

# P2 Precious Policy

## 2 Precious Policy Proposal



**Gem & Jewel Acceptance (Pty) Ltd**

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**Directors:** Valerie Hayter, Natasha Maroun (Managing), Gary Cross





## 2 PRECIOUS PROPOSAL FORM

**A separate proposal form must be completed for each premises.**

Cover in respect of Stock and Contents is a minimum requirement. Please answer the following questions in full. If the answer to any question is none, state "none". If insufficient space for answers, please complete on the last page and / or on a separate company letterhead.

### DETAILS OF BROKER

Name of Broker \_\_\_\_\_ Contact Person \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Broker's Code \_\_\_\_\_

### DETAILS OF PROPOSER

Name of Proposer (in full) \_\_\_\_\_  
Physical Address of the premises \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Owner ID \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
e-mail/Website \_\_\_\_\_ Facsimile (\_\_\_\_\_) \_\_\_\_\_  
Co Registration Number \_\_\_\_\_ VAT Number \_\_\_\_\_  
Street / Car Park Facing  Yes / No  Arcade  Yes / No  Shopping Centre (enclosed)  Yes / No   
On which floor (i.e. ground, first etc) \_\_\_\_\_ Close to: Service Entrance / Fire Escape / Loading Bay / Stairs / Escalators / Highway  
Details of other tenants \_\_\_\_\_

### DETAILS OF BUSINESS

Nature of business:  
Wholesale  % Retail  % Manufacturing  % Other: specify \_\_\_\_\_  
What are your normal trading hours and do you vary or extend those hours? Kindly state details \_\_\_\_\_  
Number of employees: Retail / Sales  Technicians  Clerical / Administrative   
**It is a policy condition that a minimum of two employees are present in the sales area at all times during business hours. A breach of the condition will result in all benefits under the Policy being forfeited.**  
Number of years in business? These premises  Elsewhere

### STOCK DEFINITION

Jewellery, gold, platinum and silver goods, precious metals, pearls, semi-precious and precious stones of any kind whatsoever, watches, clocks, objects d'art, silverware, plateware and all other sale merchandise and materials usual to the Insured's Business, being the Insured's own Stock, approbation or consignment stock and customers' goods for which they are legally liable, excluding property entrusted solely for the purpose of safe-keeping.

### BASIS OF VALUATION - STOCK

**Unless otherwise indicated** claims in respect of your own stock (as well as entrusted to you) will be settled on the basis of the Cost incl. VAT, subject to the limits indicated in this proposal form. Values shown in respect of stock must reflect the basis of valuation selected.

If an alternative basis of claims settlement is required in respect of stock, please stipulate: \_\_\_\_\_

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**STOCK SECTION**

**PREMISES**

**Total Stock Value (Cost incl VAT) \***

\* (This value to include Stock / Property for which your are responsible i.e. Own / Appro / Consigned / Customers')

R

Seasonal Increase for the period \_\_\_\_\_ to \_\_\_\_\_ State the additional limit requested

R

Maximum value of any one item, pair or set

R

Maximum value of any one item, pair or set left out of the safes / strongrooms outside business hours

R

Contingency Extension - Should a claim be reduced due to the terms or conditions of this section the company will make good the shortfall up to 20% of the Sum Insured / Indemnity Limit - **not applicable to theft**

**Included**

Escalation Extension - If during the period between a loss and actual settlement increased costs are incurred beyond your control the company will pay these increased costs but not exceeding 20% of such costs

**Included**

Trauma - max 3 months, in all

R 10 000

**Armed Robbery**

R

Seasonal Increase for the period \_\_\_\_\_ to \_\_\_\_\_ State the additional limit requested

R

**Identifiable Shoplifting**

R 20 000

If an increased limit is required please state additional cover required

R

**Safe Break - In locked Safes / Strongrooms outside business hours**

R

Seasonal Increase for the period \_\_\_\_\_ to \_\_\_\_\_ State the additional limit requested

R

**State the Total Stock Value in the area of the premises described where applicable and the Theft Cover required**

	Total Risk Value	Cover Required
<b>Burglary - Stock not kept in locked Safes / Strongrooms outside business hours</b> (Forcible entry into / exit from the premises or threat of violence outside business hours)	R <input type="text"/>	R <input type="text"/>

