

Bryte Risk Services Botswana

B.I.C.B Limited trading as Bryte Risk Services Botswana

A Fairfax Company

Registration number: BN2017/6844 VAT number: CO0754501112

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Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Risk Services Botswana

Important notes		
1. Please print in BLOCK LETTERS. 2. No policy is in force until we have received the fully completed and signed application form and confirmed cover. If we decline your application, we will notify you or your broker immediately. 3. Please (✓) the applicable blocks for yes/no answers. 4. If insufficient space is available on the form please provide answers on the last page under "Additional Information/Comments".		
Broker Details		
Agency/broker		
Agency number		
Cover Required		
Cover is available for the following classes of insurance. Please (✓) the classes you require insurance cover on and complete the relevant sections in the application form.		
Section		
<input type="checkbox"/> Buildings (Home) <input type="checkbox"/> Household Contents <input type="checkbox"/> Specific Items (All Risks) <input type="checkbox"/> Personal Computer Equipment <input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Motor Cycles <input type="checkbox"/> Caravan/Trailers <input type="checkbox"/> Personal Legal Responsibility <input type="checkbox"/> Extended Personal Legal Responsibility	<input type="checkbox"/> Personal Accident <input type="checkbox"/> Motor Personal <input type="checkbox"/> Accident Legal Costs <input type="checkbox"/> Watercraft
Personal Details		
First name(s)		
Surname		
Identity number		
Date of birth		
Postal address		
		Postal code
Physical address		
		Postal code
Insured's occupation or business		
Contact details		
Telephone number (work)		
Telephone number (home)		
Telephone number (cell)		
Fax number		
Email address		

Co-insured		
First name(s)		
Surname		
Identity number		
Date of birth		
Postal address		
		Postal code
Co-insured's occupation or business		
Contact details		
Telephone number (work)		
Telephone number (home)		
Telephone number (cell)		
Fax number		
Email address		
Cover required		
Effective date		
Language preference	<input type="checkbox"/> English	
General Information		
Previous insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give full details i.e. name of insurer, policy number, inception and cancellation date(s)		
Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give full details		
Give details of all losses or claims suffered in the last 3 years (whether insured or not)		
Type of loss (fire, motor, accident, burglary, etc.)	Year	Amount paid (approximate)
Do you intend going on holiday within the next two months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give full details		

Will the premises be left vacant for longer than 60 days in any calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give full details			
Is the premises occupied during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, by whom?			
Is any part of the premises used for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give full details			
Is the property isolated e.g. on a plot or agricultural holding(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, the Plot Questionnaire is to be completed			
Pensioner information (tick appropriate box)			
<input type="checkbox"/> Not a pensioner <input type="checkbox"/> Pensioner over 55 <input type="checkbox"/> Employed over 50 <input type="checkbox"/> Pensioner in a retirement village			
Will the premises be unoccupied during the year (tick appropriate box)			
<input type="checkbox"/> More than 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> 150 days <input type="checkbox"/> 180 days <input type="checkbox"/> 210 days <input type="checkbox"/> 240 days <input type="checkbox"/> 270 days <input type="checkbox"/> 300 days			
Buildings (Home) and Household Contents Sections			
In respect of property to be insured please state			
Details	Premises 1		Premises 2
Physical address			
		Postal code	
Construction	Walls Standard or non-standard		Walls Standard or non-standard
	Roof Standard or non-standard If thatch, the Questionnaire is to be completed		Roof Standard or non-standard If thatch, the Questionnaire is to be completed
Dwelling type (please specify)	Cluster home		
	Private dwelling home		
	Farm dwelling		
	Flat/apartment		
	Retirement village ¹		
	Simplex/duplex		
	Holiday home		
	Townhouse		
	Parkhome		
¹ A secure complex or retirement village means a complex with high perimeter walls with either razor coil wire or an electric fence on top of the perimeter walls. The complex must either have a 24-hour staffed security gate or access must be controlled by an intercom, remote control or registration at the gate.			

