



Olive Insurance Brokers is an authorised financial services provider  
Tel: 011 462 3393 | www.olivebrokers.co.za



Company no: 1992/008249/23  
Vat Number: 4280249709  
FSP4995  
Tel: 0861 726 526  
www.handl.co.za

Please send completed forms to [info@olivebrokers.co.za](mailto:info@olivebrokers.co.za)

## Guesthouse / Bed and Breakfast Proposal form

**PLEASE DO NOT SIGN ANY BLANK OR PARTIALLY COMPLETED FORMS. ANY LINES THAT ARE NOT APPLICABLE SHOULD BE STRUCK THROUGH OR THE WORDS "NOT APPLICABLE" INSERTED**

### GENERAL INFORMATION

Name of Proposer:

(This must represent a legal entity i.e. (Pty), Ltd,CC or if individual then ID number.)

Contact Person:

Contact Number:

Cell Number:

Fax Number:

Email Address:

Business Description:

Physical Address:

Postal Address:

VAT Number:

Company reg no/ ID number:

How long has the business been established?

Is the insured the owner of the property or the tenant?

How long has current owner / management been involved in the business?

How many permanent employees does the business employ?

What percentage of your bookings takes place through third parties?

What details of patrons are obtained upon booking?

Are Indemnity Forms completed and signed by guests on arrival?

YES

NO

Please describe details of access to office/admin areas, eg 24hr access / locked when not in use / etc?

### BUILDING AND PREMISES DETAILS:

Total replacement value of buildings to be insured R

Guesthouse & BnB Proposal form

When were the buildings constructed?

Construction of buildings (if more than one please advise all): Roof

Walls

Approximate total square meterage of all the buildings:

Number of free standing structures:

Number of guest rooms:

Are the buildings regularly maintained by qualified tradesman e.g. plumbers / electricians etc? YES NO

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

Is there a dedicated & documented fire management and/or emergency and evacuation plan? YES NO

Are all staff trained in the usage of firefighting equipment? YES NO

Are all the staff aware of their roles and responsibilities in the event of a fire/emergency? YES NO

Details of geysers to be insured:

Size: Number: Position:

**If a lapa is on the property please, complete the following:**

Is the lapa attached to the main dwelling? YES NO

Is the lapa larger than 20m<sup>2</sup>? YES NO

Please advise the distance from the lapa to the building:

Does the lapa have a braai/heating facility? YES NO

If yes, does the chimney penetrate the roof line? YES NO

If yes, does the chimney have brick or steel flu:

**Do you have the following at or on the premises? If yes, please complete the questions below.**

**RESTAURANTS open for use by the general public:**

Is access control or additional security provided? YES NO

Please provide details:

Is there an armed response alarm system installed? YES NO

Is there panic buttons in use? YES NO

Who is contacted to provide monitoring or response?

Provide details of the physical protection e.g burglar bars, electric fence, security gates etc:

What are your usual hours of operation?

How often are the extractor fans and rock grills cleaned and maintained?

Do you offer a conference center or a wedding venue? YES NO

Do you offer any other activities (swimming, horseback riding, cycling)? Please provide details: YES NO

Do you offer extreme activities? (Indemnity Forms are required) (Quad biking, canopy tours etc) Please provide details:

Please advise the annual turnover for these extreme activities:

Is there a swimming pool on the premises? YES NO

Please describe access control to pool eg fenced in / locked when not in use etc YES NO

Are there disclaimers for the activities at the premises, and are they clearly visible? YES NO

Where are the disclaimers situated?

How is access to the premises gained, eg. via main road / farm road / traversing a river etc?

If the following cover extensions are required, please complete:

Loss of Tourist Attraction	YES	NO	Limit of Indemnity
Bush Fire	YES	NO	Limit of Indemnity
Spread of Fire	YES	NO	Limit of Indemnity

**COMPUTER EQUIPMENT:**

Do you have portable electronic equipment? YES NO

Is it insured elsewhere? YES NO

Please list the equipment to be insured including make, model, serial number and replacement value:

**PREVIOUS INSURANCE/ CLAIMS**

Name of previous Insurer:

Has any Insurer ever cancelled, declined or refused to renew your insurance or imposed special terms? YES NO

If Yes, Please give details:

In respect of the cover required, please provide details of any and all losses / incidents sustains in the past three (3) years, whether claimed or not:

What is the reason for the change / cancellation of insurance from the previous Insurer?

**POLICY PREMIUM PAYMENT FREQUENCY**

(Tick the appropriate box)

Annual

Monthly

**Monthly policies require a signed debit order authority form to be completed**

**DECLARATION**

I/We hereby declare that, to the best of my/our knowledge and belief, the particulars and answers are true and correct and that I/We have not withheld any information which is likely to influence the decision of the Insurers in regard to this proposal.

Signature of the Insured/ broker

\_\_\_\_\_

Capacity:

Date:

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