

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:

Company Name / Insured: _____
Vat Registration Number: _____ Company Registration Number: _____
ID Number if no Company Registration Number: _____
Previous Trading Names: _____

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: _____

Proposed inception date of the policy: / /

This proposed inception date is subject to Merx 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? _____

Underwritten by:



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

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 PROFILE:

Business description: _____

When was business established? _____

Estimated annual haulage fees:

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

Transport Broker Yes No R _____

Estimated annual carry:

Owner of transported goods Yes No R _____

Radius of operations: Short-hauls (200km radius): _____ %

Long-hauls in South Africa: _____ %

Long-hauls outside South Africa: _____ %

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:

<input type="checkbox"/> South Africa	<input type="checkbox"/> Eswatini	<input type="checkbox"/> Mozambique	<input type="checkbox"/> Zambia
<input type="checkbox"/> Angola (except Cabinda)	<input type="checkbox"/> Kenya	<input type="checkbox"/> Namibia	<input type="checkbox"/> Zimbabwe
<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Tanzania	Other, please specify: _____
<input type="checkbox"/> DRC (South of Kolwezi)	<input type="checkbox"/> Malawi	<input type="checkbox"/> 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? _____

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

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

COVER REQUIRED

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:

DETAILS OF TRUCKS

Make	Registration	Make	Registration	Make	Registration

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	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: _____

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: _____