

Please answer **ALL** questions completely.

Should any questions or part thereof, not be applicable, please state "N/A".

Should insufficient space be provided, please continue on your company letterhead.

- Please ensure that this proposal form is completed fully to enable us to provide you with a speedy quote.
- Should all information be provided and indicate above average business practices, a discount of more than 50% can be applied.
- The truth of the statement made in this form and any other documentation you may provide to us will be incorporated with your policy should our terms be accepted.
- The completion of this form does not bind YOU or US to any contractual arrangement unless you accept our terms for the issuing of an insurance policy.
- From the date that you sign this proposal any change in risk or any claims or circumstances that may give rise to a claim against you at a later stage, must be declared to us. This applies whether or not the completion of this proposal is for a new policy or a renewal of an existing policy.
- Existing insurance with us and generally with other insurers will lapse at midnight on the last day of your expiring policy. Any extensions of cover or requests to hold covered must be received and agreed by this office prior to the expiry of the current policy.

1. Details of Broker

Name _____
Surname _____
Key contact person (name) _____
Address _____
_____ Country _____ Post code _____
Tel. no. _____ Email _____

2. Details of Client (Insured)

Full registered name of Insured _____
Previous trading names _____
Company registration no. _____
Company VAT no. _____
Describe all business activities _____

Key contact person (name) _____
Address _____
_____ Country _____ Post code _____
Office tel. no. _____ Mobile tel. no. _____
Email _____
Country registered _____
No. of years in operation _____

3. Current Insurance

- 3.1 Is your load currently insured? Yes No
- 3.2 Name of broker _____
- 3.3 Is your current policy monthly or annually? Monthly Annually
- 3.4 Name of insurer _____
- 3.5 Does your primary underlying policy cover Dangerous Goods? Yes No

Note: Dangerous Goods or Hazardous Substances, include any substance listed in SANS10228, SANS 0265, SANS 10232 (part 1-3) or regulated by the National Road Traffic Act, Act 93 of 1996, National Railway Safety Regulator Act 16 of 2002 or the Hazardous Substances Act, Act 15 of 1973.

4. Claims History

- 4.1 Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance with respect to a goods in transit incident? Yes No

If Yes, please explain? _____

Date of incident	Location of incident	Value of claim (ZAR)	Substance(s) spilt	Volume spilt	Name of Clean-Up Contractor used

- 4.2 Required Inception Date of Environmental Policy? _____

Y	Y	Y	Y	M	M	D	D
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5. Environmental Limit Required

R1 000 000		R10 000 000	
R2 000 000		R20 000 000	
R5 000 000		R30 000 000	
Other – please specify amount		R	

- 5.1 If quote is required in a different currency other than ZAR, please add your currency amount here _____

6. Territorial Limits required for Environmental cover (*Please note cover is available throughout Sub-Saharan Africa*)

Territory	✓	Specify Country(s)	% of Annual Carry
South Africa			
Countries Bordering South Africa including Angola and Mozambique (Above Beira)			
All Countries outside RSA South of the Equator			
North of the Equator			
Other – please specify			

7. Details of Fleet & Operations

7.1	Total number of vehicles in current fleet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2	Number of vehicles requiring Environmental Pollution Cover	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.3	Number of vehicles transporting Dangerous Goods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.4	Number of vehicles not transporting Dangerous Goods but need Side Tank Cover only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.5	Number of Horses and LDV's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.6	Number of Trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.7	Number of trips per month per vehicle transporting Dangerous Goods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.8	Short Haul	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
7.9	Long Haul	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
7.10	Do you do route planning, please explain?	Yes	<input type="text"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>

How far is your average trip? KM

NB: Please attach fleet listing.

8. Commodities Transported

Commodity	UN Number(s)	Approx. volumes transported per month	Approx. number of trips per month as a %	Commodity	UN Number(s)	Approx. volumes transported per month	Approx. number of trips per month as a %
Dairy products			%	Gas			%
Cement			%	Chemicals			%
Solvents			%	Liquor			%
Non-flammables			%	Flammables			%
Paint			%	Radioactive			%
Asbestos			%	Explosives			%
Poisonous chemicals			%	Oil			%
Petroleum			%	Diesel			%
Other			%	Other			%

9. How is Cargo Transported

Type	✓	Type	✓	Type	✓
Bulk		Raw Material		Containerised	
Drums		Tankers		Other	
Please describe					

10. Driver Details

- 10.1 Do all Drivers have valid Driver's Licenses? Yes No
- 10.2 Do all Drivers have Professional Driving Permits allowing them to transport Dangerous Goods? Yes No
- 10.3 Do all Drivers go for Driver Training?
How often? Yes No
- 10.4 When was the last training done?

Y	Y	Y	Y	M	M	D	D
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- 10.5 Driver Absenteeism annually

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 %
- 10.6 Driver Turnover annually

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 %
- 10.7 Do you manage Driver Fattigue, please explain? Yes No
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- 10.8 Do your Drivers travel at night? Yes No
- 10.9 How often do they stop? _____
- 10.10 Where do they stop? _____
- 10.11 Do you have a Driver Wellness day(s), please explain? Yes No
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- 10.12 Do you host or provide HIV programs? Yes No

11. Risk Information

- 11.1 Are your vehicles fitted with tracking, please explain? Yes No
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- 11.2 Does it have 24 Hour Monitoring, please explain? Yes No
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- 11.3 Do you have any Emergency Response plans, and how often are they tested? Yes No
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- 11.4 Do you have any additional risk management systems or procedures in place, please explain? Yes No
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- 11.5 Do you have any Vehicle maintenance plans? Yes No
- 11.6 Are you ISO 14001/19001 certified? Yes No
- 11.7 Are you Sasol SQAS/CAIA certified? Yes No

IMPORTANT

Please note that the quote and cover to be provided will be subject to all drivers having the appropriate license and adherence to legislation regarding the transportation of Dangerous Goods.

I/We the undersigned do hereby declare and state as follows that:

- The information contained in this application form is true and correct and that I/we have not miss-stated or suppressed any material facts.
- I/We have obtained the express consent to the disclosure and use of sensitive personal data from every subject whose sensitive personal data is supplied in connection with this proposal for the purpose of (a) underwriting the risk and (b) performing any resulting insurance contracts.
- I/We understand that the information contained herein will be used for the assessment of my/our risk and together with any other material information supplied by me/ us shall form basis of any contract of insurance effected thereon.
- I/We undertake to inform underwriters of any material alterations to these facts occurring before the completion of the contract.

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By completing this application for insurance, you agree to the processing and sharing of your personal information.

Signature of proposer
or person signing on behalf of the proposer

Position held

Full name

Date