

Commercial Motor Goods in Transit



IMPORTANT: This proposal forms the basis of the Insurance Contract between you (the Proposer) and the Insurer. Making a false statement or withholding any material fact may give us 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 signed by you.

DETAILS OF THE BROKER

Brokerage: _____ Telephone: _____
Contact Name: _____ Cellphone: _____
Agency Code: _____ Email: _____

DETAILS OF THE PROPOSER

Proposed inception date of the policy: / /

This proposed inception date is subject to Merx UM approval of the application.

Present Insurer: _____ From: _____ To: _____ Policy Number: _____
Previous Insurer: _____ From: _____ To: _____ Policy Number: _____
Previous Insurer: _____ From: _____ To: _____ Policy Number: _____

Has any insurer ever cancelled your policy? Yes No

Reasons for cancellation? _____

Has any insurer ever imposed any special terms? Yes No

Please specify: _____

Has any insurer ever refused to renew your policy? Yes No

Please specify: _____

Company Name / Insured: _____

VAT Registration Number: _____ Company Registration Number: _____

ID Number if no Company Registration Number: _____

Previous Trading Names: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

Physical Business Address:

Postal Address:

Postal Code: _____ Postal Code: _____

It is a FICA requirement that proof of address must accompany the proposal.

Telephone: _____ Cellphone: _____

Client Email: _____ Fax: _____

COMPANY PROFILE - HCV

Business description: _____

When was business established? _____

Area and radius of operation: Short-hauls (200km radius): _____ %

Long-hauls in South Africa: _____ %

Long-hauls outside South Africa: _____ %

COMPANY PROFILE - GIT

Please specify type of business: Transport Company Yes No R _____
Transport Broker Yes No R _____

Estimated annual haulage fees:

Owner of transported goods Yes No R _____

Estimated annual carry:

Main areas of operations (e.g. Gauteng, KwaZulu-Natal, etc.): _____

Shipping containers:

Overheight: Yes No 12m standard containers: Yes No

6m standard containers: Yes No Refrigerated containers: Yes No

TERRITORIAL LIMITS

South Africa Eswatini Mozambique Zambia
 Angola (except Cabinda) Kenya Namibia Zimbabwe
 Botswana Lesotho Tanzania Other, please specify: _____
 DRC (South of Kolwezi) Malawi Uganda _____

COMMODITIES USUALLY CARRIED - PERCENTAGE:

Building material: _____ % Dangerous goods: _____ % Liquor: _____ % Tyres: _____ %

Cigarettes or tobacco _____ % Electronic goods _____ % Livestock & game: _____ % Other: _____ %

Clothing & footwear _____ % Explosives: _____ % New/used household goods: _____ %

Coal: _____ % Foodstuff _____ % Steel & related products: _____ %

Cobalt: _____ % Fresh produce: _____ % Spare parts: _____ %

Copper & precious metals _____ % Heavy equipment: _____ % Tinned fish: _____ %

GENERAL INFORMATION REQUIRED

Where are the vehicles parked at night? _____

What is the total value of all vehicles parked at a single location (static fire risk): _____

Do your drivers drive between 23h00 and 05h00? Yes No

Are all vehicles maintained in a roadworthy condition at all times? Yes No

Are any vehicles subject to an extended maintenance / warranty plan? Yes No

Please provide details: _____

COVER REQUIRED - GIT

Including Value of Containers		Number of Trucks	Cover *	Excess Damage to Property	Excess Theft and/or Hijack
Load Limit 1	R				
Load Limit 2	R				
Load Limit 3	R				
Load Limit 4	R				
Load Limit 5	R				

* All Risk or Restricted (as per policy wording)

Do you require the following extensions?

Deterioration of refrigerated stock Yes No

Riot and Strike (outside South Africa and Namibia) Yes No

Damage to insured property Yes No

Hijack and/or theft Yes No

SUB-CONTRACTORS

Do you require cover for sub-contractors? Yes No

Estimated annual haulage fees for next 12 months? R: _____

How many loads given to sub-contractors every month? Number: _____

List of sub-contractors is required:

CLAIMS HISTORY

- Please supply on a separate sheet, details of all losses and/or claims submitted during the past three (3) years from your present and/or previous insurer(s).
- You must supply us with the claims statistics from the current and/or previous insurer(s) together with this application form.

Date of Loss	Section	Description of Loss	Excess	Amount

DRIVER DETAILS

Do you have a system in place to check the validity of the following documents prior to employment?

South African Drivers:

Driver's Licence Yes No
 Correct Licence Code Yes No
 ID Document Yes No
 Public Driving Permit Yes No

Foreign Drivers:

Driver's Licence Yes No
 Correct Licence Code Yes No
 ID Document Yes No
 Public Driving Permit Yes No
 Work Permit Yes No
 Foreign Equivalent of PrDP Yes No

Please give a short description of your system: _____

Do you have a diary system in place to ensure timeous renewal of the above-mentioned documents? Yes No

Please give a short description: _____

GENERAL

Please declare any other material facts that may influence our decision to accept or reject this proposal: _____

VEHICLES TO BE INSURED

- A detailed fleet list must be provided to us if the fleet consists of more than 10 vehicles.
- All vehicle registration documents must be submitted to the company.

