

1. CLIENT DETAILS

Company Name	<input type="text"/>		
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>
Fax No.	<input type="text"/>	Broker	<input type="text"/>
Physical Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Business Description	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Details of previous Insurers and claims experience for the past 3 years

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

2. FIRE & ALLIED PERILS

	Cover Required
Plant, Machinery & Equipment, Fixtures & Fittings	R <input type="text"/>
Buildings	R <input type="text"/>
Stock & Materials in Trade	R <input type="text"/>
Fuel in Underground Tanks	R <input type="text"/>
Forecourt Computer System	R <input type="text"/>
Car Wash/Building & Contents	R <input type="text"/>
Vehicles	R <input type="text"/>
Petrol Pumps	R <input type="text"/>
Stock in Storeroom	R <input type="text"/>
Other (Please Specify)	R <input type="text"/>
Miscellaneous	R <input type="text"/>
Claims Preparation Costs	R <input type="text"/>
Stock Debris Removal	R <input type="text"/>
Total Sum Insured	R <input type="text"/>
Do you require SASRIA cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. BUSINESS INTERRUPTION

	Cover Required
Indemnity Period	<input type="text"/> months
Annual Gross Profit (Difference Basis)	R <input type="text"/>
Uninsured Costs (Details Required)	<input type="text"/>
Gross Rentals	R <input type="text"/>
Additional Claims Preparation Costs	R <input type="text"/>
Additional Increase in Cost of Working	R 250,000 incl
Miscellaneous	R <input type="text"/>
Other (Please Specify)	R <input type="text"/>
Total	R <input type="text"/>

4. EXTENTIONS (Please tick relevant cover required)

	Cover Required
Prevention of access – Insured Perils	<input type="checkbox"/>
Prevention of access – Extended Cover	Included
Public Utilities – Insured Perils	<input type="checkbox"/>
Public Utilities – Extended Cover	Included
Suppliers / Sub Contractors	<input type="checkbox"/>
Public Telecommunications – Insured Perils	<input type="checkbox"/>
Public Telecommunications – Extended Cover	Included
Accidental Damage :	Included
Customers Extension	<input type="checkbox"/>
Other (Please Specify)	<input style="width: 100%;" type="text"/>
SASRIA cover recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: SASRIA cover is limited to Standing charges only, therefore a separate sum insured is required.	R <input type="text"/>

5. OFFICE CONTENTS (Computer Equipment not included)

	Cover Required
Entire Contents	R <input type="text"/>
Loss of Documents	R <input type="text"/>
Legal Liability	R <input type="text"/>
Increase in Cost of Working	R <input type="text"/>
Theft Extension – Restricted to 25% of sum insured or limit stated	R <input type="text"/>
Theft by forcible and violent entry	R <input type="text"/>
Other (Please Specify)	R <input type="text"/>
Do you require SASRIA cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total	R <input type="text"/>

6. THEFT

Cover Required

Basis of Cover – First Loss	
Contents	R <input type="text"/>
Vehicles	R <input type="text"/>
Malicious Damage (Buildings increased limit)	R 50,000
Workshop	R <input type="text"/>
Total	R <input type="text"/>

Premises with theft cover of R10,000 and above to be adequately protected.

Adequate protection: A burglar alarm is to be installed and:

- The burglar alarm installed at the premises to be made fully operative whenever the premises are not open for business
- Such alarm is to be maintained in proper working order
- Premises to be alarmed linked to an armed response covering the entire premises;
- Alarm Company & Armed Response
- Panic buttons to be easily accessible at all times
- Cigarettes & cell phone cards limited to R 10,000 following theft or armed robbery at the counter area

7. MONEY

Cover Required

Cash Till Limits (combined) and out of safe not being counted:	R10,000
Major Limit	R <input type="text"/>
Weekend Limit including Monday Mornings	R <input type="text"/>
Seasonal Increase including Public Holidays	R <input type="text"/>
Petrol Price Increases	R <input type="text"/>
SASRIA cover recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total	R <input type="text"/>

- Premises to have a drop safe on premises with the appropriate Category as per SABS standards
- For limit over R20,000 – Safe keys shall be held exclusively by the professional carriers contracted by the garage to carry cash to the bank.

