

# Flexi-Sure Brokers (Pty) Ltd - COMMERCIAL QUOTATION



e-mail: ruan@flexisure.co.za

Tel: 010 595 0222

Fax: 086 661 6276

<b>Client Company</b>			
Trading name			
Occupation			
Description of the insured's business activities			
Tel no Work or Cell		Language	Afr Eng
<b>Additional data required for Quotation</b>			
Claims History for 3 years - Yes No		(If Yes, Please Attach)	
Number of losses		Number of losses claimed for	
Total amount		Currently Insured	Yes No
Insurer			
<b>Premises Risk Address</b>			
Physical Address			
Postal code			
Security			
<b>01 Fire</b>			
	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Col Ref - (1-Building, 2-Rent, 3-Contents, 4-Stock, 5-Miscellaneous)			
Construction (Std, Non-Std, Thatch) Please Attach Thatch Tool			
Sum Insured	R	R	R
<b>Additional extensions required</b>			
Subsidence and landslip	Yes		No
Leakage full value	Yes		No
Leakage - first loss	R	R	R
Disposal of salvage	Yes		No
Inflation escalation %			
<b>02 Buildings combined</b>			
	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
(Building and Rent, Contents, Miscellaneous)			
Construction (Std, Non-Std, Thatch) Please Attach Thatch Tool			
Sum Insured	R	R	R
<b>Additional extensions required</b>			
Subsidence and landslip	Yes		No
Inflation escalation %	%	%	%
Additional rent	R	R	R
Prevention of access	Yes		No
<b>03 Office contents</b>			
	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Construction (Std, Non-Std,Thatch) Please Attach Thatch Tool			
Sum Insured	R	R	R
<b>Additional extensions required</b>			
Documents	R	R	R
Legal Liability	R	R	R
Theft (OR)	R	R	R
Theft violent	R	R	R
<b>04 Business interruption</b>			
	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Specification type ( Gross Profit / Gross Rentals / Revenue Fees / ICOW / Wages / Fines & Penalties / Standing Costs)			
If gross profit supply basis (Difference / Addition)			
Indemnity period			
Sum Insured	R	R	R
<b>Additional extensions required</b>			
<b>Specified suppliers</b>		<b>Specified customers</b>	
Local / Overseas		Local / Overseas	
Dependency factor		Dependency factor	
Number of suppliers		Number of suppliers	
<b>Unspecified suppliers</b>		<b>Unspecified customers</b>	
Local / Overseas		Local / Overseas	
Dependency factor		Dependency factor	
Number of suppliers		Number of suppliers	
<b>Prevention of access - Extended coverage</b>			
<b>Public utilities - Insured perils (OR)</b>			
<b>Public utilities - Extended coverage</b>			
<b>Public telecommunications - Insured perils (OR)</b>			
<b>Public telecommunications - Extended coverage</b>			
<b>Accidental damage</b>	R		

<b>05 Accounts receivable</b>				
	Item 1	Item 2	Item 3	
Outstanding debit balance	R	R	R	
Construction (Standard, Non-Standard, Thatch)				
<b>Additional extensions required</b>				
Duplicate Records	Yes		No	
Protection	Yes		No	
Transit	Yes		No	
<b>06 Theft</b>				
	Item 1	Item 2	Item 3	
Total value of contents	R	R	R	
First loss amount	R	R	R	
Protection / Security				
Locks & Keys	R2 500 included			
Damage to Buildings	R5 000 included			
<b>Additional data required for Issuance</b>				
<b>07 Money</b>				
	Item 1	Item 2	Item 3	
Main limit	R	R	R	
<b>Additional extensions required</b>				
Seasonal limit	R	R	R	
Description				
Start period dd/mm				
End period dd/mm				
Petrol attendants (Maximum limit R5000)	R	R	R	
Collectors (Maximum limit R10000)	R	R	R	
<b>No of Collectors</b>				
Cash on delivery (Must not exceed main limit)	R	R	R	
Specified safes Y/N	R	R	R	
Safe limit	R	R	R	
Safe description				
<b>Additional data required for Issuance</b>				
Protection / Security				
<b>08 Glass</b>				
	Item 1	Item 2	Item 3	
Sum Insured	R	R	R	
<b>Additional extensions required</b>				
Special replacement	Yes		No	
Other costs and expenses limit				
<b>09 Fidelity</b>				
	Item 1	Item 2	Item 3	
Basis - Blanket / Name / Position				
Limit required				
No of employees				
Profession				
<b>Extensions</b>				
Voluntary first amount payable	R	R	R	
Reduction / Reinstatement of insured amount Y/N				
Cost of recovery	R 10,000	R 10,000	R 10,000	
Retroactive cover	Yes	No		
Superceded insurance (years)				
Insurer				
Policy number				
Sum insured				
Computer losses Y/N (requires questionnaire to be completed)				
Losses committed 24/36 months ago (Supply name of accounting firm)				
<b>10 Goods in Transit</b>				
Cover - 1- Limited (Fire, Collision & Overturning)    2 - Limited & Theft    3 - Limited & Theft & Hi-jacking    4 - All Risk				
Commodities Transported				
Means of conveyance				
Annual carry				
Limit per load				
Haulage fees (Transport industry only)				
Number of vehicles (Transport industry only)				
<b>Additional extensions required</b>				
Debris removal	R 1 000	R 1 000	R 1 000	
Fire extinguishing charges	R 1 000	R 1 000	R 1 000	