	Total Risk Value	Cover Required
<b>Smash &amp; Grab from Display Windows during business hours</b>	R <input type="text"/>	R <input type="text"/>
Seasonal Increase for the period _____ to _____ State the additional limit requested		R <input type="text"/>

Maximum value any one Display Window	R <input type="text"/>	R <input type="text"/>
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	Total Risk Value	Cover Required
<b>Smash &amp; Grab from Display Windows outside business hours</b>	R <input type="text"/>	R <input type="text"/>
Maximum value any one Display Window	R <input type="text"/>	R <input type="text"/>
Maximum value any one pad or tray	R <input type="text"/>	

<b>Snatch and Run</b>		R 20 000
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<b>Other theft loss</b>	% of TSV	10%
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<b>Stone breakage</b>		R 15 000
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**NON-PREMISES**

**In locked Off-Site Showcases**

Name of location \_\_\_\_\_ **Cover Required**

Physical Address \_\_\_\_\_ R

Maximum value any one item, pair or set R

Name of location \_\_\_\_\_

Physical Address \_\_\_\_\_ R

Maximum value any one item, pair or set R

**Personal Conveyance by Named Person – SOUTH AFRICA ONLY**

**By the owner or a member of staff OTHER THAN a Messenger, Representative**

**Cover Required**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Years Service   **R**

Home Address \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Years Service   **R**

Home Address \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Years Service   **R**

Home Address \_\_\_\_\_

**By a Traveller, Representative or Messenger**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Years Service   **R**

Home Address \_\_\_\_\_

Goods carried Only Own  **R** Own + other  **R**

**If cover is required at a private dwelling state details of the person below:**

Name \_\_\_\_\_  **R**

Home Address \_\_\_\_\_

Alarm  Yes / No Armed Response  Yes / No Make of Safe \_\_\_\_\_

SABS Grading  Category

Name \_\_\_\_\_  **R**

Home Address \_\_\_\_\_

Alarm  Yes / No Armed Response  Yes / No Make of Safe \_\_\_\_\_

SABS Grading  Category

Other security \_\_\_\_\_

**Personal Conveyance by Named Person – OUTSIDE SOUTH AFRICA**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Years Service   **R**

Home Address \_\_\_\_\_

Estimated number of trips per year

**Cover can be arranged on a Once-Off Basis as and when required**

**Entrustments**

**Goods given to Trade contractors, Manufacturers, Watchmakers or similar for the purpose of make-up, repair etc.**

Name \_\_\_\_\_ Years known   **R**

Address \_\_\_\_\_

Name \_\_\_\_\_ Years known   **R**

Address \_\_\_\_\_

**Unnamed (Contingency Cover)**  **R**

Reason for unnamed cover required \_\_\_\_\_

**Exhibitions shall mean a public or social event held to promote or sell goods away from the insured premises as stated in the Schedule**

**Exhibitions / Shows / Photo Shoots - Cover for these off-premises risks do not form part of the standard policy but can be quoted for on application**

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**Sendings**

**SOUTH AFRICA** (Final destination within South Africa)

	Annual Sendings	Parcel Limit	Any One Event
Postal Services	R <input type="text"/>	R 20 000	R 40 000
Courier Services	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>

Please specify courier / s \_\_\_\_\_

**OUTSIDE SOUTH AFRICA** (Final destination outside South Africa)

	Annual Sendings	Parcel Limit Any	One Event
Courier Services	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>

Please specify courier / s \_\_\_\_\_

**IMPORTANT NOTICE**

Courier means door to door collection / delivery. All other sendings are deemed to be postal sendings; box to box being the preferred mode for which higher limits may be allowed. The package shall not detail the contents or value in any way, nor shall the package identify the names of any Business trading in Stock, the intention being that the package shall not be the target of theft, burglary or tampering by any postal authority, courier service or transport organisation due to the identification marks, or otherwise, stated on the package or accompanying documentation. **NB** : Packages are to be insured for no more than **R 100** to obtain **Track/Trace facilities**.

