

**CARGO CARRIER'S LIABILITY**

**PROPOSAL FORM**

**IMPORTANT NOTICE**

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

**1) BROKERS DETAILS**

|                     |  |
|---------------------|--|
| Name of the company |  |
| Contact person      |  |
| Telephone number    |  |
| E-mail              |  |

**2) INSURED'S DETAILS**

|                                    |  |
|------------------------------------|--|
| Name of the company                |  |
| Trading name                       |  |
| Date business was established      |  |
| Registration number                |  |
| VAT number                         |  |
| Physical address                   |  |
| Postal address (incl. postal code) |  |
| Business description               |  |
| Telephone number                   |  |
| E-Mail                             |  |

### 3) SUBJECT MATTER

|   |   |
|---|---|
| Description of Goods :                            |   |
|   |   |
|   |   |
| Maximum value of goods carried any one conveyance | R |

### 4) VEHICLE FLEET LIST

| Registration | Make | Model | Year Model | Structurally full enclosed                               | Open / Tarpaulin Cover                                       |
|--------------|------|-------|------------|--|--|
|              |      |       |            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Open <input type="checkbox"/> Cover <input type="checkbox"/> |
|              |      |       |            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Open <input type="checkbox"/> Cover <input type="checkbox"/> |
|              |      |       |            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Open <input type="checkbox"/> Cover <input type="checkbox"/> |
|              |      |       |            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Open <input type="checkbox"/> Cover <input type="checkbox"/> |
|              |      |       |            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Open <input type="checkbox"/> Cover <input type="checkbox"/> |

(if space provided is insufficient, please add separate sheet)

| How many vehicles in your fleet are: |       |     |     |       |
|--------------------------------------|-------|-----|-----|-------|
| Truck Tractor                        | Rigid | LDV | HCV | Other |

| How many rigids / trailers are: |             |            |              |       |
|---------------------------------|-------------|------------|--------------|-------|
| Fully Enclosed                  | Taut Liners | Flat Decks | Refrigerated | Other |

### 5) VEHICLE SECURITY

|                                       |  |
|---------------------------------------|--|
| Immobilisers fitted                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Alarm systems fitted                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Two-way radios fitted                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Driver / Crew cell phone on board     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Satellite tracking / recovery         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Specify if not common to all vehicles |  |

## 6) GROSS HAULAGE FEE INCOME PER ANNUM

|   |                 |   |
|---|-----------------|---|
| Actual annual gross haulage fee :       | Current Year    | R |
|   | Previous Year   | R |
| 12 Months estimate haulage fee income : | Own Vehicles    | R |
|   | Sub-Contractors | R |

## 7) INSURANCE REQUIRED

|   |  |
|---|--|
| All Risks   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Deterioration of Temperature Controlled Cargo   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| F.C.O.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hijack Excess Reducer   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Debris Removal  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| SASRIA  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you require insurance on behalf of clients who specifically request insurance ?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you obtain values for insurance from clients in writing for each consignment ?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is documentation used to prove the request for insurance and the value thereof ?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have standing instructions from certain clients to insure all consignments, even if not in writing ?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you <u>accept</u> sub-contracts, and if yes, do you ensure that you do so in terms of your own Standard Trading Conditions ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you sub-contract ?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If YES, please specify :  |  |

## 8) DRIVER / CREW DETAILS

|  |   |
|--|---|
| On what basis are drivers employed (Temporary or Permanent)?                                 | Temp. <input type="checkbox"/> Perm. <input type="checkbox"/> |
| How many crew are employed ?   |   |
| Are staff with access to orders and deliveries screened / investigated prior to employment ? | Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| Do you employ foreign drivers ?  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |

|   |  |
|---|--|
| How many people are in the cab for each transit ?               |  |
| Describe your Company Policy regarding prevention of hijacking: |  |
|   |  |
|   |  |

## 9) TERRITORIAL LIMITS

|   |
|---|
| Please provide Territorial Limits required: |
|   |
|   |

## 10) CLAIMS HISTORY

List details of all losses/damages to cargo over the last three years (both on Goods in Transit Insurance and Cargo Carriers Liability Insurance). Also include full details of any hi-jacking/armed robbery claims.

| Date of Loss | Description of Loss | Gross Claim Amount |
|--------------|---------------------|--------------------|
|              |                     | R                  |
|              |                     | R                  |
|              |                     | R                  |
|              |                     | R                  |
|              |                     | R                  |
|              |                     | R                  |

## 11) CURRENT INSURER

|   |  |
|---|--|
| Name of Current Insurer   |  |
| Have you ever been given notice of cancellation by your current or previous insurer ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If YES, please specify :  |  |

**12) MATERIAL FACTS / ADDITIONAL COMMENTS**

State / give full details of any material fact / information which might influence the Insurers decision regarding acceptance of the risk and /or the terms to be offered.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**13) DECLARATION**

I/We declare that the information and answers given in this form are true to the best of our knowledge and belief and that I/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 the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

|   |  |
|---|--|
| Signature                               |  |
| Name of Signatory                       |  |
| Capacity of Signatory (duly authorised) |  |
| Name of Company                         |  |
| Date                                    |  |
| Place                                   |  |