

MARINE TRANSIT CONTINGENCY

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 (incl. postal code)	
Postal Address (incl. postal code)	

Business Description	
Telephone Number	
E-Mail	

GOODS PACKAGING

Description of Goods	
Maximum Value of Goods carried	R
Average Value of Goods carried	R

HAULAGE INCOME

Gross Haulage Fees	Current Year	R
	Prior Year 1	R
	Prior Year 2	R
	Prior Year 3	R
Estimates for next 12 months	Haulage Fees – Own Vehicles	R
	Income from Sub-contractors	R
	Fixed Costs	R
	Running Costs	R

INSURANCE REQUIREMENTS

Do you require insurance on behalf of clients who specifically request insurance ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please name existing clients :	
Do you obtain values for insurance from clients in writing for each consignment ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What documentation is used to prove the request for insurance and value for insurance ?	
When values are not advised in writing for each consignment, do you have standing instructions from certain clients to insure all consignments ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please name existing clients :	
Do you operate with Standard Trading Conditions ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please attach a copy of your STC and a copy of your Waybill / Consignment Note	
Do you sub-contract ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please name the sub-contractors :	
Do you accept sub-contracts ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please elaborate :	

Do you ensure that you sub-contract only in terms of your STC ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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ROUTING

Geographical Limits required	
Under what circumstances are the South African Police contacted prior to deliveries to establish safe conditions ?	
Are delivery times set for day-time business ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are crews rotated without warning ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are supervisors appointed to ride with crews without warning ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
On long trips are drivers changed at irregular intervals ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are routes and schedules distributed to crews at the last minute ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What instructions are in place for truck and driver at overnight stops ?	
Are escort vehicles utilised ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details :	
What instructions are in force regarding unscheduled stops ?	

Are routes regularly varied ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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

List details of all losses over the last 5 years, whether or not covered by any policy

CURRENT INSURANCE DETAILS

Current Insurer	
Policy Number	
Expiry Date	

ADDITIONAL COMMENTS

Comments, if any, which might influence the Insurer's decision regarding acceptance of the risk and/or the terms to be offered for this insurance

DECLARATION

<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	