<b>11 Business All risk</b>		<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Type of article				
Article description				
Sum Insured		R	R	R
1-While in specific building / 2- In any building / 3- In/outside any building				
Postal code				
<b>Additional extensions required</b>				
Replacement value conditions		Yes		No
<b>12 Accidental Damage</b>				
Sum Insured		R		
Total assets value		R		
<b>Additional extensions required</b>				
Leakage of oils/ Chemicals/ Fumes		Yes		No
Average		Yes		No
First loss average		Yes		No
Excluded property		Yes		No
Excluded property description				
Reinstatement		Yes		No
<b>13 Public liability</b>				
<b>Basis - (1 - Occurrence / 2 - Claims made)</b>		<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Retroactive date (only for Claims made basis dd/mm/yyyy)				
Limit of indemnity		R	R	R
Turnover				
<b>Additional extensions required</b>				
<b>Product liability</b>		<b>Defective workmanship</b>		
Product description		Product description		
Limit of indemnity		Limit of indemnity		
Turnover		Annual Labour Costs		
<b>EU Liability</b>		<b>USA/Canada liability</b>		
Product description		Product description		
Limit of indemnity		Limit of indemnity		
Turnover		Turnover		
<b>Legal defence costs option</b>		<b>Errors/Omissions/Negligence option</b>		
<b>Wrongful arrest and defamation option</b>		<b>Hair salons option</b>		
<b>Pharmacies option</b>		<b>Medical treatment option</b>		
Number of pharmacist		Number of medical officers		
Number of assistants				
<b>14 Employers Liability</b>				
Profession				
Limit of indemnity				
Annual Earnings				
Retroactive date Yes / No (if Yes DD/MM/YYYY)				
<b>15 Stated Benefits</b>				
Number of employees				
Total annual earnings		R		
Highest annual earnings (only if more than 1 employee)		R		
Times annual earnings		(1,2,3,4,5)		
Business limitations		12 / 24 Hours		
Death benefit		Yes		No
Permanent disability		Yes		No
Temporary total disability		Yes		No
% average weekly earnings		(75% or 100%)		
Minimum period weeks		(1,2,3)		
Maximum period weeks		(13, 26, 52, 104)		
<b>Additional extensions required</b>				
Medical expenses limit		R		
Burns disfigurement		Yes		No
Passive war		Yes		No
Motorcycling other than business		Yes		No
Mountaineering with ropes		Yes		No
Polo on horseback		Yes		No
Additional death benefit limit		(R5 000, R10 000, R15000)		
Repatriation costs limit		(R5 000, R10 000, R15000)		
Trauma costs limit		(R5 000, R10 000, R15000)		

<b>16 Personal Accident</b>			
Basis (Blanket / Name / Position)			
Number of employees			
Profession of employees			
Business limitation 12 / 24 Hours			
Compensation limit per person	R	R	R
Death	Yes		No
Temporary disability Y/N with amount	R	R	R
Minimum period weeks (1,2,3)			
Maximum period weeks (13, 26, 52, 104)			
<b>Additional extensions required</b>			
Medical expenses limit			
Burns disfigurement	Yes		No
Passive war	Yes		No
Motorcycling other than business	Yes		No
Mountaineering with ropes	Yes		No
Polo on horseback	Yes		No
Additional death benefit limit (R5 000, R10 000, R15000)	R		
Repatriation costs limit (R5 000, R10 000, R15000)	R		
Trauma costs limit (R5 000, R10 000, R15000)	R		
<b>17 Motor</b>			
	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
(If more than 3 vehicles, please attach an additional page)			
Category - (Private type / Commercial / Motorcycle / Bus / Trailer)			
Class of use - Private Business			
Type of cover - Comprehensive / Limited / Third Party Only			
Year manufactured			
Make			
Model			
Insured Amount			
(Commercial Vehicles & Trailers - kg / Motorcycles - cc)			
Postal code			
NCB/CFG			
<b>Any additional extensions required</b>			
Tracking Device			
Waiver of Excess - Basic	Yes		No
Waiver of Excess - Theft / Hi-jacking	Yes		No
Loss of keys - limit	R	R	R
Fire extinguishing charges - limit	R	R	R
Credit shortfall			
Radio - limit	R	R	R
Vehicle telephone - limit	R	R	R
Compact disk player - limit	R	R	R
<b>Sub div B liability - limit</b>	R	R	R
<b>Passenger liability - limit</b>	R	R	R
Number of seats paid			
Number of seats unpaid			
Unauthorised passenger liability limit	R	R	R
Wreckage removal limit > R1 000	R	R	R
Motor Accessories			
Accessory			
Description			
Limit			
Non standard extensions - Car Hire	Yes	R	R
Motor Assist	Yes		No
<b>18 Motor External Risks</b>			
	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Cover - (Comprehensive / Third party, Fire & Theft / Third Party Only)			
Vehicles involved in risk :			
(Private type / LDV / Commercial / Motorcycle / Special types / Combined)			
Description of vehicles involved in risk (Only required if it is Combined)			
Vehicle classification (1 - New 2 - Used 3 - New & Used vehicles)			
Number of drivers			
Postal Code			
Total Salaries and wages			
Limit - Article I			
Limit - Article II			

