



In association with **Hollard.**

SUPPLEMENTARY  
QUESTIONNAIRE  
Warehouseman's  
Liability

**Hollard.**

Underwritten by The Hollard Insurance Co. Ltd,  
an authorised Financial Services Provider

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Please answer **ALL** questions completely  
 Should any question or part thereof not be applicable, please state "N/A"  
 Should insufficient space be provided, please continue on your company letterhead

***Warehousing/Storage, Shipping, Freight Forwarding or Clearing Agents,  
 Transporting or Loading/Unloading of Customer Goods***

If you are involved in **Warehousing/Storage** please complete **Section A**

If you act as **Shipping, Freight Forwarding or Clearing Agent** please complete **Section B**

If you are involved in the **transporting or loading/unloading** of Customer Goods please complete **Section C**

**SECTION A: WAREHOUSING/STORAGE**

1. Do you operate any warehouses or storage facilities

Yes		No	
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*Please specify*

a. Premises

Number of premises	Address of premises	Size and construction type of each premises

b. The cover in place for customers goods through your property insurance policies

c. Does the warehouse have sprinkler protection or other security or protection systems

d. Do you own or lease the premises. If lease, who is responsible for insuring the warehouse itself



2. Please specify the nature of goods stored


3. Do you operate any cold storage facilities

Yes		No	
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*If **YES**, please give details with particular reference to backup power sources and temperature monitoring, and maintenance programs for refrigeration equipment*

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4. Do you (contractually) require clients to take out property damage insurance and goods in transit cover for their own goods

Yes		No	
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*If **YES**, please give details*

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5. Do you limit your liability contractually

Yes		No	
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*If **YES**, at what level. Please supply a copy of the relevant clauses of your standard contract conditions*

6. Average value of goods stored

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7. Highest value of goods stored

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## SECTION B: SHIPPING, FREIGHT FORWARDING OR CLEARING AGENTS

1. Do you act as freight forwarding or clearing agents

Yes		No	
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*If **YES**, please provide annual turnover and a copy of trading conditions or contracts*

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2. Do you currently purchase errors and omissions covers for shipping, forwarding and clearing operations

Yes		No	
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*If **YES**, give details of cover*

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3. Do you have any offices outside of South Africa providing forwarding and clearing services

Yes		No	
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*If **YES**, please give details*

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## SECTION C: TRANSPORTING OR LOADING/UNLOADING OF CUSTOMERS GOODS

1. Do you transport, load or unload customer's goods

 Yes

 No

*If YES, please give details*

2. How many vehicles do you operate (for transporting goods), and list the type of vehicle

3. Do you purchase goods in transit insurance

 Yes

 No

*If YES, please give details*

4. Please specify the amount of motor third party liability cover provided by your motor insurance

## GENERAL INFORMATION

1. Please give details of all claims made against the Company over the last 5 years

Date of claim	Description

2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance

 Yes

 No

*If YES, please provide full details*



## DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

\_\_\_\_\_  
Name (duly authorised)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

D	D	M	M	Y	Y	Y	Y
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