Details		Premises 1	Premises 2
Occupied by you as		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Security protections requirements	Burglar bars on all opening windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Security gates on all opening doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Alarm with armed response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is a maintenance contract in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of security service provider		
	Secure complex/retirement village	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Buildings (Home) Section

Building (Home) is defined as the private residence, all garages and outbuildings; brick, concrete or tar driveways, paths or patios; walls, gates and fences (other than hedges); tennis and squash courts; structure or fabric of swimming pools, sauna or spa baths and bore hole pumps situated at the address stated in the schedule.

Interest noted (mortgagee)

Details		Premises 1	Premises 2
Sum insured		P	P
Optional cover		Maximum amount of cover	
Accidental damage not otherwise insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional – Minimum P5,000; Maximum P100,000			
Breakdown of fixed machinery		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional – Minimum P5,000; Maximum P100,000			
Additional power surge (optional to limited cover)		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional – Minimum P5,000; Maximum P100,000			
Full subsidence and landslip		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
(Geotechnical report required)			

Household Contents Section

The completion of the inventory form on the last page of this application will assist in establishing correct current replacement cost of contents.

Details		Premises 1	Premises 2
Sum insured		P	P
Are you entitled to a claim free discount?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name the company and attach proof of discount			
Business from home		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited to 35% of sum insured limited to P50,000			
Optional cover		Maximum amount of cover	
Accidental damage not otherwise insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional – Minimum P5,000; Maximum P100,000			
Electrical and mechanical breakdown		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional – Minimum P5,000; Maximum P100,000			
Additional power surge (optional to limited cover)		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional – Minimum P5,000; Maximum P100,000			
Subsidence and landslip		<input type="checkbox"/> Yes <input type="checkbox"/> No	P
(Geotechnical report required)			

Specific Items (All Risks) Section		
Description	Maximum amount of cover	
Unspecified	P	
Specified items	P	
1.	P	
2.	P	
3.	P	
4.	P	
Notes 1. Attach valuation certificates for items such as specified jewellery (exceeding P5,000) and include photographs if available. 2. Where applicable, include serial numbers of specified items. 3. Describe items as fully and accurately as possible.		
Personal Computer Equipment Section		
Address of computer equipment		
Description	Maximum amount of cover	
Specified items	P	
1.	P	
2.	P	
3.	P	
4.	P	
Computer software	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Optional cover		
Reinstatement of data (limited to laptops and desktops)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Motor Vehicle Section		
Details	Vehicle 1	Vehicle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	P	P
Agreed value (specific vehicle criteria if agreed)	P	P
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only <input type="checkbox"/> Comprehensive excluding theft	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only <input type="checkbox"/> Comprehensive excluding theft
Class of use	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession. B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession. C. Private use only: Social, domestic, pleasure purposes only.		

Details	Vehicle 1	Vehicle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Vehicle colour		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Security protection <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobiliser <input type="checkbox"/> Tracking device <input type="checkbox"/> Recovery identification	<input type="checkbox"/> Alarm <input type="checkbox"/> Gearlock <input type="checkbox"/> Immobiliser <input type="checkbox"/> Tracking device <input type="checkbox"/> Recovery identification
Tracking device <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give the following details and provide certificate		
Tracking device make and model		
Tracking device serial number		
Tracking device installation date		
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, surname and identity number		
1.		
2.		
3.		

Details	Vehicle 1	Vehicle 2
Optional cover	Maximum amount of cover	Maximum amount of cover
Vehicle accessories (post manufacturing)		
Covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Items description		
Tow bar <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Leather seats <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Bluetooth <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Credit shortfall (Comprehensive cover only)	P	P
Additional locks and keys <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Excess waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Voluntary excess <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Additional wreckage removal <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Additional third party liability <input type="checkbox"/> Yes <input type="checkbox"/> No (Maximum limit up to P10,000,000)	P	P
Optional cover extension		
Car hire		
Covered <input type="checkbox"/> Yes <input type="checkbox"/> No	Days <input type="checkbox"/> 30 <input type="checkbox"/> 45	Days <input type="checkbox"/> 30 <input type="checkbox"/> 45
Motor Cycle Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	P	P
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only
Class of use	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession. B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession. C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details	Cycle 1	Cycle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		
Optional cover	Maximum amount of cover	Maximum amount of cover
Credit shortfall <input type="checkbox"/> Yes <input type="checkbox"/> No (Comprehensive cover only)	P	P
Additional locks and keys <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Additional wreckage removal <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P

