

# Commercial Asset Proposal Form



Commercial request to quote and proposal for insurance. Subject to terms and conditions.

## INSURANCE ADVISER/BROKER

Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## CLIENT DETAILS

Company Name / Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Capacity: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ VAT Number: \_\_\_\_\_

## RISK DETAILS

Business description (full details required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Risk Address 1: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Risk Address 2: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Risk Address 3: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Risk Address 4: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Underwritten by:



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

**Occupation of Premises:**

Premises 1: \_\_\_\_\_

\_\_\_\_\_

Premises 2: \_\_\_\_\_

\_\_\_\_\_

Premises 3: \_\_\_\_\_

\_\_\_\_\_

Premises 4: \_\_\_\_\_

\_\_\_\_\_

**Construction of Buildings:**

Premises 1: \_\_\_\_\_

\_\_\_\_\_

Premises 2: \_\_\_\_\_

\_\_\_\_\_

Premises 3: \_\_\_\_\_

\_\_\_\_\_

Premises 4: \_\_\_\_\_

\_\_\_\_\_

**Hazardous Processes:**

Premises 1: \_\_\_\_\_

\_\_\_\_\_

Premises 2: \_\_\_\_\_

\_\_\_\_\_

Premises 3: \_\_\_\_\_

\_\_\_\_\_

Premises 4: \_\_\_\_\_

\_\_\_\_\_

**Other tenants occupying the premises:**

Premises 1: \_\_\_\_\_

\_\_\_\_\_

Premises 2: \_\_\_\_\_

\_\_\_\_\_

Premises 3: \_\_\_\_\_

\_\_\_\_\_

Premises 4: \_\_\_\_\_

\_\_\_\_\_

Previous insurers: \_\_\_\_\_

Period of insurance - From: \_\_\_\_\_ To: \_\_\_\_\_

Claims and loss experience last three years: \_\_\_\_\_

\_\_\_\_\_

**Cover Required:**

SECTION	CLASS	COVER REQUIRED?		ANNUAL PREMIUM
1	Accidental damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2	Accounts receivable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3	Broadform liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4	Buildings combined	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5	Business all risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6	Business interruption	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7	Deterioration of stock	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
8	Directors' and officers' liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
9	Electronic equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
10	Employer's liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
11	Employment practices liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
12	Fidelity guarantee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
13	Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
14	Glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
15	Goods in transit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
16	Group personal accident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
17	Machinery breakdown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
18	Machinery loss of profits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
19	Money	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
20	Motor including motor traders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
21	Office contents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
22	Public liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
23	Stated benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
24	Theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
25	Umbrella liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Total annual premium				_____
Monthly premium				_____
<b>SASRIA</b>				_____

**Please Note:**

**Claims Preparation Costs:**

The insurance provided by each section is extended to include costs reasonably incurred by the insured in producing and certifying any particulars or details required by the company in terms of general condition 6 or to substantiate the amount of any claim, provided that the liability of the company for such costs in respect of any one claim shall not exceed, in respect of a particular section, R5 000 or 10% of the sum insured or limit of indemnity on the item affected, whichever is the lesser amount, plus any amount stated in the schedule to each section against an item for additional claim preparation costs.

# Details Per Class

## SECTION 1: ACCIDENTAL DAMAGE

**DESCRIPTION:**

**SUM INSURED:**

All property as defined in the section - Total Value: \_\_\_\_\_

First loss: \_\_\_\_\_

Premises: \_\_\_\_\_

Additional claims preparation costs: \_\_\_\_\_

**Extensions/Clauses to be included:**

Leakage of oils/chemicals/fumes  Yes  No \_\_\_\_\_

Excluded property  Yes  No \_\_\_\_\_

Reinstatement  Yes  No \_\_\_\_\_

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

## SECTION 2: ACCOUNTS RECEIVABLE

**SUM INSURED:**

Outstanding debit balances \_\_\_\_\_

Additional claims preparation costs \_\_\_\_\_

**Extensions/Clauses to be Included:**

Riot and Strike (outside RSA and Namibia) Extension  Yes  No

Duplicate records clause  Yes  No

Protection clause  Yes  No

Transit extension  Yes  No

**Note:** Declaration of outstanding debit balances to be made within 60 days of the end of the month to which they refer.

