

## HAZARDOUS CHEMICALS : TRANSPORT CLEAN-UP

### 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.

#### BROKERS DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-mail	

#### INSURED'S DETAILS

Name of the Company	
Trading Name	
Date business was established	
Registration Number	
VAT Number	
Physical Address	
Postal Address (incl. postal code)	

Genlib CC **Reg. No.** 2008/032635/23 **VAT. No.** 4670244831 **FSP No.** 35482 **CEO** GA Rodinis

**T** +27 (0)21 531 2922 **F** +27 (0)21 531 3714 **E** reception@genlib.co.za **www.genlib.co.za**

Unit 002, Howard Terraces, Rose Innes Street, Pinelands, 7405, Cape Town | PO Box 622, Howard Place, Pinelands, 7450, Cape Town

Business Description	
Telephone Number	
E-Mail	

Are you a juristic person with an asset value of less than R 2 million ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a juristic person with a turnover of less than R 2 million ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## CURRENT INSURANCE

Insurance Category	Name of Insurer	Policy Number
Motor / HCV / LDV		
GIT		

## PREVIOUS INSURANCE HISTORY : HAS ANY INSURER :

Declined your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Imposed special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refused to renew your Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refused to pay a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancelled your Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above, please provide a full explanation:		

## CLAIMS HISTORY INCLUDING UNINSURED LOSSES FOR THE LAST 3 – 5 YEARS

DATE OF LOSS	DESCRIPTION OF LOSS	VEHICLE	TOTAL LOSS AMOUNT
			R
			R
			R
			R
			R

## TERRITORIAL LIMITS

South Africa	<input type="checkbox"/>	Namibia	<input type="checkbox"/>	Botswana	<input type="checkbox"/>	Zimbabwe	<input type="checkbox"/>
Swaziland	<input type="checkbox"/>	Lesotho	<input type="checkbox"/>	Mozambique	<input type="checkbox"/>	Zambia	<input type="checkbox"/>
Tanzania	<input type="checkbox"/>	Angola	<input type="checkbox"/>	DRC	<input type="checkbox"/>	Other	<input type="checkbox"/>

## RADIUS OF OPERATION

DESCRIPTION	PERCENTAGE		DISTANCE	
		%		km
Short Hauls (300km or less)		%		km
Long Hauls within RSA		%		km
Long Hauls Cross Border		%		km

## RISK INFORMATION

Do your vehicles have the correct Dangerous Goods licences ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your vehicles have the correct signage to carry Dangerous Goods ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## DRIVER DETAILS

Please provide clear copies of all drivers licences to benefit from Compliance Assist & Drivers Solution

Owner Driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanently employed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Casual or Part Time Drivers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you employ foreign drivers ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are driver's previous employment records checked ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are driver's previous accident records checked ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all drivers have valid licences applicable to vehicles driven ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do all drivers have valid PrDP's permitting them to transport dangerous goods ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your driver's travel between 10pm and 4 am ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of consecutive hour's vehicles are driven for ?	

## HAZCHEM DRIVER TRAINING

Name of Hazchem Driver training Facility	
Date of Last Training Session	
Is training done on a continuous basis ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EMERGENCY RESPONSE

Please provide the details of your current emergency response plan :

<p>Envirosure has a 24-hour call centre for all incidents and accidents to be reported to on 0860 44 44 11 / +2760 440 2810. Stickers will be provided once cover has incepted.</p>

**FLEET LIST**

Please attach a separate sheet should the space provided be insufficient.

Kindly advise if the vehicles are LDV's and if any of the vehicles are not registered in the company name.

Are the vehicles owned or sub-contracted ?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Description	Registration Number	Sub-Contractor details

**COMMODITIES TRANSPORTED**

Please attach a separate sheet should the space provided be insufficient.

UN numbers must be provided and MSDS may be requested by EnviroSure.

Dangerous Goods	UN Number	Name	% Transported
<i>EG. Class 3</i>	<i>UN1203</i>	<i>Petrol</i>	<i>100%</i>

Details of non-UN listed commodities transported

## CARGO TYPE

Bulk	Raw Material	Containerised
Drums	Tankers	Bags
Other	Specify Other :	

## COVER REQUIRED

Number of Trucks	Indemnity Limit Up to R 30 million*
Monthly / Annual	Inception Date
* Higher limits available on request via reinsurance	

## ADDITIONAL COVERS

The following covers are available at additional premium

Cover	Description	Yes / No
<b>Excess Solution – RSA Only</b>	Reduces excess to Nil within RSA and R 50 000 cross border	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Excess Solution - Cross Border Only</b>	Reduces excess to Nil outside the borders of RSA and R 50 000 within RSA*	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Side Tank – Option 1</b>	R 100 000 cover for spillage from own vehicle fuel tank	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Side Tank – Option 2</b>	R 200 000 cover for spillage from own vehicle fuel tank	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Harbour Solution – Option 1</b>	R 250 000 cover for spillages whilst loading/ off-loading in the harbour / port	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Harbour Solution – Option 2</b>	R 500 000 cover for spillages whilst loading/ off-loading in the harbour / port	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Contingency Solution</b>	Covers the consignor in the event of a contractor or sub-contractor of the insured for an environmental incident when their underlying environmental policy has not responded due to non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>*Both Excess Solution extensions can be bought to bring both excesses to Nil, or both may be bought as a stand alone leaving the other with an excess of R50 000</p>		

## IMPORTANT

Please note that the quote and cover to be provided will be subject to drivers having the appropriate licence, and adherence to legislation regarding the transportation of hazardous goods.

Transportation of dangerous goods is to be done in compliance with the Dangerous Goods Act as stipulated in the Road Traffic Act 1996 as amended.

## DEBIT ORDER AUTHORITY

Name of Bank:						
Branch Number:						
Account Name:						
Account Number:						
Account Type	Current	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Debit Date	1 <sup>st</sup>	<input type="checkbox"/>	7 <sup>th</sup>	<input type="checkbox"/>	15 <sup>th</sup>	<input type="checkbox"/>

Signed on this		day of		2019
Name		Designation		
Signature				

## DECLARATION

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed. I further agree that if any statement or particulars herein supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal. I am also not aware of any claims against me other than those mentioned above

Any untrue or incorrect statements in this proposal will result in

- i The policy being null and void from inception
- ii The forfeiture of the premium and return of all sums of money paid by the Insurer.

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