**CONTENTS SECTION**

State the total value of contents OTHER THAN Stock, Money, Perimeter Glass and Computer Equipment Cover Required

Select the basis of cover required:  Defined Events (including forcible theft)  All Risks

Rent

Loss or damage to documents  Legal liability for Loss of Documents

**BUILDINGS COMBINED SECTION**

Description of Buildings \_\_\_\_\_

Include Escalator Extension  % Sum Insured

Include 2nd Year Escalator Extension  % Sum Insured

Subsidence and Landslip

Included: Liability  Public Supplies Connection

Rent

**BUSINESS INTERRUPTION SECTION - DIFFERENCE BASIS**

	Annual Gross Profit	Period
Defined Events A (Fire & Allied Perils only)	<input type="text" value="Yes / No"/> <input type="text" value="R"/>	<input type="text" value="Months"/>
Defined Events B (Cover following Stock Section)	<input type="text" value="Yes / No"/> <input type="text" value="R"/>	<input type="text" value="Months"/>
Additional Increased Cost of Working	<input type="text" value="Yes / No"/> <input type="text" value="R"/>	<input type="text"/>

List uninsured expenses (Kindly use separate sheet of paper if below space is insufficient)

**Other Premises Extensions**

Specific Suppliers / Sub - Contractors _____	<input type="text" value=""/> %	Dependency	<input type="text" value="R"/>
Specific Suppliers / Sub - Contractors _____	<input type="text" value=""/> %	Dependency	<input type="text" value="R"/>
Specific Suppliers / Sub - Contractors _____	<input type="text" value=""/> %	Dependency	<input type="text" value="R"/>
Customers _____	<input type="text" value=""/> %	Dependency	<input type="text" value="R"/>
Customers _____	<input type="text" value=""/> %	Dependency	<input type="text" value="R"/>
Customers _____	<input type="text" value=""/> %	Dependency	<input type="text" value="R"/>

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**MONEY SECTION**

Please state Major limit required (Collectors/Roundsmen Included but may be limited)	R
Seasonal Increase for the period _____ to _____	Additional amount required R
Receptacles and clothing Clause <span style="margin-left: 100px;"><b>R5 000 each</b></span>	Additional amount required R
Locks and Keys Clause <span style="margin-left: 100px;"><b>R5 000</b></span>	Additional amount required R
Crossed Cheques	R <b>100 000</b>

**GLASS SECTION**

Perimeter Glass	R
Signwriting and treatment	R
Other	R
Additional Costs (Per Item)	R <b>5 000</b>

The reasonable cost of: 1) boarding up; 2) damage to shop fronts, frames, window displays (including fixtures and fittings), burglar alarm strips, wires and vibrators as a direct result of such loss or damage; 3) the cost of removal and reinstallation of fixtures and fittings necessary for the replacement of the glass; 4) the cost of employment of a watchman service provider prior to replacement of glass or boarding up or the repair of the burglar alarm system, unless payable under any other insurance arranged by the insured.

Aggregated Max. any one period of insurance	R <b>15 000</b>
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**FIDELITY SECTION**

**Cover is subject to the completion of a separate Fidelity Proposal Form**

Blanket Basis / No. of employees <input style="width: 50px;" type="text"/>	R
Named or Position Basis	R

**BUSINESS ALL RISKS SECTION - REPLACEMENT CONDITION BASIS**

Description of items	R
_____	R
_____	R
_____	R
_____	R
_____	R
_____	R
_____	R
Increase in Cost of Working <input style="width: 50px;" type="text"/> Yes / No	R

**LIABILITY SECTION - CLAIMS MADE BASIS**

Retroactive Date _____	<b>Cover Required</b>
General & Tenants Liability	R
Product Liability / Defective Workmanship	R
E.U./E.C./E.F.T.A Liability	R
Annual Turnover	R
Legal Defence Costs, Wrongful Arrest and Defamation, each, per event	R <b>50 000</b>
Maximum each per annum	R <b>100 000</b>
Employers' Liability	R <b>1 000 000</b>
If additional Employers' Liability cover is required, please state amount	R



