

## HAZARDOUS CHEMICALS : THE SITE 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)	
Business Description	
Telephone Number	
E-Mail	

## 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:	

## VEHICLES TO BE INSURED

Year of Manufacture	Make	Type / Model	Registration	Sum Insured / Market Value
				R
				R
				R
				R
				R
				R

Year of Manufacture	Make	Type / Model	Registration	Sum Insured / Market Value
				R
				R
				R
				R

## DESCRIPTION OF GOODS FOR WHICH COVER IS REQUESTED & APPROXIMATE ANNUAL TURNOVER

	R
	R
	R
	R
	R
	R
	R
	R
	R

## TYPE OF CARGO

Category	Yes	No	% of total fleet
Non-hazardous – not toxic / flammable / explosive / corrosive	<input type="checkbox"/>	<input type="checkbox"/>	
Non-gaseous, corrosive or toxic substances, e.g. Sulphuric acid, Nitric acid, insecticides, and liquids with a flash point of above 65°C	<input type="checkbox"/>	<input type="checkbox"/>	
Combustible or inflammable substances in liquid form with a flashpoint between 21°C and 55°C	<input type="checkbox"/>	<input type="checkbox"/>	

Category	Yes	No	% of total fleet
Combustible or inflammable substances in liquid form with a flashpoint between below 21°C	<input type="checkbox"/>	<input type="checkbox"/>	
Dissolved or liquid gasses under pressure, e.g. Butane, Propane, Hydrogen, Chlorine, Acetylene	<input type="checkbox"/>	<input type="checkbox"/>	
Polychlorinated Biphenyle	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please provide details below)	<input type="checkbox"/>	<input type="checkbox"/>	

## OPERATIONS HISTORY

For what period have you been involved with the physical transportation of hazardous cargo?	
List main operations	

## RADIUS OF OPERATION

DESCRIPTION	PERCENTAGE	DISTANCE
Short Hauls	%	km
Long Hauls within RSA	%	km
Outside RSA	%	km

## FLEET PROGRESSION OVER THE LAST 3 YEARS

YEAR	TOTAL VALUE	NUMBER OF UNITS
	R	
	R	
	R	

## CLAIMS HISTORY INCLUDING UNINSURED LOSSES, INVOLVING SPILLAGE & CLEAN UP

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

## MOTOR CLAIMS HISTORY INCLUDING UNINSURED ACCIDENTS LAST 3 YEARS

YEAR	NUMBER OF CLAIMS	TOTAL VALUE OF CLAIMS
		R
		R
		R

## RISK MANAGEMENT

Are vehicles fitted with Tacho Meters ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how regularly are they monitored ?	

Is a computerised fleet management system utilised ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details of make	
Is a planned maintenance program in place ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details of the program	
If yes, is this adhered to?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a written driver hiring and/or training programme ? <u>(If so, please attach details)</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a disaster response plan ? <u>(If so, please attach a copy)</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a post accident investigation plan ? <u>(If so, please attach a copy)</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## PERTINENT DRIVER INFORMATION

Do you conduct overnight trips?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you verify that they are legally licensed to drive the vehicles ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you ensure that they have an acceptable driving record?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## COVER REQUIRED

Third Party Damage and Clean Up Costs	<input type="checkbox"/>
Limit R 2.5 million	<input type="checkbox"/>
Limit R 5 million	<input type="checkbox"/>
Limit R 10 million	<input type="checkbox"/>
Limit other	<input type="checkbox"/> Specify Amount R

## DECLARATION

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<p>We, the Directors and Management of the Company, declare that to the best of our knowledge the statements set forth herein are true.</p> <p>It is agreed that this form shall be the basis of the Contract should a Policy be issued.</p>	
Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	