

TRANSPORTER INSURANCE – BUSES

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.

BROKER'S DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-mail	

All questions must be completed – Please complete in BLOCK CAPITALS

Name of proposer in full	
Nature of business (Full description)	
Trading name	
Has your company operation ever traded under a different name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please supply details	
List the proprietors/partners/members/directors	
Have any of the above-mentioned been liquidated/sequestered or insolvent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any conflict of interest of any proprietors/partners/members/directors in any type of motor repair company?	

Physical address			
			Postal code
Contact details			
Telephone number (work)		Telephone number (home)	
Telephone number (cell)		Fax number	
Email address		Number of years in operation	
Is the company a member/affiliate of any tourism board? (i.e., SATSA/ASATA)			Yes <input type="checkbox"/> No <input type="checkbox"/>

NB: Please complete the separate schedule of vehicles to be insured.

Has any driver's license ever been suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give separately a full explanation of the circumstances and action taken			
Are all drivers' licences checked to ensure that they are legally licensed to drive the appropriate category of vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are all drivers' licences checked to ensure that they are legally licensed to drive the appropriate category of vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you regularly ensure that drivers' public driving permits are always in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Driver controls – maximum hours per trip/week			
Types of Passenger Transport	% of Turnover	Number of tours	Number of tourists
Tourism within RSA			
Tourism outside RSA			
Hire with driver			
Hire without driver			
Other (please specify)			
Areas of operation, including territories outside RSA			
Distance travelled one way per journey			
Do you conduct overnight trips?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Approximate number of trips outside RSA per year?			
Has a passenger ever been injured in a vehicle operated by you?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details on a separate attachment (Dates, Circumstances and Amount Claimed)			
Has any insurer at any time			
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, provide a full explanation	

Vehicle Storage and Security	
Vehicle/key controls	
Where are the vehicles stored when not in use?	
Details of security at premises above	
Is the vehicle kept under cover/behind locked gates at premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver behaviour management	
What is done to ensure vehicles not used beyond scope of employment?	
Do drivers use the vehicles for personal/private use including weekends?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are drivers responsible for single vehicle excesses or co-opted into losses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are criminal checks, identity verification undertaken at employment of drivers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are work permits for foreign drivers obtained and monitored annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any tracking devices installed to monitor driving on vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In respect of trips outside RSA please provide the following details:	
Number of trips per annum	
Details of each trip	
Trip duration, size, value	

DECLARATION

The proposal form must be completed and signed by the proposer/insured.

The proposal shall form the basis of the insurance contract between the insured and the insurer, Bryte Insurance Company Limited, on acceptance thereof by both parties and shall be incorporated therein.

Making any false statement(s) or withholding any material facts may give the insurer the right to reject any claim made under the policy or may result in the policy being declared null and void from inception.

A material fact is any fact that will influence the acceptance of the risk.

I/We declare that the statements and particulars in this proposal form are true to the best of our knowledge and belief and that I/We have not misstated, suppressed or omitted any material facts.

I/We undertake to inform the insurers of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance.

I/We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Bryte Specialist Motor Proprietary Limited.

I consent to Genlib CC and other operators processing, and further processing, my personal information in accordance with the Protection of Personal Information Act for the purposes of concluding and performing in terms of this insurance contract. For further information please read the Privacy Notice which can be found www.genlib.co.za

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

TRANSPORTER INSURANCE – BUSSES

PROPOSAL FORM – ADDENDUM – SCHEDULE OF VEHICLES TO BE COMPREHENSIVELY INSURED

PAGE 1

#	Year	Make	Model	Registration	No. Seats	VIN Number	Current Retail Value	Passenger Liability Limit
1							R	R
2							R	R
3							R	R
4							R	R
5							R	R
6							R	R
7							R	R
8							R	R
9							R	R
10							R	R
11							R	R
12							R	R
13							R	R
14							R	R
15							R	R
16							R	R
17							R	R
18							R	R
19							R	R
20							R	R