



Questionnaire and proposal for Asset insurance

GENERAL DETAILS:

Insured : _____

Physical Address : _____

Purpose of Occupation for which the business is registered & Trading (i.e. Hotel / Guesthouse) : _____

Are you a registered member of any local or national governing bodies / associations or councils (i.e.: Chamber of Commerce / Fedhasa) Yes No

Please list these & advise the duration of your membership?

_____ Year: _____
_____ Year: _____
_____ Year: _____

How long has the business been established : _____

How long has the current owner or Management been involved in this business? : _____

How many permanent staff does the business employ? : _____

Have there been any labour disputes during the last 12 months : _____

Are you aware of any land claims pending on the Property to be Insured, if yes please provide full details: _____

BUILDING DETAILS:

Total replacement value of buildings to be Insured?: _____

When last were these professionally valued? : _____

Approximate total square meterage of all buildings?: _____

Number of free standing structures? : _____

Number of levels of tallest building : _____

When were the buildings constructed? : _____

Does each building have an approved rational design prepared by an architect or other authorized professional? Yes No

Are the buildings regularly maintained by qualified electricians, plumbers, etc? Yes No

Please provide details of the maintenance plan : _____

When last was an electrical compliance certificate issued in respect of the buildings? : _____

Is there a dedicated & documented fire management, emergency & evacuation plan in place? Yes No

Are all staff trained in the usage of fire fighting equipment & their respective role in the event of a fire or emergency requiring appropriate response?

Yes No

Please provide details

: _____

SEGMENTS 1 & 3:

Hotels, Country Hotels, Motels, Guesthouses, Lodges, Boutique Hotels, Conference, Convention Centres, Game Farms, Game Lodges, Timeshare, Resorts, Bed & Breakfasts

What is your approximate annual turnover / revenue

:R _____

What approximate proportion of your turnover or revenue is derived from:

- | | | | | | |
|-------------|---|-------|---------------|---|-------|
| 1. Tourists | : | _____ | Local | : | _____ |
| | | | International | : | _____ |
| 2. Business | : | _____ | Local | : | _____ |
| | | | International | : | _____ |

What is your average annual occupancy rate? : _____%

How many rooms do you have available?

- | | | | | | |
|------------------|---|-------|---------------------|---|-------|
| 1. Single | : | _____ | Average p/p/pn rate | : | _____ |
| 2. Double | : | _____ | Average p/p/pn rate | : | _____ |
| 3. Suite | : | _____ | Average p/p/pn rate | : | _____ |
| 4. Self Catering | : | _____ | Average p/p/pn rate | : | _____ |
| 5. Chalet | : | _____ | Average p/p/pn rate | : | _____ |
| 6. Other | : | _____ | Average p/p/pn rate | : | _____ |

When is your peak accommodation season? : _____

Are you registered with the TGCSA or similar grading body?

Yes No

Name of grading body? : _____

Grading achieved : _____ (Stars)

Are all guest rooms protected with a fire or smoke detection system in terms of the National Building Regulations? : _____

SEGMENT 2:

Restaurants & Food Franchises

Are you located inside a shopping centre or Mall : Yes No

Is access control or additional security provided : Yes No

Please provide details : _____

Do you have an Armed Response Alarm system installed? Yes No

Who is contracted to provide the monitoring and response service? : _____

Provide details of the physical protections? : _____

What proportion of your turnover / revenue is derived from:

1. Bar Sales : _____%

2. Tables : _____%

3. Take Away : _____%

Do you have any of the following:

Pool Tables? : Yes No

Gaming Machines? : Yes No

Dart Boards? : Yes No

Dance Floor : Yes No

What are your usual hours of operation? : _____

Golf, Sport & Recreational Clubs

Approximate number of members : _____

Are the grounds, greens, courses maintained?

by an employee / Third Party / Contractor? : _____

Are these persons qualified to do such maintenance: Yes No

Please provide details : _____