Quads and Off Road Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	P	P
Type of cover	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive
Class of use	<input type="checkbox"/> C	<input type="checkbox"/> C
C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		

Motorised Ride On Equipment such as Golfcarts, Sedgeway and Ride On Lawnmowers Section		
Details	1	2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	P	P
Type of cover	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive
Class of use	<input type="checkbox"/> C	<input type="checkbox"/> C
C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		

Caravan/Trailer Section		
Details	Caravan/Trailer 1	Caravan/Trailer 2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	P	P
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only
Class of use	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<p>A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession.</p> <p>B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession.</p> <p>C. Private use only: Social, domestic, pleasure purposes only.</p>		
Imported or modified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Registered owner details		
Name and surname		
Identity number		
Optional cover	Maximum amount of cover	Maximum amount of cover
Credit shortfall <input type="checkbox"/> Yes <input type="checkbox"/> No (Comprehensive cover only)	P	P
Additional locks and keys <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Windscreen <input type="checkbox"/> Yes <input type="checkbox"/> No	P	P
Personal Legal Responsibility Section		
	Covered	Maximum amount of cover
Personal legal responsibility (Compulsory)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P2,500,000 <input type="checkbox"/> P3,000,000 <input type="checkbox"/> P4,000,000 <input type="checkbox"/> P5,000,000
Optional cover		
Business from home (included) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Extended Personal Legal Responsibility Section		
	Covered	Maximum amount of cover
Extended personal legal responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P10,000,000 <input type="checkbox"/> P20,000,000
Personal Accident Section		
Insured person		
Name and surname		
Identity number		
(Date of birth/passport number)		
Occupation		
Specific circumstances covered	Covered	Maximum amount of cover
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Permanent total disablement (PTD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Temporary total disablement (TTD) per week	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
TTD not exceeding 104 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Additional medical expenses (medical certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	R
Motor Personal Accident Section		
Cover type	<input type="checkbox"/> Any driver <input type="checkbox"/> Any passenger and driver <input type="checkbox"/> Named person(s)	
If named person		
Name and surname		
Identity number		
Year of manufacture		
Make and model		
Registration number		
Number of units	Maximum amount of cover: Death and permanent total disablement	Maximum amount of cover: Medical expenses
1.	<input type="checkbox"/> P250,000	<input type="checkbox"/> P10,000
2.	<input type="checkbox"/> P500,000	<input type="checkbox"/> P20,000
3.	<input type="checkbox"/> P750,000	<input type="checkbox"/> P30,000
4.	<input type="checkbox"/> P1,000,000	<input type="checkbox"/> P40,000
5.	<input type="checkbox"/> P1,250,000	<input type="checkbox"/> P50,000
6.	<input type="checkbox"/> P1,500,000	<input type="checkbox"/> P60,000
7.	<input type="checkbox"/> P1,750,000	<input type="checkbox"/> P70,000
8.	<input type="checkbox"/> P2,000,000	<input type="checkbox"/> P80,000
Legal Costs Section		
Specific items covered	Covered	Maximum amount of cover
Plan type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> P70,000 <input type="checkbox"/> P40,000 <input type="checkbox"/> P20,000 <input type="checkbox"/> P15,000

