

Liability: Spread of Fire Proposal Form

Insured details

Company name:

Trading as:

Type of business: Registration:

VAT number:

Full business description:
(including company operations and activities)

Have you previously traded under a different name? Yes: No:

If yes, specify name:

Contact details

Telephone: Cellphone:

Email: Website:

Physical address

Street name and number: City / town:

Province: Area code:

Postal address

P.O. Box number: City / town:

Province: Area code:

Additional information

Brokerage: Broker name:

Insurer information

Previous / current: Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

Voided your policy? Yes: No:

If yes, why and who?

Quote to be placed on cover, details to be completed by Client

Quote number: Inception date:

Quote number: Inception date:

Initial

Details of loss / damage in the past 3 years

Year:

Date:

Details of loss or damage:

Amount:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:

Details of loss or damage:

Amount:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:

Details of loss or damage:

Amount:

Date:	Details of loss or damage:	Amount:
Total:		

Do you own more than one farm? Yes: No:

Farm name and title deed number:

Farm name and title deed number:

Hectares of farm: Hectares of farm:

Farm name and title deed number:

Farm name and title deed number:

Hectares of farm: Hectares of farm:

Type of farming: Is any area under timber? Yes: No:

If yes, what type: How long have you been farming:

Have you had any Liability claims made against you in the past ten years or has any incident arisen which may have or may still give rise to a claim against you? Yes: No:

If yes, give details:

Initial

Please provide details of the adjoining farms or premises and what type of farming or activity is undertaken on each:

North: West:

South: East:

Do you undertake any crop dusting or spraying activities? Yes: No:

If yes, give details:

Do you have third party property in your care, custody and control? Yes: No:

If yes, give details:

Are you a member of a Fire Protection Association as defined by the Veld and Forest Fire Act No. 101 of 1998 or any Act replacing or amending: Yes: No:

If yes, association name:

Are there any non-agricultural activities, such as schools, petrol stations, sawmills etc. on the adjacent properties? Yes: No:

If yes, give details:

During any period of insurance do you intend to employ a contractor on your farm to undertake forestry or other operations? Yes: No:

If yes, do you require cover to be extended? Yes: No:

Fire prevention and detection:

Firebreaks:

Type: West:

What maintenance program is in place?

How frequently are the firebreaks cleared, brush cut or mowed?

Are there any firebreaks adjoining public roads? Yes: No:

If yes, give details:

Are there any firebreaks adjoining railway reserves? Yes: No:

If yes, give details:

Does the public have access to the firebreaks? Yes: No:

If yes, give details:

Watchtowers (includes Fire Detection Cameras):

How many watchtowers do you have on your farm(s)?

Are there any watchtowers on any adjoining farms or property? Yes: No:

What percentage of your farm(s) is visible from the fire watchtowers:

On the farm: On the adjoining property:

Are the towers manned 24 hours a day during fire season? Yes: No:

If yes, give details:

What form of communication is used to and from the watchtowers? Yes: No:

Initial

If yes, give details:

What form of communication is used to and from the watchtowers?

Radio: Landline / cellphone: Sound signal: Nil:

Radio communications:

Is there a radio network on your farm: Yes: No:

Number of sets: Number of base stations:

Other:

Is there a radio network in the district? Yes: No:

Does your radio network link into any other networks? Yes: No:

If yes, give details:

Is the radio network manned 24 hours per day during fire season? Yes: No:

If yes, give details:

Fire fighting equipment:

List all the fire fighting equipment on the farm:

What is the main source of water supply for the fire fighting?

What is the availability of water to the main source of supply?

What alternative sources of water are available on the farm?

How can the water be moved from the source to fight a fire?

Are there established fire fighting teams on the farm? Yes: No:

If yes, how are such teams trained?

Who controls the teams?

How many fire fighting teams are available?

Are they on standby on a 24 hour basis? Yes: No:

Are these fire fighting teams dedicated to respond to fires on the insured property only? Yes: No:

Please detail on which other properties the teams could be utilised:

What training has the controller of the teams had?

How long does it take to mobilise a fire fighting team in an emergency?

Detail equipment issued to the fire fighting teams:

Further details:

Have there ever been fires on your farm? Yes: No:

If yes, please provide the following details: Yes: No:

The origin of the fires:

The extent of the fires:

The extent to which the fires spread to adjoining properties:

The value of the fire damage to the farm itself and to adjoining properties:

Initial

The fire fighting activities taken and the effectivity of such actions:

Has any fire claim been repudiated by Insurers? Yes: No:

If yes, give details:

Are there any facts or items of information relative to the spread of fire risk and which may influence the underwriter's decision regarding acceptability of the risk or in deciding terms and conditions, which may be imposed or required? Yes: No:

If yes, give details:

Have you been refused insurance for Spread of Fire Liability or had any policy cancelled or special terms imposed? Yes: No:

If yes, give details:

Do you understand that cover won't commence until this proposal has been received and accepted by the Company? Yes: No:

Declaration (to be completed and signed by all landowners):

Spread of fire? Yes: No:

I, the undersigned (Full name)

Hereby apply for insurance cover in the sum stated below and warrant the foregoing information to be true and correct. I further agree that cover will be issued subject to the following warranties:

The insured shall provide a firebreak on each boundary of his land or as close to such boundary as is reasonably practical by the 15th July or by such later date as may be permitted by the Insurer in writing on application made by the insured and the insured shall thereafter maintain each such firebreak so that it remains substantially free of combustible material during the dry season.

Each boundary firebreak shall be of such a nature and extent that it will, having regard to local circumstances, be reasonably sufficient to prevent a fire on land on one side thereof from spreading to land on the other side thereof.

The insured shall comply with any notice published in terms of the Veld and Forest Fire Act No. 101 of 1998, or any Act replacing or amending, which has the effect of limiting or prohibiting burning of any kind on the insured's land.

In the case of a cane farming operation, the insured shall comply with any notice and abide by any regulations as laid down by the local authority of the South African Cane Growers Association or any authorised committee of the association in regard to the burning firebreaks, the firing of a field or any other controlled burn.

Limit of indemnity:

Declaration

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

Full name Capacity Date Signature

Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer? Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

If yes, name of Insurer? Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature
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Debit Order Authority

Account holder full name:

Name of bank: Account type:

Branch code: Name of branch:

Account number: Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature
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