DESCRIPTION OF VEHICLE	VEHICLE 1				VEHICLE 2				VEHICLE 3				VEHICLE 4				VEHICLE 5			
Vehicle Type																				
Manufacturer																				
Model																				
Year of First Registration																				
Registered Owner																				
Registration Number																				
MM Code																				
Engine Number																				
VIN Number																				
Chassis Number																				
Vehicle Tracking & Recovery System																				
Cover	Comprehensive				Comprehensive				Comprehensive				Comprehensive				Comprehensive			
	Restricted				Restricted				Restricted				Restricted				Restricted			
	Third Party Only				Third Party Only				Third Party Only				Third Party Only				Third Party Only			
Basis of Indemnity	Reasonable Retail				Reasonable Retail				Reasonable Retail				Reasonable Retail				Reasonable Retail			
	Reasonable Value				Reasonable Value				Reasonable Value				Reasonable Value				Reasonable Value			
Indemnity Limit	R				R				R				R				R			
Additional Parts and Accessories	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
	Description		Value		Description		Value		Description		Value		Description		Value		Description		Value	
			R				R				R				R				R	
			R				R				R				R				R	
			R				R				R				R				R	
			R				R				R				R				R	
Premium	R				R				R				R				R			

Vehicles to be Insured Cont.

DESCRIPTION OF VEHICLE	VEHICLE 1				VEHICLE 2				VEHICLE 3				VEHICLE 4				VEHICLE 5			
Value Added Products:																				
Car Rental - Private types & LDVs only	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
- Amount per day	R		R		R		R		R		R		R		R		R		R	
Additional Excess Reducer	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Credit Shortfall	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Deposit Protector	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Loss of Use	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
- Weeks																				
- Amount	R		R		R		R		R		R		R		R		R		R	
Own Damage Excess Reducer	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Repatriation Cost	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
- Amount	R		R		R		R		R		R		R		R		R		R	
Theft/Hijack Excess Reducer	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Third Party Excess Reducer	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Vehicle Glass Extension	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Increased Limits:																				
Third Party Liability	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Contingent Liability	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Parking Facilities & Movement of Third Party Vehicles	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Passenger Liability	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Unauthorised Passenger Liability	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Optional Extensions:																				
Riot & Strike outside South Africa	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Tool of Trade	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Trailer Combination Clause	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	

Vehicles to be Insured Cont.

DESCRIPTION OF VEHICLE	VEHICLE 6				VEHICLE 7				VEHICLE 8				VEHICLE 9				VEHICLE 10			
Vehicle Type																				
Manufacturer																				
Model																				
Year of First Registration																				
Registered Owner																				
Registration Number																				
MM Code																				
Engine Number																				
VIN Number																				
Chassis Number																				
Vehicle Tracking & Recovery System																				
Cover	Comprehensive				Comprehensive				Comprehensive				Comprehensive				Comprehensive			
	Restricted				Restricted				Restricted				Restricted				Restricted			
	Third Party Only				Third Party Only				Third Party Only				Third Party Only				Third Party Only			
Basis of Indemnity	Reasonable Retail				Reasonable Retail				Reasonable Retail				Reasonable Retail				Reasonable Retail			
	Reasonable Value				Reasonable Value				Reasonable Value				Reasonable Value				Reasonable Value			
Indemnity Limit	R				R				R				R				R			
Additional Parts and Accessories	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
	Description		Value		Description		Value		Description		Value		Description		Value		Description		Value	
			R				R				R				R				R	
			R				R				R				R				R	
			R				R				R				R				R	
			R				R				R				R				R	
Premium	R				R				R				R				R			

Vehicles to be Insured Cont.

DESCRIPTION OF VEHICLE	VEHICLE 6			VEHICLE 7			VEHICLE 8			VEHICLE 9			VEHICLE 10		
Value Added Products:															
Car Rental - Private types & LDVs only	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
- Amount per day	R		R	R		R	R		R	R		R	R		R
Additional Excess Reducer	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Credit Shortfall	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Deposit Protector	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Loss of Use	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
- Weeks															
- Amount	R		R	R		R	R		R	R		R	R		R
Own Damage Excess Reducer	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Repatriation Cost	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
- Amount	R		R	R		R	R		R	R		R	R		R
Theft/Hijack Excess Reducer	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Third Party Excess Reducer	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Vehicle Glass Extension	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Increased Limits:															
Third Party Liability	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Contingent Liability	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Parking Facilities & Movement of Third Party Vehicles	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Passenger Liability	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Unauthorised Passenger Liability	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Optional Extensions:															
Riot & Strike outside South Africa	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Tool of Trade	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No
Trailer Combination Clause	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No

DECLARATION

I hereby declare that all particulars and answers in this proposal and appendices are true and complete in every respect, and that no material fact has been suppressed or withheld. 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 of this Proposal, and I agree that this declaration, application form, quote document and the details given, shall be the basis of the contract between me and the Company. I further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay the premium thereunder. I undertake to exercise all ordinary and reasonable precautions for the safety of the property.

If I sign a letter of investigation to a third party, Merx reserves the right not to disclose the premium component of the policy, unless I instruct them otherwise.

Name: _____ Designation: _____

Signature: _____ Date: _____