**ELECTRONIC EQUIPMENT SECTION**

Make	Model	Serial Number

Cover Required

R
R
R
R
R
R
R

Make	Portable Equipment Model	Serial Number

Cover Required

R
R
R
R
R
R

Reinstatement of Data

Increased Cost of Working

Indemnity Period:

Months:

Outstanding Debtors

Transit Extension

**ACCOUNTS RECEIVABLE SECTION**

**SCHEDULE OF PROTECTIONS**Details requested regarded as **MATERIAL FACTS****Entrance Door/s**

Protection: Security Gate / Roller Shutter / Padlocks / Access Controlled

Glass Type: High Impact / Bullet Resistant / High Penetration / Laminated

Glass Thickness  mmApproximate glass size of entrance door/s  m<sup>2</sup>

Other construction, please state \_\_\_\_\_

Other comments \_\_\_\_\_

**Rear Door/s**

Protection: Fixed Grille / Roller Shutter / Security Gate

Construction, please state \_\_\_\_\_

**Display Windows**

Protection: Fixed Grille / Roller Shutter / Security Gate

Glass Type: High Impact / Bullet Resistant / High Penetration / Laminated

Glass Thickness  mmApproximate glass size of all Display Windows  m<sup>2</sup>**Other Windows**

Protection: Fixed Grille / Roller Shutter

Glass Type: High Impact / Bullet Resistant / High Penetration / Laminated

Glass Thickness  mm**Skylights and Roof Openings** Yes / No**Ceiling**Concrete  Yes / NoVoid between ceiling and roof  Yes / No

If yes, means of protection \_\_\_\_\_

**Showcases - Non Premises**

Free Standing / Fixed Please state construction \_\_\_\_\_

By whom, and where are the keys kept \_\_\_\_\_

**SAFES & STRONGROOMS**

Safe 1	(i) Maker's Name and Model (ii) SABS Category Grading	Chubb / National / Mutual / Austen / Bishoff / Chatwood Milner / Giant Non-Cat. / Cat. 1 / Cat. 2 / Cat. 2ADM / Cat. 3 / Cat. 4 / Cat. 5
Safe 2	(i) Maker's Name and Model (ii) SABS Category Grading	Chubb / National / Mutual / Austen / Bishoff / Chatwood Milner / Giant Non-Cat. / Cat. 1 / Cat. 2 / Cat. 2ADM / Cat. 3 / Cat. 4 / Cat. 5
Safe 3	(i) Maker's Name and Model (ii) SABS Category Grading	Chubb / National / Mutual / Austen / Bishoff / Chatwood Milner / Giant Non-Cat. / Cat. 1 / Cat. 2 / Cat. 2ADM / Cat. 3 / Cat. 4 / Cat. 5
Strongroom 1 / Safe 4	(i) Maker's Name and Model (ii) SABS Category Grading	Chubb / National / Mutual / Austen / Bishoff / Chatwood Milner / Giant Non-Cat. / Cat. 1 / Cat. 2 / Cat. 2ADM / Cat. 3 / Cat. 4 / Cat. 5

**BURGLAR ALARM**

Service Provider \_\_\_\_\_

Alarm Type Radio / Siren / Telephone, Other - Specify \_\_\_\_\_

Panic Buttons Remote  Yes / No Static  Yes / NoDoes system have specific protection per/for: Doors  Yes / No Windows  Yes / NoInternal Passives  Yes / No Roof Void  Yes / NoIs alarm system maintained under contract?  Yes / No SAIDSA Member  Yes / NoIs alarm linked to an armed response company?  Yes / No Name \_\_\_\_\_**OTHER PROTECTIONS**

Own - 24-Hour Guard / CCTV Cameras / Other - Specify \_\_\_\_\_

S/Centre - 24-Hour Guard / CCTV Cameras / Other - Specify \_\_\_\_\_

Name of Security Company (S/Centre) \_\_\_\_\_

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## GENERAL INFORMATION

### Keys, combination locks and alarm remotes

When the business is closed, what do you do with all keys including those to the display windows, showcases, alarms, safe and / or strongroom and alarm remotes or keys? \_\_\_\_\_

