the insured's vehicle, injured in a motor 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

FIDELITY SECTION

Do you require cover in excess of the free R10,000.00 cover? If so, how much?

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? R 6,000.00
 (waiting Period of 6 Months) R 10,000.00
 (waiting Period of 18 Months) R 15,000.00

Proposer Name and Initials	I.D./Date of birth
1	
2	
3	
4	

The following cover is available: Adults insured As per Limit selected above
 Children 6-13 R3,000.00
 Children under 6 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 past-times? Yes No

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
SECTION 1 - PERSONAL ACCIDENT INSURANCE			
1. Death			
2. Permanent Total Disablement			
3. Temporary Total Disablement Wages per week			

SECTION 2 – ACCIDENT MEDICAL EXPENSES			
Accident Medical Expenses	R	R	R

SECTION 3 – CRITICAL ILLNESS			
Critical illness	R	R	R

SECTION 4 – INCOME PROTECTION			
Income protection Requirement per month	R	R	R

SECTION 5- MOTOR PERSONAL ACCIDENT			
1 Death	R	R	R
2 Permanent Total Disablement	R	R	R

Notes:

- Section 1 – minimum cover for Items 1&2 - R100 000
- Section 2 for R25000, R50000 or R100 000
- Section 3 is available for R50 000 only
- Sections 2 and 3 may only be taken together with Section 1.
- Section 5 - any amount up to R5 000,000.00 Crucial cover for the insured in motor accident
- 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.
- Special cover for servants can be obtained. Please refer to BnB Sure for details.

TAX AND CPA LEGAL COSTS SECTION

Do you wish to have insurance on Tax and CPA Legal Costs?

YES

NO

R120,000.00 per annum

R300,000.00 per annum

- 1 Are you currently undergoing any investigation by SARS?
- 2 Are you expecting a refund from SARS?
- 3 Do you have any outstanding debts with SARS?
- 4 Are you up-to-date with all your VAT and PAYE?
- 5 Are all your tax returns up-to-date and submitted?
- 6 How much of your business as a percentage is cash business?
- 7 Have you familiarised yourself with the Consumer Protection Act how it pertains to your business?
- 8 Do you have legally acceptable disclaimers in place?
- 9 When you receive a deposit in Confirmation of a booking, is the consumer provided with information concerning a cancellation process?

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:

Solar Panels can also be included at an additional premium of R10.00 per item

Do you require this additional cover: If yes, please specify:

Description of Item

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3	
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DEBIT ORDER FORM

Account holder:	<input type="text"/>
Bank:	<input type="text"/>
Account Number:	<input type="text"/>
Branch:	<input type="text"/>
Branch code:	<input type="text"/>
Type of account:	<input type="text"/>

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	<input type="checkbox"/>	Yes	No
ii) Are chimneys fitted with spark arrestors?	<input type="checkbox"/>	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 hose reels 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)	<input type="text"/>
b) Contents (excluding all risks items)	<input type="text"/>
c) Loss of Revenue (Gross Annual Revenue)	<input type="text"/>

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: _____