P.A Assault Extension required – Limit – R50,000	R 10,000 per person
Drop Safe on Premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
Banking Done Daily	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe Category SABS	
Banking Done by Security Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe key held by Management/Owner	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Counting of cash to be done in a locked, secure environment, uninterrupted at all times.
- For internal controls it is imperative that your Cashiers drop monies periodically into the drop safe and such drops to be supervised by either a senior person or a colleague. It is your responsibility as owner/manager to ensure that there are proper controls in place. All monies to be kept in safe at all times unless if being counted.

8. GLASS

Cover Required

Full Value of Entire Internal & External Glass	R <input type="text"/>
Bullet Proof Glass (if any)	R <input type="text"/>
Special Reinstatement	Yes <input type="checkbox"/> No <input type="checkbox"/>
SASRIA cover recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total	R <input type="text"/>

9. FIDELITY GUARANTEE

Cover Required

Limit Required R

Number of Employees

Cover in excess of R50,000 – a separate Fidelity Guarantee questionnaire to be completed

Does the company have auditors who check their books and systems and if so, how many times a year is this done? Yes No

Are there enough controls in place to ensure a business's continuity in future?

10. GOODS IN TRANSIT

Cover Required

Load Limit R

BASIS: Annual Specified Basis Yes No

If on annual specified basis:
Number of vehicles

Loads per month

BASIS: Annual carry basis Yes No

If on annual carry basis:
Annual Carry (Rand Value) R

Please select cover required:

All Risks or Yes No

Fire, Collision & Overturning Yes No

Fire, Collision, Overturning and theft following thereon Yes No

11. BUSINESS ALL RISKS

Cover Required

Item Description (Items covered here include: cell phones, car radios, tools, CCTV cameras, Fire arms, speed point machines, car wash equipment etc)

a) R

b) R

c) R

d) R

e) R

Total Sum Insured R

12. ACCIDENTAL DAMAGE

Cover Required

Cover Required

Sum Insured R

13. ELECTRONIC EQUIPMENT

Cover Required

Section 1 – Physical loss or damage to the equipment

Full descriptions, makes, models & serial numbers of fixed equipment:

a)	<input type="text"/>	R	<input type="text"/>
b)	<input type="text"/>	R	<input type="text"/>
c)	<input type="text"/>	R	<input type="text"/>
d)	<input type="text"/>	R	<input type="text"/>
e)	<input type="text"/>	R	<input type="text"/>

Section 2 – Reinstatement of Data

Sum Insured	R	<input type="text"/>
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Section 3 – Increase in cost of working

Sum Insured	R	<input type="text"/>
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Time excess i.r.o Increase in cost of working 24 Hours

14. EMPLOYERS LIABILITY

Cover Required

Employers legal liability in respect of any accident and/or illness out of and/or in course of business

Limit of Indemnity	R	<input type="text"/>
Wage Roll	R	<input type="text"/>
Total Sum Insured	R	<input type="text"/>

15. PUBLIC LIABILITY

Cover Required

Basis of Policy – Claims made basis

Retro-active date of cover	<input type="text"/>
Limits of Indemnity	R <input type="text"/>
General & Tenants Liability	R <input type="text"/>
Defective Workmanship	R <input type="text"/>
Products Liability	R <input type="text"/>
Legal Defense costs	R <input type="text"/>
Wrongful Arrest	R <input type="text"/>

16. STATED BENEFITS

Cover Required

Number of persons covered	<input type="text"/>
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List names & positions

a)	<input type="text"/>
b)	<input type="text"/>
c)	<input type="text"/>
d)	<input type="text"/>

17. GROUP PERSONAL ACCIDENTAL

Death	R	<input type="text"/>
Permanent Disablement	R	<input type="text"/>
Temporary Disablement	R	<input type="text"/>
Medical Expenses	R	<input type="text"/>
How many times annual earnings (max 2)		<input type="text"/>
24 Hour including burns and disfigurements	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Category		
1. Directors		<input type="text"/>
2. Others		<input type="text"/>
3. Petrol Attendants / Other		<input type="text"/>

18. DEATH IN SERVICE

		Cover Required
Capital Sum	R	<input type="text"/>
Number of Employees		<input type="text"/>
Total Sum Insured	R	<input type="text"/>

19. ACCOUNTS RECEIVABLE

		Cover Required
Outstanding Debit Balances	R	<input type="text"/>
Duplicate records to be kept in place at all times		

