

Insurance Proposal Form - Buses (Seating Capacity: 35 seats and above) (Underwritten by Constantia Insurance Company Limited)

QUOTE NUMBER: _____ INCEPTION DATE: _____

Yes/No options please V where applicable

Broker Details	
Broker Name	
Contact Person	

Details of Proposer					
Initials					
Name / Entity Name					
Surname					
Physical Address					
Postal Address					
Owner Identity / Reg Number					
Nationality	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">RSA</td> <td style="width: 20%; padding: 2px;">Non RSA (specify)</td> <td style="width: 60%; padding: 2px;"></td> </tr> </table>	RSA	Non RSA (specify)		
RSA	Non RSA (specify)				
Gender	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">M</td> <td style="width: 20%; padding: 2px;">F</td> <td style="width: 60%; padding: 2px;">Home Language</td> </tr> </table>	M	F	Home Language	
M	F	Home Language			
Mobile No. (Cell)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"></td> <td style="width: 10%; padding: 2px;">Smart Phone</td> <td style="width: 10%; padding: 2px;">Yes</td> <td style="width: 20%; padding: 2px;">No</td> </tr> </table>		Smart Phone	Yes	No
	Smart Phone	Yes	No		
Landline No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Home</td> <td style="width: 40%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;">Office</td> </tr> </table>	Home		Office	
Home		Office			
E-Mail Address					
Website					
Home Language					

Association / Affiliation Details	
Name of Association / Affiliation	
Association / Affiliate Reference No.	
Rank Address	
Do you have a Valid Operating Licence?	
Please specify number of years as a Bus Operator	

Route Details			
Permitted Routes	From:		To:
Daily average % of round trip km's	0 – 50km	%	50km – 300km %
	300+km	%	Outside RSA %
In which town or area is the vehicle mainly used?			

Vehicle Details (please attach a schedule if more than one)			
Vehicle Make/Model/Year			
Registration Number			
VIN Number			
Engine Number			
Number of Seats			
Value of Extras	Towbar	Non- Factory Fitted Radio (proof of purchase required) (Limited to R 10 000)	Other
	Bullbar		
Retail Value of Vehicle			
Total Sum Insured			
Finance House & Interest Details			
Capital Outstanding			
Does your vehicle have a tracker?	Yes	No	
Does your vehicle have a dashcam?	Yes	No	
Is the Tracker Certificate attached? Note Vehicles over R 80 000 require a tracking device, should a tracking device not be fitted Theft and Hijacking will not be covered. Note: Proof required within 14 days			

Driver Details	Yes	No	Additional Comments
Are Drivers subject to medical examination? If Yes, how often?			
Are Drivers subject to eye tests? If Yes, how often?			
Are Drivers tested for 3 dimensional perception?			
Are Drivers subject to any psychological tests? If Yes, state type of test.			
Do drivers alternate between vehicles or are drivers solely allocated to one vehicle exclusively?			
Does driver suffer from any medical condition (e.g. epileptic fits, sleep disorders, etc.)? If so, state which condition?			
Does your regular driver have a Valid Professional Drivers Permit (PrDP)?			
What steps are taken to ensure that driver's licenses are valid and free from endorsements. How often are enquiries made?			

Previous Insurance Details	
State name, branch, policy number and expiry date of existing insurance policy	
Please state any claims within the last three years – <i>provide a schedule</i>	
Please provide by way of separate schedules details of all claims lodged/accidents that have occurred but not claimed for (<i>information required: date of loss, description, registration number and gross amount /loss under any section</i>)	

	Yes	No	Additional Comments
Have you ever had any application for insurance rejected or cancelled?			
Have you had any special conditions imposed on your previous insurance policy, claims rejected?			
Have you had any insurance policies cancelled by an Insurer?			
State reasons for not having previous Insurance?			

