

**Liability: Transportation 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:		

How long have you been involved with transportation of hazardous cargo?

Description of hazardous goods/chemicals which you usually transport:

Commodity type:

Percentage of total:

Commodity type:	Percentage of total:

**Cover required indemnity limit**

Clean up costs / expenses only:

Clean up costs / expenses including injury, damage and / or environmental impairment:

Initial

Indemnity limit each and every loss / in the aggregate

Areas of operation for which insurance is required:

Within the Republic of South Africa and surrounding territories (select all that apply):

Botswana:

Lesotho:

North west:

Eastern cape:

Limpopo:

Northern cape:

Free state:

Mozambique:

Swaziland:

Gauteng:

Mpumalanga:

Western cape:

Kwazulu-natal:

Namibia:

Other African countries south of the equator - please select all that apply:

Angola:

Democratic republic of congo:

Kenya:

Malawi:

Tanzania:

Uganda:

Zambia:

Zimbabwe:

Further than Kolwezi:

How many vehicles in your fleet will be transporting hazardous goods/chemicals:

Horses:

Rigid / mid-sized truck:

LDV / bakkie:

How many of your trailers are:

Fully enclosed:

Semi enclosed:

Open backed:

Tankers:

Please Note: You will need to complete the attached vehicle schedule, listing the trucks and their registration numbers. Premiums are influenced by the number of specified Insured Vehicles and cover is therefore limited to Pollution Release involving these vehicles only. It is not necessary to specify the trailers attaching to these vehicles.

Do you have a written emergency plan?

Yes:

No:

If yes, attach copy.

Do you have a contract with a 'Clean up' contractor?

Yes:

No:

If yes, name of provider:

Do you have a post accident investigation plan?

Yes:

No:

If yes, attach copy.

Details of driver hiring & driver training program:

Have drivers been checked to verify that they are legally licensed to drive?

Yes:

No:

Are all drivers equipped with the appropriate PRDP "D" Identification?

Yes:

No:

Do all drivers undergo an annual Medical Examination including eye tests?

Yes:

No:

Details of vehicle maintenance program / procedures:

Yes:

No:

Is there a planned maintenance program in place?

Yes:

No:

Is the maintenance done:

Internally:

Externally:

Combination:

Do you have normal goods in transit insurance for damage to the goods carried?

Yes:

No:

Are there any other material facts in respect of the risk proposed which will influence the assessment thereof which should be disclosed?

Please note that the quote and cover to be provided will be subject to drivers having the appropriate license, and adherence to legislation regarding the transportation of hazardous cargos.

Initial



**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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