

# BnB Sure Liability Proposal & Questionnaire



BnB Sure (Pty) Ltd

Authorised Financial Service Provider Licence No. 9854

Website: [www.bnbsure.co.za](http://www.bnbsure.co.za)

E-mail [info@bnbsure.co.za](mailto:info@bnbsure.co.za)

Telephone: 0861 BnBSure (0861 2627873)

More than just Insurance

Your full name: \_\_\_\_\_ Identity Number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Street Address where the risk is situated \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

MINIMUM PERIOD – 2 MONTHS Period that insurance is required? From \_\_\_\_\_ To \_\_\_\_\_

Once off premium policy to be collected by debit order upfront and prior to cover being granted.

LIABILITY LIMIT PREMIUM (excl. ADMIN FEE)

Limit of liability required: (Tick required cover)

R30 000 000  R150 x \_\_\_\_\_ months R \_\_\_\_\_

R50 000 000  R200 x \_\_\_\_\_ months R \_\_\_\_\_

R100 000 000  R300 x \_\_\_\_\_ months R \_\_\_\_\_

1. Will you be offering restaurant and/or bar facilities to patrons? Yes  No

2. 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: \_\_\_\_\_

3. Are you aware of any incidents which have arisen in the past 12 months which could give rise to a claim? Yes  No

If so please give details: \_\_\_\_\_

4. 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

5. Do you keep any animals other than domestic dogs and cats and caged birds, If so, what: \_\_\_\_\_

## GENERAL

Please provide the following information that is required by insurers.

1. Is the insurance required for a personal residence not normally used for any commercial purposes? Yes  No

2. If "No" please give details: \_\_\_\_\_

3. With which insurer are you insured for your normal domestic cover? \_\_\_\_\_

4. Have you advised that insurer that you will be changing the risk from personal to business for this period? Yes  No

5. Has any insurer ever cancelled any policy you have held? Yes  No

If yes please tell us why? \_\_\_\_\_

6. 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.)	Year	Cost (approx.)
_____	R. _____	_____	R. _____
_____	R. _____	_____	R. _____

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: \_\_\_\_\_

## DEBIT ORDER FORM

Account holder: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Type of account: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