Watercraft Section		
Vessel name		
Vessel type		
Cruising range (Limited to South African territorial waters only – 12 nautical miles)		
	Inland waters only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inland and coastal waters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the vessel be used on inland waters only?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hull construction		
Year of manufacture		
Vessel length		
Unit of measure		
Design speed		
Auxiliary motors		
Glitter		
Claim free group		
Class of use	<input type="checkbox"/> C	
C. Private use only: Social, domestic, pleasure purposes only.		
What is your boat handling experience as a skipper?		
Skipper certificate		
Specific items covered	Covered	Maximum amount of cover
Hull	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Trailer description		
Trailer registration number		
Dinghy	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Auxiliary motor (yachts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Special equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special equipment items description		Maximum amount of cover
1.		P
2.		P
Inboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Outboard motor details		
Make and model		
Year		
Serial number		
Total maximum amount of cover for watercraft section		P
Optional extension	Covered	Maximum amount of cover
Road or rail transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Racing risk sails (yacht racing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Submerged objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Third party additional sum insured (maximum limit up to P750,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Passenger additional sum insured (maximum limit up to P750,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Water skiers extended sum insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	P
Monthly Debit Authority		
<p>The information required below is to enable your monthly premiums to be debited to your bank account. To validate cheque/current account information please attach a cancelled cheque. Important: if you change your bank account please advise the Company immediately and forward a cancelled cheque from your cheque book or advise details of your new account.</p> <p>In the event that the banking details below are in the name of another person, written consent from the account holder is required. In the event that the banking details below are in the name of a company, written consent (from the director) on the company's letterhead and a cancelled cheque are required.</p> <p>I hereby declare that BryteRisk Services Botswana is authorised to debit the monthly premium to my bank account stated below and to adjust such debit as necessary due to changes in cover, risk, sums insured or premiums.</p>		
Name of bank		
Branch name		
Branch number		
Account number		
Name of account holder		
Type of account		
<p>Signed at _____ on the _____ day of _____ 20 _____</p> <p>_____</p> <p>Signature of account holder</p>		
Declaration		
<p>I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between BryteRisk Services Botswana and myself.</p> <p>Signed at _____ on the _____ day of _____ 20 _____</p> <p>_____</p> <p>Signature of policyholder</p>		

Contents Inventory at New Replacement Value				
Bedroom	1	2	3	4
Mattresses				
Bedside radios				
Tables, chairs, wardrobes				
Curtains, loose carpets				
Paintings, ornaments				
Linen, blankets, bedding				
Clothing, footwear				
Furs, jewellery				
Lamps				
Toys				
TV set, video, hi-fi				
Other				
			Total P	
Study/workroom				
Desk, bookcases				
Tables, chairs				
Curtains, loose carpets				
Paintings, ornaments				
Sewing, knitting machine				
Camera, projector				
Firearms, binoculars				
Typewriter, PC, fax machine				
Sporting equipment				
Reading lamps				
Other				
			Total P	
Bathroom/toilet		1		2
Curtains, loose carpets				
Towels, linen				
Shaving equipment				
Hairdryer				
Toiletries				
Other				
			Total P	
Passage/entry hall				
Tables, chairs				
Curtains, loose carpets				
Paintings, ornaments				
Household heaters				
Linen stored				
Other				
			Total P	

Laundry		
Washing machine		
Tumble drier		
Iron, ironing board		
Curtains		
Linen stored		
Other		
	Total P	
Lounge		
Lounge suite		
TV, video, video games, DVDs		
Hi-Fi/Tape deck, CD player		
Records, tapes, CDs, DVDs		
Display cabinet, articles		
Curtains, loose carpets		
Paintings, ornaments		
Reading lamps		
Liquor, glassware		
Other		
	Total P	
Family room		
TV, video, video games, DVD		
Hi-Fi/Tape deck, CD player		
Records, tapes, CDs, DVDs		
Tables, chairs		
Curtains, loose carpets		
Paintings, ornaments		
Musical instruments		
Reading lamps		
Liquor, glassware		
Other		
	Total P	
Dining room		
Dresser, sideboard		
Tables, chairs		
Crockery, glassware		
Cutlery, silverware		
Linen stored		
Reading lamps		
Display articles		
Hot tray		
Curtains, loose carpets		
Tea trolley		
	Total P	

Kitchen	
Fridge/freezer	
Dishwasher	
Mixer, blender	
Vacuum cleaner, polisher	
Electrical appliances	
Cutlery, crockery, glassware	
Furniture, chairs	
Groceries	
Utensils	
Microwave oven	
Other	
	Total P
Garage/workshop	
Power/hand tools	
Workbench, vice	
Bicycles	
Lawnmower, roller	
Garden furniture	
Garden implements	
Braai equipment	
Camping equipment	
Swimming pool equipment	
Welding equipment	
Other	
	Total P
Domestic employee	
Bed, mattress	
Wardrobe	
Tables, chairs	
Curtains, loose carpets	
Paintings, ornaments	
Linen, blankets, bedding	
Clothing, footwear	
Radio, TV, video	
Other	
	Total P
	Grand Total P
Additional Information/Comments	