## SECTION 3: BROADFORM LIABILITY

**LIMIT OF INDEMNITY:**

Basis of cover - can only be claims made basis - retroactive date: \_\_\_\_\_

Specified Premises: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIMIT OF INDEMNITY:**

**Extensions/Clauses to be Included:**

Products liability <sup>1</sup> - please specify limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Defective workmanship <sup>1</sup> - please specify limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Statutory defence costs - please specify limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Wrongful arrest and defamation - please specify limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Employer's liability - please specify limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
EU liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**Note:** <sup>1</sup>Products and defective workmanship require a separate questionnaire to be completed.

Estimated annual turnover - Total: \_\_\_\_\_ Exports: \_\_\_\_\_  
 Total annual remuneration: \_\_\_\_\_

**First amounts payable** (amounts to be advised by Merx)

Products liability: \_\_\_\_\_  
 Defective workmanship: \_\_\_\_\_  
 EEC liability: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Mandatory questions to be answered:**

Have the liability claims (and anticipated claims) over the past 36 months exceeded R100,000?  Yes  No  
 What percentage of its income does the Insured earn outside of South Africa? \_\_\_\_\_  
 Is cover for exports to USA and Canada required?  Yes  No

**SECTION 4: BUILDINGS COMBINED**

**Construction of buildings:**

ITEM NO.	DETAILS/ADDRESS/OCCUPATION	SUM INSURED:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
Additional Claims Preparation Costs		_____

**Extensions to be included:**

Subsidence and Landslip (Subject to Engineer's Report)  Yes  No  
 Riot and Strike (Outside RSA and Namibia)  Yes  No  
 Premises and Sum Insured: \_\_\_\_\_  
 \_\_\_\_\_  
 Escalation – please specify percentage \_\_\_\_\_ %  Yes  No  
 Prevention of Access  Yes  No

**SUM INSURED:**

Accidental damage to geysers please specify Sum Insured  Yes  No \_\_\_\_\_

Additional Inflation Margin  Yes  No \_\_\_\_\_  
Please specify period and percentage \_\_\_\_\_ %

After Loss Inflation Costs  Yes  No \_\_\_\_\_  
Please specify period and percentage \_\_\_\_\_ %

Theft not Accompanied by Forcible and Violent Entry  Yes  No \_\_\_\_\_  
Please specify Sum Insured \_\_\_\_\_

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

**SASRIA**  Yes  No

**SECTION 5: BUSINESS ALL RISKS**

ITEM NO.	DESCRIPTION	SUM INSURED:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
Additional Claims Preparation Costs		_____

**EXTENSIONS TO BE INCLUDED:**

Replacement Value Conditions  Yes  No

Increase In Cost of Working - please specify limit  Yes  No \_\_\_\_\_

Riot and Strike (Outside RSA and Namibia)  Yes  No

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

**SASRIA**  Yes  No

## SECTION 6: BUSINESS INTERRUPTION

ITEM NO.	DESCRIPTION				SUM INSURED:	
1	Gross Profit difference basis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Uninsured costs: _____					
1	Gross Profit additional basis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Insured standing charges: _____					
2	Gross Rentals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3	Revenue	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4	Additional Increase in Cost of Working	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5	Wages (Number of weeks basis) _____ (wks)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6	Fines and penalties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
7	Other (please specify) .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Additional Claims Preparation Costs _____					

**INDEMNITY PERIOD** (Please specify the number of months): \_\_\_\_\_

**EXTENSIONS TO BE INCLUDED**

Specified Suppliers/Subcontractors					
Name: _____	% of the sums insured by items 1 to 7: _____ %	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name: _____	% of the sums insured by items 1 to 7: _____ %				
Unspecified Suppliers/Subcontractors	% of the sums insured by items 1 to 7: _____ %	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Prevention of access – Extended cover		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Customers (specified)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name: _____	% of the sums insured by items 1 to 7: _____ %				
Name: _____	% of the sums insured by items 1 to 7: _____ %				
Public Utilities – Insured Perils		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Public Telecommunications – Insured Perils		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Public Utilities – Extended Cover		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Public Telecommunications – Extended Cover		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Accidental Damage		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(subject to a combined Business Interruption/Accidental Damage limit as specified in the Accidental Damage Section)					
<b>SASRIA</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## SECTION 7: DETERIORATION OF STOCK