During business hours, who has control over the keys and where are they kept? \_\_\_\_\_

Are duplicate keys kept? If so, please supply details of who controls them and where they are kept during and outside business hours? \_\_\_\_\_

Do any of the safes / strongrooms have combination locks and who has the access codes? \_\_\_\_\_

Are all safe and strongroom keylocks and combinations engaged outside business hours? \_\_\_\_\_

### Premises - Sales Area

During business hours, how many staff are on duty in the sales area? \_\_\_\_\_

How many of these staff carry remote panic buttons? \_\_\_\_\_

### Stock Records

**Should a loss occur the onus is on the Insured to substantiate the stock lost, therefore proper stock record keeping is essential.**

Are the following kept?:

Sales & Purchases, Invoices & Receipts on all transactions?

Appro Stock - Do you give / receive Appro Notes?

Customer's goods for repair, valuation etc. - Do you issue Entrustment Notes?

Do you keep a gold register?

Are your Stock Records updated:

Data backup frequency:

Do you keep duplicate records or data backups?

If so, are these duplicate records stored at another premises?

What software system do you use?

If other, please give full details \_\_\_\_\_

In the event of a claim, would you be able to produce a substantiated list of all stock on hand immediately prior to the loss?

### References

Please supply two Trade References (do not regard other shops you may have as Trade References)

\_\_\_\_\_

\_\_\_\_\_

Are you a member of the Jewellery Council of South Africa and / or Other Associations? \_\_\_\_\_

### Losses

Please detail ALL losses in the past 5 (Five) years, showing the amount of loss, details of full settlement or otherwise

\_\_\_\_\_

\_\_\_\_\_

Has any claim been declined by any previous Insurer? If yes, full details of reason for declinature are requested: \_\_\_\_\_

### Other Insurance

Have you been previously insured?

If so, please state with whom \_\_\_\_\_

Has any Insurer ever declined to insure you, cancelled or refused to continue insurance? \_\_\_\_\_

### Additional Information you may wish to disclose (All Material Facts not elsewhere requested)

Are there any undisclosed circumstances within your knowledge or opinion affecting or likely to affect your application? \_\_\_\_\_

\_\_\_\_\_

## DECLARATION

I/we, the Proposer(s), have read the Proposal Form and I/we declare that the answers which have been provided are true and correct. I/we agree that this Proposal Form shall be the basis of the Insurance Contract. I/we declare that all material information relevant to a proper assessment of the risk under the Insurance Contract has been provided and I/we accept that the insurer may avoid the Insurance Contract in consequence of any material misrepresentation and/or non-disclosure

Signature(s) of PROPOSER(s) \_\_\_\_\_

Date \_\_\_\_\_

PLEASE INITIAL

**DEBIT ORDER AUTHORITY**

**THE MANAGER**

Gem & Jewel Acceptances (Pty) Ltd  
 PO Box 131  
 Randburg  
 2125

Proposer's Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Payer		Identification
Surname	Initials	ID Number: Co Reg Number: VAT Number:

Details of Bank Account		
Name of Bank	Branch	Account Number

I, the undersigned, request and authorise:

(a) Gem & Jewel Acceptances (Pty) Ltd (hereinafter called the Company) to draw against my bank account (whichever it may be), in any manner agreed on between Gem & Jewel and my bank (whichever it may be), the amount necessary for payment of premiums or such other amounts which may finally become payable in respect of policies issued in my name or the name of my company

commencing on \_\_\_\_\_ 20

(b) My bank (whichever it is or will be) to debit my account with all debits drawn against it by the Company in favour of the Company and to treat each one as if it had been signed by me personally. I undertake against the said bank that I shall regard receipt by the Company of this request as receipt by such bank.

1. I understand that either I or the Company may at any time cancel these arrangements in writing in respect of any or all of the policies, but that such cancellation will have no effect on any withdrawals already made by the Company and my bank in accordance with this request.

2. I understand and agree that:

- (i) the Company will receive all payments in terms of this request without prejudice to the Company's rights;
- (ii) should any payment in terms of this request not be received by the Company the insurance under the policy or policies in force shall be deemed to have been cancelled at midnight on the last day of the preceeding Period of Insurance for which the Company has in fact received payment.

