

AGRICULTURE BUSINESS INTERRUPTION DECLARATION

Insured _____
 Policy number/Broker reference _____

DECLARATIONS

Turnover for 12 months ending		R
Closing stock and work in progress as at		R
Subtotal (i)		R
Less all the following:		
Opening stock and work in progress		R
Uninsured working expenses for 12 months ending		R
Purchases (less discounts received)		R
Discounts allowed		R
Bad debts		R
Railage outwards		R
Consumables (if directly related to turnover/output)		R
Royalties (if based purely on turnover or output)		R
Packing materials		R
Others (specify)		R
Subtotal (ii)		R
Gross Profit (Subtotals (i) minus (ii)) as at Date _____		R

Using the above figure and your budget turnover for this and next year as a base, calculate the revised Sum Insured required, taking into account provision for trend of the business and any special circumstances.

Next financial year Period _____ R _____

INDEMNITY PERIOD

Assuming a "worst case" scenario, where business is interrupted due to damage, estimate the maximum period (in months) it would take for turnover to return to its pre-damage projected level, by taking into account:

- Replacement time of buildings/complex.
- Re-ordering/construction/installation time for plant/machinery.
- Recovery time to normal production capacity.
- Market recovery time.

N.B. Cognisance should be taken of planning, delivery, installation delays and time to recruit/retrain staff.

_____ months

DEPENDENCY

Are you dependent on any one customer (agent/supplier) or agent of a customer for more than 5% of your annual turnover but restricted to 25%

Customer	Country	Percentage	Value of annual sales
1. _____	_____	_____ %	R _____
2. _____	_____	_____ %	R _____
3. _____	_____	_____ %	R _____

Are you dependent on any one supplier or supplier of a supplier for more than 5% of your annual purchases, but restricted to 25%
 Please specify:

Supplier	Country	Percentage value	Purchase	Is an alternate supplier available	
1. _____	_____	_____ %	R _____	YES	NO
2. _____	_____	_____ %	R _____	YES	NO
3. _____	_____	_____ %	R _____	YES	NO

SUPPLIERS

List the utility suppliers (gas, power, etc.) and the suppliers of such utility suppliers (sub-limit R10 000 000).

Utility supplier	What alternative arrangements can be made to maintain production/turnover
1. _____	_____
2. _____	_____
3. _____	_____

Bearing in mind fire, lightning, explosion, storm, wind, water, hail, snow, impact by vehicles/aircraft, malicious damage and earthquake, what do you consider to be the most likely “worst case” scenario affecting turnover

Peril	Assets affected	Percentage effect on turnover
1. _____	_____	_____ %
2. _____	_____	_____ %
3. _____	_____	_____ %

Indicate whether turnover is seasonal

YES NO

Which months are most affected

Do you receive export incentive allowances

YES NO

Anticipated amounts for incentives received

R _____

Did you limit the utilities extension limit

YES NO

Did you limit the supplier’s extension limit

YES NO

Did you limit the customer’s extension limit

YES NO

PROPOSAL FORM

Please complete proposal form or obtain:

- | | |
|-------------------------------|---|
| 3.1 Complete claims history | 3.5 Sum Insured – it is important that this be accurate |
| 3.2 Occupation of insured | 3.6 Basis of cover, i.e. difference or additions, etc. |
| 3.3 Situation of premises | 3.7 Extensions to cover required |
| 3.4 Indemnity period required | 3.8 A list of standing costs is required for Sasria cover |

PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

I/We declare that to the best of my/our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

SIGNATURE

Insured/Duly authorised person

DATE