### COLD ROOMS

	1	2
Area (m <sup>2</sup> )	_____	_____
Height (m)	_____	_____
Temperature (°C)	_____	_____
Insulation	_____	_____
Air Pressure (higher than atmospheric?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### ALTERNATIVE STORAGE FACILITIES AVAILABLE?

 Yes  No

If Yes then state Name and Address of alternative cold storage houses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTROL SYSTEMS

#### Number of measuring devices for:

Temperature

Relative air Humidity

Refrigerant Type & Concentration

#### Number of devices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## REFRIGERATION EQUIPMENT

ITEM NO	DESCRIPTION	Function	Manufacturer	Capacity	Date of Manufacture	Agent/Repairer	NRV
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Is switchover from unit to another possible?

Yes  No

Refrigerant (Please tick the appropriate box)

NH3  FREON 22  FREON 12  OTHER (Please specify): \_\_\_\_\_

**ALARM SYSTEMS**

Are alarm systems installed to show disturbance of failure of plant  Yes  No

If yes what signal is given?

Audible  Yes  No

Visible  Yes  No \_\_\_\_\_

If not what is done to prevent losses: \_\_\_\_\_

**GOODS TO BE INSURED**

ITEM NO.	DESCRIPTION	SUM INSURED:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Additional Claims Preparation Costs \_\_\_\_\_

**FIRST AMOUNT PAYABLE** (Amount to be advised by Merx) \_\_\_\_\_

**SECTION 8: DIRECTORS' AND OFFICERS' LIABILITY**

**PROPOSER'S DETAILS**

Total Asset Value \_\_\_\_\_

**Note:** Please notify the company immediately if the answer to any of the following questions changes during the period of insurance.

Is the total asset value of the proposer and its subsidiaries more than R100,000,000?  Yes  No

Does the company have more than 10 directors/members?  Yes  No

Has the proposer been trading for less than 18 months?  Yes  No

Did the auditor's report on the proposer's most recent annual financial statements contain a qualified opinion, an adverse opinion, or a disclaimer of opinion?  Yes  No

Does the proposer have any reason to believe it may encounter liquidity or solvency difficulties?  Yes  No

Does the proposer trade outside of the RSA?  Yes  No

**INSURANCE HISTORY**

Has the proposer or any of its directors or officers ever had any insurer decline a proposal, cancel or refuse to renew or impose special conditions for directors' and officers' liability insurance?  Yes  No

Is the proposer, or any of its directors or officers, aware after enquiry, of any circumstance or incident which may give rise to a claim?  Yes  No

SUM INSURED:

**REQUIRED COVER**

Please state the Limit of indemnity required

\_\_\_\_\_

Please state the effective date of cover required

\_\_\_\_\_

**FIRST AMOUNT PAYABLE** (Amount to be advised by Merx)

\_\_\_\_\_

**IMPORTANT NOTES**

If any of the questions on this proposal are answered as 'yes' then the proposal must be referred to Merx before being accepted.

This policy only covers private companies, close corporations and non-profit organisations. There is no cover for entities that are governed by the Public Finance Management Act (No 1 of 1999 as amended) or the Municipal Finance Management Act (No 56 of 2003 as amended).

No other Directors' and Officers' insurance may be used in conjunction with this policy.

The following types of companies or industries cannot be insured in terms of this policy financial institutions: bio-tech, mining, airline, oil, gas, pharmaceuticals, and tobacco.

The indemnity limit includes VAT.