Any additional extensions required					
Windscreens	Yes	No			
Social, domestic and pleasure events	Yes	No			
Number of drivers (Social)					
Named drivers using vehicles socially					
Loss of use			R		
Unauthorised use by employees	Yes	No			
Legal liability of passengers	Yes	No			
Driving of motor cycles	Yes	No			
Own vehicles ONLY N applicable	No				
Demonstration vehicles	Yes	No			
Passengers legal liability	Yes	No			
Cover - Motorcycles only	Yes	No			
Cover - Special type vehicles only	Yes	No			
<b>19 Motor Internal Risks</b>			<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Type of cover (Comprehensive / Third Party Only)					
Vehicle classification - 1 - New 2 - Used 3 - New and Used Vehicles					
Maximum number of vehicles on premises					
Amount of Premises					
Limit - Article I					
Limit - Article II					
Total Salaries and wages					
Any additional extensions required					
Work away from premises	Yes	No			
Description of Premises					
Vehicle hoists / Motor cycle workbench	Yes	No			
Number of hoists / workbenches					
<b>20 House Owners</b>			<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Type of residence (Main / Holiday / Extra Residence / Add. Residence / Detached House or Cottage / Townhouse / Ground or above level flat)					
Construction (Std, Non-Std, Thatch) Attach Thatch Tool					
Sum insured			R	R	R
Unoccupied days					
Any additional extensions required					
Subsidence and Landslip	Yes	No			
Inflation escalation %					
Accidental damage to machinery	Yes	No	R	R	R
<b>21 Machinery Breakdown</b>			<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Equipment group for type of business					
Type of Equipment					
Sum Insured			R	R	R
Average age of machinery (years)					
Service contract	Yes	No			
<b>22 Electronic equipment item detail</b>			<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Equipment type description (Require more items, please attach an additional page)					
Burglary coverage (full, limited, no burglary)					
Sum Insured			R	R	R
Additional extensions required					
Sub section B - Increased cost of working sum insured			R	R	R
Time excess (hours)					
Indemnity period (months)					
Telkom access lines Y/N					
Sub section B - Reinstatement of data sum insured			R	R	R
<b>23 Machinery Breakdown Business interruption (Section 21 must be selected)</b>					
Gross profit					
No claim period (Time excess - hours)					
Support - Local / Overseas					
Indemnity period (months)			R		
Additional data required for Issuance					
Specified working expenses					

<b>24 House Holders</b>	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Type of residence (Main / Holiday / Extra Residence / Add. Residence / Detached House or Cottage / Townhouse / Ground or above level flat)			
Construction - (Std, Non-Std, Thatch) Attach Thatch Tool			
Sum Insured	R	R	R
Unoccupied Days			
<b>Additional extensions required</b>			
Subsidence and Landslip	Yes		No
Accidental damage <b>(OR)</b>	Yes		No
Acc damage with mechanical / electrical / electronic breakdown	Yes		No
<b>35 Deterioration of stock (can only be selected with section 21)</b>	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Commodity (Description of stock)			
No claim period (Time excess)			
Sum insured	R	R	R
Average age of machinery (years)			
Risk Management			
Continuous supervision	Yes		No
Temperature measurements	Yes		No
Full Backup Equipment	Yes		No
<b>Additional extensions required</b>			
Accidental interruption of electricity supply	Yes		No
<b>43 Greens and irrigation systems</b>	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>
Insured Item type - Greens / Irrigation / Greens & Irrigation			
Description of item			
Type of cover			
(Subsection I and II can only be selected for Irrigation system types)			
Sum Insured	R	R	R
<b>50 Umbrella Liability</b>			
Indicate	Yes		No
Sum Insured	R		