3. I undertake that should my bank for any reason reclaim from the Company any amounts validly paid to the Company in terms of this request and decide to pay such amounts over to me, I shall refund such amounts to the Company and that the amounts so paid or so to be paid to me by my bank shall be applied for such refund.

Signed at \_\_\_\_\_ Date \_\_\_\_\_ 20

\* Signature of Payer \_\_\_\_\_ Capacity \_\_\_\_\_

\* If the Payer is a company, the full name of the company must be provided and an authorised official (whose status must be quoted) must sign here. The company's stamp (if any) must also appear on this request

Company Stamp

## FIRST AMOUNTS PAYABLE

**STOCK SECTION**

Postal Sendings - 5% of claim, minimum R 500  
 Courier Sendings - 10% of claim, minimum R 2 500  
 All Other - 5% of claim, minimum R 2 500

**CONTENTS SECTION**

Water - 10% of claim, minimum R 1 000  
 Lightning / Power Surges - Additional 10% min R1 000 \* (applied if property insured is not fitted with a SABS approved surge protector)  
 Locks & Keys - R 200  
 Receptacles and Clothing - R 200  
 All Other - R 500, plus additional R 1 500 for non-forcible theft (All Risks Basis)

**BUILDINGS COMBINED SECTION**

Subsidence and landslip - 1% of Sum Insured  
 Accidental Damage to sanitaryware - R 250  
 All other - R 500

**BUSINESS INTERRUPTION SECTION**

Defined Events A: R 1 000  
 Defined Events B: 5% of claim, minimum R 1 000 other than for perils specified in terms of Defined Events A

**MONEY SECTION**

Receptacles and Clothing R 200  
 Locks & Keys - R 200  
 All Other - R 500

**GLASS SECTION**

All claims - R 500

**FIDELITY SECTION**

(a) 2% of the aggregate of the limit under this Section and the declared Insurance or R 60 000 whichever is the lesser plus a further amount of  
 (b) 10% of the nett amount payable after deduction of the amount specified in (a) above

**BUSINESS ALL RISKS SECTION**

10% of claim, minimum R 250

**LIABILITY SECTION**

Defective Workmanship / Products Liability: 10% of claim minimum R 1 000. All other - R 1 000

**PERSONAL ACCIDENT ASSAULT SECTION - NIL****PERSONAL ACCIDENT SECTION - NIL****MOTOR SECTION**

1. Basic - 5% of claim with minimum of R 2 000
2. (a) If the vehicle is being driven by, or is in charge of a person who is under the age of 25 - R 750  
 (b) has held a license for less than 2 years - R 250
3. Theft - 5% of claim, minimum R 1 000
4. Theft - if the vehicle is not fitted with a company approved Immobiliser, Gearlock or an adequate SAIA VSS security system - 5% of claim, minimum R 250
5. Theft - for vehicles defined under 2(a) exceeding a vehicle value of R 200 000 or 2 (b) exceeding a vehicle value of R 150 000 and not fitted with a company approved or VESA approved tracking and recovery system which is armed and has a valid monitoring contract at the time of the whole vehicle being stolen: 15% of claim
6. Windscreen replacement - 25% of claim, minimum R 250. Windscreen repair - Nil

**The amounts in terms of 1,3,4 and 5 are cumulative for theft claims. If a vehicle is recovered within 14 days of a theft, only 1 above will apply. All other claims - 1 and 2 are cumulative**

**ELECTRONIC EQUIPMENT SECTION**

All claims - 10% of claim, minimum R 1 000  
 Lightning / Power Surges - \* Additional 10% of claim minimum R1 000 \*(Applied if the property insured is not fitted with a SABS approved surge protector)  
 Increased Cost Of Working - 24 Hour Time Excess

**ACCOUNTS RECEIVABLE SECTION**

All claims - 5% of claim, minimum R 1 000  
 Electrical or electronic or magnetic injury, disturbances or erasure - Subject to Duplicate Records being maintained-R500.00