**SECTION 9: ELECTRONIC EQUIPMENT**

ITEM NO.	DESCRIPTION	SUM INSURED:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Additional Claims Preparation Costs

\_\_\_\_\_

Premises: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSEQUENTIAL LOSS**

Yes  No

If YES, please provide the following details

Increased Cost of Working - Indemnity Period a maximum of \_\_\_\_\_(months) \_\_\_\_\_

Reinstatement of Data \_\_\_\_\_

**EXTENSIONS TO BE INCLUDED:**

Telkom Access Lines

Yes  No

Incompatibility

Yes  No

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

Sub-section A: \_\_\_\_\_

Sub-section B - Time Excess: \_\_\_\_\_

**SASRIA**

Yes  No

**SECTION 10: EMPLOYER'S LIABILITY** (Claims Made Basis only)

**LIMIT OF INDEMNITY:**

Retroactive Date: \_\_\_\_\_

Total annual remuneration: \_\_\_\_\_

**SECTION 11: EMPLOYMENT PRACTICES LIABILITY**

Number of all Employees \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

First Amount Payable \_\_\_\_\_

**EXTENSIONS TO BE INCLUDED:**

Outsourcing extension

Yes  No

Retrenchment extension

Yes  No

In-house labour advice extension

Yes  No

Unprotected strike dismissal extension

Yes  No

Mergers and takeovers extensions

Yes  No

Extended reporting period extension

Yes  No

**SECTION 12: FIDELITY GUARANTEE**

**SUM INSURED:**

**NAME OR POSITION BASIS:**

Yes  No

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SUM INSURED:**

**BLANKET BASIS:**

Yes  No

Number of Employees \_\_\_\_\_

Additional Claims Preparation Costs (Either Basis) \_\_\_\_\_

**EXTENSIONS TO BE INCLUDED:**

Retroactive Cover

Yes  No

Superseded Policy (\_\_\_\_\_ years) Insurer: \_\_\_\_\_

Yes  No

Voluntary First Amount Payable – please specify amount: \_\_\_\_\_

Yes  No

Reinstatement of Sum Insured

Yes  No

Cost of Recovery – please specify limit \_\_\_\_\_

Yes  No

Computer Losses Extension

Yes  No

Extension for losses discovered more than 24 months after being committed but not more than 36 months thereafter

Yes  No

Extension granted on receipt of satisfactory systems audit in respect of losses discovered more than 24 months after being committed

Yes  No

**If YES, attach copy of Systems Audit Report and state name of Accounting Firm**

*Note: cover is subject to a separate acceptable Fidelity Guarantee Proposal Form and, where computer losses cover is required, a separate acceptable Fidelity Guarantee Computer Losses proposal form.*

**SECTION 13: FIRE**

**Note:** Buildings are to be insured under the Buildings Combined Section, not the Fire Section

**ITEM NO.**

**DETAILS / ADDRESS / OCCUPATION**

**SUM INSURED:**

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Additional Claims Preparation Costs \_\_\_\_\_

**ADDITIONAL PERILS TO BE INCLUDED:**

Earthquake

Yes  No

Special Perils (Storm, wind, water, hail)

Yes  No

Malicious Damage (This is not SASRIA)

Yes  No

Leakage – Limit Required \_\_\_\_\_

Yes  No

Subsidence and Landslip (Subject to Engineer's Report)

Yes  No

Riot and Strike (Outside RSA and Namibia)

Yes  No

**EXTENSIONS TO BE INCLUDED:**

Stock Declaration Conditions (Annual Policies Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal of Salvage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Escalation – please specify percentage: _____%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Inflation Margin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify period and percentage _____%	Period of insurance: 12 months <input type="checkbox"/>	24 months <input type="checkbox"/>
After Loss Inflation Costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify period and percentage _____%	Period of insurance: 12 months <input type="checkbox"/>	24 months <input type="checkbox"/>

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

**SASRIA**  Yes  No

**SECTION 14: GLASS**

ITEM NO.	(PREMISES TO BE SPECIFIED)	SUM INSURED:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Additional Claims Preparation Costs \_\_\_\_\_

**Notes:** The sum insured must represent the replacement value of all glass as the section is subject to Average  
If Neon or other Signs are to be insured please mention them separately above

**EXTENSIONS TO BE INCLUDED:**

Special Reinstatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Riot and Strike (Outside RSA and Namibia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Premises and Sum Insured	_____	