Basic Cover Required	Yes	No
Comprehensive Cover <i>(Incl. Windscreen/Passenger Liability/Third Party, Fire & Theft)</i>		
Third Party, Fire and Theft Only		
Third Party Only		
Passenger Liability Only		
Basic Excess Structures <i>(see attached schedule of Cover Limits and Excesses)</i>		

Optional Products Required	Yes	No
Credit Protection		
Baggage/Luggage		
Cash Takings		
Income Protector		
Accidental Death Driver Only		
Accepted Total Premium & Fees – as per attached quote (including SASRIA)		

Select Payment Frequency	Yes	No
Annual Policy?		
Monthly Policy?		

Declaration and Consents

I hereby declare that the above information is true and correct, and understand any misrepresentation will mean my cover is invalid and could jeopardise any claim I may make.

I agree that if any of the above information changes, I will notify my broker within 14 days.

Furthermore, the complete product features and benefits as contained in the Master Terms & Conditions document and Schedule of Cover Limits and Excesses have been explained to me in detail. These include consents required for credit checks and sharing of information to maintain sound insurance practices.

Proposer Signature: _____ Date: ___/___/20__

Broker Signature: _____ Date: ___/___/20__

Marketing Consent

We thank you for selecting CICL/Mobility as your preferred Risk Management Partner. Given the commercial nature of your business, we'd love to send you specific partner specials and exclusive offers by e-mail, post, sms, phone or electronic means.

Please let us know if you would like us to contact you or not by selecting one of the options below:

- yes please, we'd like to hear about other offers or services from time to time
- No thanks, we don't want to hear about other offers and services

In giving your consent as stated above, CICL and Mobility undertakes to insure that your personal information is protected as required by the terms of the Protection of Personal Information Act 4 of 2013 and as such your personal information will not be shared with third parties for any purpose or in any format whatsoever apart from the sharing of information as specifically stated in the Master Policy Terms & Conditions document.

Proposer Signature: _____ Date: ___/___/20___

Name: _____

Monthly Debit Order Authority and Mandate

Name of Account Holder						
Name of Bank						
Branch Name						
Branch Code						
Account Number						
Account Type (Please Tick)	Current (cheque)	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>
Debit Date (Please Tick)	1 st	<input type="checkbox"/>	15 th	<input type="checkbox"/>		

I/we, the undersigned, request and authorize;

- a) Constantia Insurance Company Limited (Constantia), to issue and deliver payment instructions to their Banker for collection against my/our abovementioned account at my/our abovementioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the contracts of insurance with Constantia commencing as per the Commencement date noted above and continuing until this authority and mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days.
- b) In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.
- c) If there are insufficient funds in my account to meet the obligation, you are entitled to track my account and pre-present the instruction for payment as soon as sufficient funds are available in my account.
- d) I/we understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement appropriately referenced to enable me to identify this transaction or set of transactions.
- e) My bank (whichever it is or will be) to debit my bank account with such debits drawn against it in favour of Constantia, and to treat each debit as if it had been signed by me personally. I undertake against the said bank that I shall regard receipt by Constantia of this request as receipt by such bank.

- f) I understand that either I may at any time cancel these arrangements in writing in respect of any or all of the policies, but that such cancellation will have no effect on any withdrawals already made by Constantia and my bank in accordance with this regard.
- g) I understand and agree that:
- a. Mobility Insurance Underwriting Managers (Pty) Ltd acts under authority from Constantia Insurance Company Limited.
 - b. For payment of monthly policies collected by debit order, the following rules apply:
 - i. If the chosen Debit Day is either the 01st of any month and the Debit Order is returned unpaid by my bank on the first collection attempt, then another collection will be attempted on the 15th of that particular month. If this second collection attempt also returns unpaid by my bank, then there will be no cover for that particular month.
 - ii. If the above occurs for two months in a row, then this policy will be automatically cancelled.
 - c. I undertake that should my bank for any reason reclaim from Constantia any amounts validly paid to it in terms of this request and decide to pay such amounts over to me, I shall refund such amounts to Constantia.
 - d. I/we acknowledge that this Authority may be ceded or assigned to a third party if the contract of insurance is also ceded or assigned to that third party, but in the absence of such assignment of the contract of insurance this Authority and Mandate cannot be assigned to any third party.

Signed at: _____ Date: __/__/20__

Signature: _____ Capacity: _____