20. MOTOR

		Cover Required
Make Model Cover (See Below) Sum Insured		<input type="text"/>
a) <input type="text"/>		
b) <input type="text"/>		
c) <input type="text"/>		
d) <input type="text"/>		
e) <input type="text"/>		
f) <input type="text"/>		
g) <input type="text"/>		
Cover		
Comprehensive F		<input type="text"/>
Third Party, Fire & Theft B		<input type="text"/>
Third Party Only T		<input type="text"/>
Are any of the above vehicles on Hire Purchase Finance	Yes	<input type="checkbox"/> No <input type="checkbox"/>

All vehicles in excess of R250,000 to have tracking devices, and all vehicles are to have adequate security protection in the form of Gear locks, alarms & immobilizers

21. EXTENSIONS (Please tick relevant ones if required)

- Contingent Liability Extension (Specify limit required)
- Passenger Liability Extension(Specify limit required)
- Unauthorized Passenger Liability Extension (Specify limit required)
- Parking facilities and movement of third party
- Vehicles Extension
- Windscreen Extension
- Waiver of Subrogation Rights
- Principals
- Cross Liabilities
- Loss of Keys
- Fire Extinguishing Charges Extension
- Wreckage Removal Extension
- Credit Shortfall Extension
- SASRIA cover recommended?

Cover Required

R	<input type="text"/>
R	<input type="text"/>
R	<input type="text"/>
	<input type="text"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>

22. MOTOR TRADERS INTERNAL

- Own Damage Limit
- Third Party Limit
- Annual Wages (Excluding directors/partners)
- Extensions:
- Is work away from premises required?
- Use of Car Hoists? If yes, number of car hoists in use

Cover Required

R	<input type="text"/>
R	<input type="text"/>
R	<input type="text"/>
Yes	No <input type="checkbox"/>
Yes	No <input type="checkbox"/>

23. MOTOR TRADERS EXTERNAL

- Own Damage Limit
- Third Party Limit

Cover Required

R	<input type="text"/>
R	<input type="text"/>

24. BASIS OF INSURANCE

- Wages Basis
- If on wages basis:
- Annual Wages (Excluding directors/partners)
- Named Drivers Basis
- If on named drivers basis:
- Number of Drivers
- Names & ID Numbers:

Cover Required

Yes	No <input type="checkbox"/>
R	<input type="text"/>
Yes	No <input type="checkbox"/>
	<input type="text"/>
a)	<input type="text"/>
b)	<input type="text"/>
c)	<input type="text"/>
d)	<input type="text"/>
e)	<input type="text"/>

24. BASIS OF INSURANCE CONT.

Extensions:

Social, Domestic & Pleasure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of use of customers vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unauthorized use by employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unaccompanied driving of motorcycles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Windscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transit delivery and conveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sub Contractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicles lent to customers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special types	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exclude demonstration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exclude own vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deletion of passenger liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>

25. COVER AND PREMIUM SUMMARY

Section:	Yes / No	Sum Insured	Monthly Premiums
Fire & Allied Perils	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Office Contents	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Theft	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Business Interruption	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Money	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Glass	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Fidelity Guarantee	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Goods in Transit	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Business All Risks	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Accidental Damage	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Public Liability	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Personal Accident	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Motor	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Motor Traders Internal	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Motor Traders External	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Electronic Equipment	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Accounts Receivable	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Total Monthly Premium			R <input type="text"/>
Other			
SASRIA: Material Damage	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Business Interruption	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Goods in Transit	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Money	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Motor	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>

26. DEBIT ORDER INSTRUCTIONS

Payer's Account Name	<input type="text"/>		
Name of Bank	<input type="text"/>	Branch Name	<input type="text"/>
Branch Code	<input type="text"/>	Account Number	<input type="text"/>
Account Type	<input type="text"/>		
Account Holders Signature	<input type="text"/>	Date	<input type="text"/>

I hereby authorize the premiums for the above to be collected via debit order to be drawn against the above Company. The amount is to be debited against the first day of the month commencing on:

Day Month Year

I declare that I understand and accept the above proposal to be underwritten by OMI Insurance Company Limited and administered by Petrosure Underwriting Managers (Pty) Limited.

Signature	<input type="text"/>
Witness	<input type="text"/>

Date