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

**SASRIA**  Yes  No

**SECTION 15: GOODS IN TRANSIT**

**Specified Vehicle (Load Limit) Basis**

VEHICLE DETAILS	LOAD LIMIT:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All Goods usual to the Insured's Business (Annual Carry) Basis  Yes  No

Annual Carry: \_\_\_\_\_ Limit per Conveyance: \_\_\_\_\_

Means of Conveyance: \_\_\_\_\_

Additional Claims Preparation Costs (Either Basis) \_\_\_\_\_

**TERRITORIAL LIMITS**

Are goods transported outside the Republic of South Africa?  Yes  No

If Yes, please state which territories: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SPECIFY THE TYPE OF COVER REQUIRED**

All Risks  Yes  No

Fire, Explosion, Collision, Derailment and Overturning Limitation  Yes  No

Fire, Explosion, Collision, Derailment, Overturning and Theft following Limitation  Yes  No

**EXTENSIONS TO BE INCLUDED:**

Debris Removal - please specify limit  Yes  No

Riot and Strike (Outside RSA and Namibia)  Yes  No

Increased Fire Extinguishing Charges - please specify limit  Yes  No

**SASRIA**  Yes  No

**SECTION 16: GROUP PERSONAL ACCIDENT**

ITEM NO.	NAME / DESCRIPTION AND OCCUPATION	NO. OF PERSONS:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

CIRCUMSTANCES	ITEM NO. / COMPENSATION (per week/s)			
	1	2	3	4
Death	_____	_____	_____	_____
Permanent Disablement (the specified percentage of)	_____	_____	_____	_____
Temporary Total Disablement for a period longer than	_____	_____	_____	_____
but not longer than	_____	_____	_____	_____
Medical Expenses	_____	_____	_____	_____

**EXTENSIONS/CLAUSES TO BE INCLUDED**

Burns Disfigurement Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Business Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Business plus Commuting Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Emergency Transportation / Search and Rescue Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Hijacking, Abduction or Kidnapping Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Mobility Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Motor Vehicle Accident (24 hours cover) Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Motor Vehicle Accident (Business) Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Motorcycling - Recreational Riding Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Motorcycling - Regular Commuting and Domestic Affairs Use Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Passive War Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Polo on Horseback Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Quadricycle and Tricycle Motorcycling Recreational Riding Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Rehabilitation Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Repatriation Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Trauma Counselling Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Winter Sports (Excluding Snow Skiing) Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Winter Sports (Including Snow Skiing) Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	



## SECTION 17: MACHINERY BREAKDOWN

ITEM NO	DESCRIPTION	FUNCTION	MANUFACTURER	CAPACITY	DATE OF MANUFACTURE	AGENT/REPAIRER	NRV
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Additional Claims Preparation Costs \_\_\_\_\_

**MAINTENANCE**

**FREQUENCY**

**ON WHAT MACHINES**

Lubrication \_\_\_\_\_

Cleaning \_\_\_\_\_

Preventative Maintenance \_\_\_\_\_

Vibration monitoring \_\_\_\_\_

Oil Analysis \_\_\_\_\_

Gas Analysis \_\_\_\_\_

**MANAGEMENT**

**STANDARD**

Premises organised and Clean \_\_\_\_\_

Operator knowledgeable and trained \_\_\_\_\_

**Comments on the Availability of Critical Spares**

**MACHINERY**

**SPARES**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION 18: MACHINERY BREAKDOWN LOSS OF PROFITS**

ITEM NO.	DESCRIPTION	SUM INSURED:
1	- Gross profit (difference basis) [Turnover plus Closing Stock] less [Opening Stock plus Uninsured] [Working Expenses]  - Uninsured Working Expenses: _____	_____
2	- Gross profit (specified standing charges basis) [Net profit plus Specified Standing Charges]  - Specified Standing Charges: _____	_____
3	Gross profit (all standing charges basis) [Net profit plus all Standing Charges]	_____
4	Revenue	_____
5	Wages (dual basis)  Initial Period: _____(weeks) Remainder Percentage: _____%	_____
6	Wages (Number of Weeks Basis) - Number of Weeks: _____	_____

