

COMMERCIAL MOTOR INSURANCE PROPOSAL FORM
QUOTATION YES/NO

Insured: _____

VAT Registration no. _____

Company Registration number: _____

Previous Trading Names: _____

Address: (Postal & Physical): _____

Tel no.: _____

Fax: _____

Effective Date of Cover: _____

Present Insurer: _____

Previous Insurer: _____

Has any Insurer ever cancelled your insurance?

Imposed any special terms?

Refused to renew your policy?

YES NO

YES	NO

If yes, please specify _____

Company profile survey

Business description _____

Public or private carrier? _____

How long has the business been established? _____

Area and radius of operation:

LONGHAULS %
SHORT HAULS %
OUTSIDE R.S.A. %

Maximum value of any one load R _____

IMPORTANT

- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

A. DETAILS OF APPLICANT

1. Company name and address:

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2. Subsidiary companies to be named in the insurance:

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NB. If subsidiary companies to be named, the information provided in this proposal form must include their activities

3. Date company established:

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4. VAT Number

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B. DETAILS OF BUSINESS & PERSONNEL

1. Trade Associations:

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2. Employees:

(a) Number of directors, senior managers.....

(b) Number of clerical employees

(c) Number of drivers

(d) Number of manual employees

3. Number and type of vehicles:

Trucks	Tractors	Trailers
LDV's	Other (please specify)	

4. Security

- (a) Are all vehicles fitted with tracking devices?..... YES NO
- (b) Are references taken for all new employees?.... YES NO
- (c) Are vehicles inspected daily for roadworthiness? YES NO
- (b) Are drivers instructed to
 - (i) tally break bulk cargo once loaded? YES NO
 - (ii) check container seal numbers and that they are still intact? .. YES NO
 - (ii) note any loss or damage to cargo on collection or delivery? YES NO

5. Please tick the conditions of business and documents you currently use:

5.1 Conditions of business:

- (a) Own standard conditions – please attach a copy
- (b) National haulage association conditions
- (c) Other (please specify)

5.2 Bills of lading issued in your own name:

- (a) Own house B/L – please attach a copy
- (b) Other (please specify)

5.3 Other documents in your own name:

- (a) Own house receipts - please attach a copy
- (b) Own house invoices - please attach a copy
- (c) Other (please specify)

6. Do you confirm sub-contractors have insurance YES NO

C. FINANCIAL DETAILS

1. Please fill in table below

* *Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.*

What was your annual turnover (for the services to be insured) for the last financial year	What is your estimated annual turnover for this financial year	Please forecast your annual turnover for the next financial year

2. (a) Please estimate what percentage of your annual turnover is paid to Sub-Contractors.....%

(b) What percentage of your annual turnover results from carriage of cargo that is:

Break bulk %

Containerised %

3. Please estimate the percentage of your annual traffic to or within each of the following areas:

Republic of South Africa	%	Namibia	%
Swaziland	%	Zimbabwe	%
Lesotho	%	Zambia	%
Botswana	%	Mozambique	%
Other (please specify)	%		

4. What percentage of your annual turnover is represented by?

Refrigerated cargoes %	Tobacco Products %
Tank containers %	Project cargoes %
Spirits %	Dangerous cargoes %
High value goods.	% (e.g. computers, jewellery, cameras, TVs, audio equipment, mobile phones)		

D. DETAILS OF INSURANCE COVER

1. Please tick the insurance cover you require and the maximum sum to be insured:

- 1.1 Cargo Insurance for whom you have instructions to insure
- 1.2 Liability Insurance for shipping containers
- 1.3 Carriers Liability for where no instructions are given to insure

2. Please provide an estimate of

2.1 percentage of your turnover which relates to cargo owners for whom you have instruction to insure %

2.2 percentage of your turnover which relates to cargo owners for whom you have no instruction to insure . %

3. Are you currently insured for any of the above risks? YES NO

3.1 If so, by whom and what is your current limit, deductible and premium?

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4. Has any Insurance Company ever cancelled or refused to renew any policy held by you for the above risks? YES NO

4.1 If yes, please provide details

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E. CLAIMS DETAILS

1. In the last five years have any:

- 1.1 Cargo claims been made against you? YES NO
- 1.2 Liability to shipping containers claims been made against you? YES NO
- 1.3 Carriers liability claims been made against you? YES NO
- 1.4 Circumstance arisen that could have resulted in any of the above claims being made against you? YES NO

1.5 If YES to any of the above, please provide details

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F. DECLARATION AND SIGNATURE

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name Position

Signed Date