



**BUSINESS INTERRUPTION DECLARATION FORM**

Insured \_\_\_\_\_

**DECLARATIONS**

It is advised that the Insured provide the underwriter with an Annual Declaration. This will avoid average being applied in the event of a claim.

Turnover for 12 months ending	_____	R	_____
Closing Stock and Work in Progress as at	_____	R	_____
Sub-total (i)		R	_____
<b>Less all the following:</b>			
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	_____
Sub-total (ii)		R	_____
<b>Gross Profit (Sub-totals (i) minus (ii)) as at</b>	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: \_\_\_\_\_ months

- 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.

**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	% Effect on T/O
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
- 3.2 Occupation of Insured
- 3.3 Situation of premises
- 3.4 Indemnity period required
- 3.5 Sum Insured – it is important that this be accurate
- 3.6 Basis of cover i.e. difference or additions, etc.
- 3.7 Extensions to cover required
- 3.8 A list of standing costs is required for Sasria cover

**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.)

\_\_\_\_\_  
SIGNATURE

Insured/Duly authorised person

\_\_\_\_\_  
DATE