ITEM NO.	DESCRIPTION	SUM INSURED:
7	Additional expenditure	<hr/>
	Additional Claims Preparation Costs	<hr/>

**EXTENSIONS TO BE INCLUDED:**

Failure of Utilities (Electricity/Water/Gas)  Yes  No

## MACHINERY BREAKDOWN LOSS OF PROFITS

ITEM NO	DESCRIPTION	% CONTRIBUTION TO GROSS PROFIT	TIME EXCESS	INDEMNITY PERIOD	STANDBY ARRANGEMENTS	ALTERNATIVE MEANS OF WORKING
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

## SECTION 19: MONEY

### MAJOR LIMIT

PREMISES (TO BE SPECIFIED)

LIMIT

1.		
2.		
3.		
4.		

### LIMIT REQUIRED DURING ANY OTHER SPECIFIED PERIOD

PREMISES

PERIOD

LIMIT

1.		
2.		
3.		
4.		

Crossed Cheques increased limit

Additional Claims Preparation Costs


### EXTENSIONS TO BE INCLUDED:

Receptacles – increased limit

Yes  No

Riot and Strike (Outside RSA and Namibia)

Yes  No

Personal Accident Assault

Yes  No

No of Persons: \_\_\_\_\_ Capital Sum: \_\_\_\_\_ Weekly Sum: \_\_\_\_\_ Medicals: \_\_\_\_\_

FIRST AMOUNT PAYABLE (amount to be advised by Merx): \_\_\_\_\_

SASRIA

Yes  No

## SECTION 20: MOTOR

NB: Motor traders – refer to Merx for proposal and quotation.

ITEM	MAKE AND MODEL	YEAR	REG NO.	COVER <sup>1</sup>	CFG	DEFINITION <sup>2</sup>	VALUE
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____

<sup>1</sup>Description of Cover: A (Fire & Theft only) B (Third Party, Fire & Theft only) F (Comprehensive) T (Third Party Only) Q (Third party & Fire only) Z (Own Damage only). <sup>2</sup>Definition: A (Private Type Vehicles) B (Commercial Vehicles) C (Motorcycles) D (Buses) E (Trailers)

**EXTENSIONS TO BE INCLUDED:**

Increased Third Party Limit - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Contingent Liability - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Passenger Liability - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Unauthorised Passenger Liability - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Parking Facilities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Windscreen <sup>3</sup>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Loss of Keys <sup>3</sup> - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Radios and Tape Players <sup>3</sup> - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Telephones <sup>3</sup> - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Credit Shortfall <sup>3</sup> - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Riot and Strike (Outside RSA & Namibia) <sup>3</sup>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Wreckage Removal <sup>3</sup> - please specify limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Car Hire <sup>3</sup> - please specify engine capacity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Loss of Use <sup>3</sup> - please specify daily limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____

<sup>3</sup> *Comprehensively insured vehicles only*

**SASRIA**  Yes  No

**SECTION 21: OFFICE CONTENTS**

ITEM NO.	DETAILS / ADDRESS	SUM INSURED:
1	_____	
	Contents	_____
	Documents	_____
	Liability for Documents	_____
2	_____	
	Contents	_____
	Documents	_____
	Liability for Documents	_____
3	_____	
	Contents	_____
	Documents	_____
	Liability for Documents	_____
4	_____	
	Contents	_____
	Documents	_____
	Liability for Documents	_____
	Additional Claims Preparation Costs	_____
	<b>FIRST AMOUNT PAYABLE</b> (Amount to be advised by Merx)	_____

**EXTENSIONS TO BE INCLUDED:**

Riot and Strike (Outside RSA and Namibia)

