CARRIERS GOODS IN TRANSIT PROPOSAL FORM

IMPORTANT: This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate 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, which influences the acceptance of the risk or conditions, and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and singed by the proposer.

Name of Proposer: ……………………………………………………………………………………...........................
(Registered and Trading Name)

Physical Address: ……………………………………………………………………………………………………

Postal Address: ……………………………………………………………………………………………………

Contact Person: ……………………………………………..   Tel Number: …………………………........................

Fax Number: ……………………………………………..   E-Mail: …………………………………………………..

Company Registration Number: ……………………………..   Vat Number: …………………………………………..……

Have you traded under a different name: Yes / No (if Yes, specify) …………………………………………………………

1.   Description of goods carried requiring insurance cover:

Commodity Type		Percentage	Area
1.1 Temperature Controlled Cargo	Yes/No	………………..	………………………….
1.2 Cigarettes / Tobacco	Yes/No	………………..	………………………….
1.3 Liquor	Yes/No	………………..	………………………….
1.4 Wine / Beer	Yes/No	………………..	………………………….
1.5 Cell phones / Pre-paid Phone Cards	Yes/No	………………..	………………………….
1.6 Tyres	Yes/No	………………..	………………………….
1.7 Tinned Fish	Yes/No	………………..	………………………….
1.8 Used Household Goods	Yes/No	………………..	………………………….
1.9 Computers / Memory System	Yes/No	………………..	………………………….
1.10 Fast Moving Consumables Goods	Yes/No	………………..	………………………….
(E.g. Nestlé, Cadbury, Tiger Brands et cetera)		………………..	………………………….
1.11 Other – Specify ……………………………………...………………………………………………….			

2.   What is your projected haulage fee for the next year: R………………………….
         What was your total haulage fee for the past year: R………………………….
         OR
         Estimated Annual Carry (value of Cargo to be Conveyed)   R………………………….

3.   Maximum load limit required in respect of Cargo   R………………………….
         Maximum load limit required in respect of Containers (If cover is required)   R………………………….
         Maximum load limit any one conveyance
         (Cargo and Containers where applicable)   R………………………….

4.   How many vehicles in your fleet requiring cargo insurance are:

      Truck Tractor ……………. Rigid ……………LDV………………Other …………………………………………..

      How many of the Rigids / Trailers are:

      Fully Enclosed …………. Tautliners…………… Flat Decks …………Refrigerated………….. Other ………............

(Policy excludes load conveyed by sub-contractors unless specifically agreed prior to attachment of cover and additional premium in respect thereof has been paid)

5. Does the driver/s hold a foreign passport, foreign ID, foreign drivers license, or foreign PDP: **YES** or **NO**
    What pre-employment investigations are carried out on Drivers and Crew: …………………………………………….………
    What anti-hijack/theft precautions do you enforce?..
    How many drivers/crew per vehicle: …………………………………...…………………………………………………….

6. Are your vehicles fitted with any of the following?

Device	No. of Vehicles fitted with device
Tachograph	…………………………………..
Alarm System	…………………………………..
Immobiliser	…………………………………..
Registration number on roof	…………………………………..
Two-way radio/cellphone	…………………………………..
Tracking device (specify type)	…………………………………..

7. Do you operate with Standard Trading Conditions / Contract of Carriage? Yes / No
    If yes, Provide a copy   **If no,** provide details of conditions agreed

8. Please provide Territorial Limits Required:
    …………………………………………………....................……………………………………………………………..
    …………………………………………………....................……………………………………………………...................

9. Cargo
    Are your loads currently insured?   Yes/No   Name of Insurer:……………………………………….
    Have you previously had this cover?   Yes/No   Name of Insurer:……………………………………….

10. Cargo Claims (3 Years)

Date of Loss	Gross Amount Loss	Cause and Commodity
………………………	………………………	…………………………………………………..
………………………	………………………	…………………………………………………..
………………………	………………………	…………………………………………………..

11. Vehicle Fleet List

Make and Model	Type	Registration Number

DECLARATION OF THE PROPOSER:

I hereby declare that the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I undertake to exercise all ordinary and reasonable precautions for the safety of the property, and I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose, and I agree that this declaration and the answers given above shall be the basis of the contract endorsed on their Policy, and to pay the premium thereunder when called upon to do so.

Signing this form does not bind the Proposer to effect this insurance, but is it agreed that this form shall be the basis of the contract should a policy be issued.

Name: …………………………………………   Positions Held at Company: …………………………………

Date:……………………………………………   Signature of Proposer: ……………………………………..

The company reserves the right to decline this Insurance