Yes  No

Premises and Sum Insured: \_\_\_\_\_  
\_\_\_\_\_

Theft by Forcible and Violent Entry or Exit

Yes  No

First Amount Payable: \_\_\_\_\_

Theft

Yes  No

First Amount Payable: \_\_\_\_\_

**SASRIA**

Yes  No

*Note: Computer Equipment is excluded under this Section*

**SECTION 22: PUBLIC LIABILITY**

**Basis of Cover:**  Claims Mode  Occurrence

If Claims Made, state Retroactive Date: \_\_\_\_\_

**SPECIFIED PREMISES**

**LIMIT OF INDEMNITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTENSIONS TO BE INCLUDED:**

Products Liability<sup>1</sup> - please specify limit

Yes  No

\_\_\_\_\_

Defective Workmanship<sup>1</sup> - please specify limit

Yes  No

\_\_\_\_\_

Legal Defence Costs - please specify limit

Yes  No

\_\_\_\_\_

Wrongful Arrest and Defamation - please specify limit

Yes  No

\_\_\_\_\_

EU Liability

Yes  No

\_\_\_\_\_

*Note: <sup>1</sup>Products and Defective Workmanship require a separate questionnaire to be completed*

Estimated Annual Turnover: Total: \_\_\_\_\_ Exports: \_\_\_\_\_

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

Products Liability: \_\_\_\_\_

Defective Workmanship: \_\_\_\_\_

EEC Liability: \_\_\_\_\_

Other: \_\_\_\_\_

## SECTION 23: STATED BENEFITS

ITEM NO.	DESCRIPTION AND OCCUPATION	NO. OF PERSONS	ANNUAL EARNINGS
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

CIRCUMSTANCES	ITEM NO. / COMPENSATION			
	1	2	3	4
Death ( <i>times annual earnings</i> )	_____	_____	_____	_____
Permanent Disablement (the specified percentage of) ( <i>times annual earnings</i> )	_____	_____	_____	_____
Temporary Total Disablement (% of average weekly earnings)	_____	_____	_____	_____
for a period longer than ( <i>wks</i> )	_____	_____	_____	_____
but not longer than ( <i>wks</i> )	_____	_____	_____	_____
Medical Expenses	_____	_____	_____	_____

### EXTENSIONS/CLAUSES TO BE INCLUDED

Burns Disfigurement Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Business Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Business plus Commuting Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Emergency Transportation / Search and Rescue Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Hijacking, Abduction or Kidnapping Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Mobility Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Motor Vehicle Accident (24 hours cover) Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Motor Vehicle Accident (Business) Limitation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Motorcycling - Recreational Riding Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Motorcycling - Regular Commuting and Domestic Affairs Use Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Passive War Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Polo on Horseback Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Quadricycle and Tricycle Motorcycling Recreational Riding Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Rehabilitation Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Repatriation Extension - Please specify Limit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Trauma Counselling Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Winter Sports (Excluding Snow Skiing) Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Winter Sports (Including Snow Skiing) Extension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	



## SECTION 24: THEFT

ITEM NO.	ITEM (PREMISES TO BE SPECIFIED)	FIRST LOSS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
Additional Claims Preparation Costs (Either Basis)		_____

### EXTENSIONS TO BE INCLUDED:

Damage to / loss of Buildings as a result of Theft – increased limit  Yes  No

**FIRST AMOUNT PAYABLE** (amount to be advised by Merx): \_\_\_\_\_

## SECTION 25: UMBRELLA LIABILITY

Is cover required?  Yes  No

### MONTHLY PREMIUMS

(Please complete and sign this section if you want to pay monthly)

Your Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Payer's Account Name: \_\_\_\_\_

Signature of Payer: \_\_\_\_\_

### DECLARATION AND CONSENT TO DISCLOSE

I warrant that the answers given in this proposal form are true and correct and that I have not misstated, suppressed or admitted any material facts. I do not know of any material facts even though specific questions about them have not been asked that should be communicated to Merx (the Company).

I agree that this proposal form together with any other information supplied by me shall form the basis of any contract of insurance effected thereon and shall be incorporated therein. I undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

I have never been refused insurance for the risks I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. The person completing this request to quote and proposal on my behalf does so as my agent.

I understand that this insurance will not start until this proposal has been accepted by the Company.

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premium.

On behalf of the Insured and of any person represented by the Insured herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) provided by the Insured or provided by another person on the Insured's behalf in respect of any insurance policy or claim made or lodged by the Insured.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge and agree that the information may be verified against legally recognised sources or databases.

If you are unable to sign this declaration without qualification, please state your reasons below:

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Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_