



COMMERCIAL MOTOR INSURANCE PROPOSAL FORM

All questions must be fully completed. Ticks or dashes are not allowed.

Company Name / Insured: _____

VAT Registration no: _____

Company Registration number: _____

If not Registered, Confirm ID number: _____

Previous Trading Names: _____

Business Address: (Physical): _____ (Postal): _____

Proof of Business Address must accompany proposal

(FICA Requirement) Code: _____ Code: _____

Work Tel No.: _____ Cell Phone No.: _____

Work Fax No.: _____ Client Email: _____

POLICY INCEPTION DATE:

Day / Month / Year

Present Insurer: _____ Date From: _____ Date To: _____ Policy No. _____

Previous Insurer: _____ Date From: _____ Date To: _____ Policy No. _____

YES NO

Has any Insurer ever cancelled your short-term insurance policy?

Has any Insurer ever imposed any special terms on your short-term insurance policy?

Has any Insurer ever refused to renew or quote on your short-term insurance policy?

If yes, please specify _____

COMPANY PROFILE SURVEY:

Business description _____

How long has the business been established? _____

Area and radius of operation: LONGHAULS %
SHORT HAULS %
OUTSIDE R.S.A. %

ANNUAL ESTIMATED TURNOVER (COMPULSORY) *

R

Extended territorial limits? YES NO

List extended territorials. _____

Confirm description of goods normally carried, expressed as a percentage

FOODSTUFFS
LIQUOR
TOBACCO
DANGEROUS GOODS
ELECTRICAL APPLIANCES
SPARE PARTS
BUILDING MATERIALS

STEEL & RELATED PRODUCTS
EXPLOSIVES
FERTILIZER
COAL
NEW/USED FURNITURE
LIVESTOCK
ASBESTOS
COPPER & PRECIOUS METALS

OTHER (SPECIFY): _____

GENERAL INFORMATION REQUIRED:

Where are your vehicles parked at night? _____

Do drivers drive between 23h00 and 05h00? _____

If you convey hazardous products, do you comply with the law as stipulated regarding this? _____

Are your vehicles fitted with:

	YES	NO	Confirm Make of Equipment Fitted
CELLULAR PHONE			_____
TRACKING DEVICE			_____
CAMERAS			_____
ANY OTHER (SPECIFY)			_____

Kindly remember to supply all Tracking Certificates.

VEHICLES TO BE INSURED:

	YES	NO	
Do you require windscreen cover?			
Do you require X's BuyBack Cover?			
Do you require Static Fire Cover? (R25 Million) or (R50 Million)			Limit: ? _____
Do you require extended Cross Border Cover (SASRIA)?			
Are vehicles maintained and in a roadworthy condition at all times?			
Are any of the vehicles subject to an extended maintenance / warranty plan?			If yes please supply period of warranty

YEAR	MAKE & MODEL	Registration Nr	CURRENT RETAIL VALUE

A detailed Fleet List must be submitted if the Fleet is more than 10 Items to be insured.

All Vehicle Registration Documentation must be submitted to the Company.

CLAIMS HISTORY:

Supply on a separate sheet , detail of all losses and/ or claims logged during the past (3) years from present / previous Insurers under the following headings:

DATE OF LOSS:	SECTION	DESCRIPTION OF LOSS:	AMOUNT:

Supply us with all Claim Stats from Present and Previous Insurers along with the New Business Closings.

DRIVER DETAILS:

Are Driver's licenses , ID'S, Public permits ,workpermits,foreign licences validated prior to employment?	YES	NO	
Are drivers subject to medical examinations?	YES	NO	
Are drivers subject to eyesight testing?	YES	NO	
If yes, how often?			_____
Describe nature of penalties , if any?			_____

GENERAL INFORMATION

Please declare any other material facts:

(A material fact is one which could influence the underwriters acceptance or otherwise of this proposal or the terms required.)

DECLARATION:

I HEREBY DECLARE :

- that all particulars and answers in this proposals and application 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 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 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 there under.
- I undertake to exercise all ordinary and reasonable precautions for the safety of the property.
- When a letter of investigation is signed by me to a third party, the Company reserves the right not to disclose the premium component of the policy. Unless specifically instructed by the Insured

Name & Surname: _____

Signature: _____

On behalf of: _____

Dated: _____

WRITTEN AUTHORITY AND MANDATE FOR DEBIT ORDER PAYMENT INSTRUCTIONS

A. Authority

Name of Banking Institution: _____

Account Holder: _____

Account Number _____

Account Type: _____

Branch Name: _____

Branch Code _____

I/We authorise THE PREMIUM COLLECTING AGENT to draw on my account (wherever it may be) at the abovementioned institution in any manner agreed on between THE PREMIUM COLLECTING AGENT AND SUCH INSTITUTION, the amount of the premium (which includes VAT) payable, and I request the aforesaid institution to debit my account with all debits drawn against it by the:

WRITTEN AUTHORITY AND MANDATE FOR DEBIT ORDER PAYMENT INSTRUCTIONS

Debit order date [1st] [] OR [15th] []

Signature of Account Holder: _____

Name & Surname: _____

On behalf of: _____

Dated: _____

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

ADDITIONAL FEE CONSENT FORM

This document sets out your consent for the payment of additional fees that will go directly to your broker for additional services performed by [FSP name] “broker” _____ and does not replace any other disclosure you are entitled to receive in terms of any applicable legislation.

[insert brokerage name] _____

charges additional fees for the following services:

SERVICES RENDERED [remove functions not being performed and add any additional services being provided]			
Obtaining quotes and valuations for claims		Negotiations with insurer in respect of rejected claims	
Advice outside the ambit of financial products;		Assisting with recoveries against third parties	
Roadside assistance services in the case of a motor vehicle collision or breakdown		Assist with organising car hire if required while vehicle is being repaired	
Additional written information to assist with accidents		Assisting with assessors and investigators	
Facilitation of non-insurance value added products		Risk advice and risk management services	
Onsite visits when requested and with renewal			
Other:		Please specify -	

The deduction and collection of broker fees will be facilitated by the insurer or their appointed premium collection agency. You may also withdraw consent to charge the fee if you do not want to make use of these services provided.

I, **[policyholder name]**, _____

with ID or company registration number hereby confirm the following:

- a. My broker, **[insert broker name]** _____ has explained to me that an additional fee will be charged on my insurance policy in respect of additional services provided to me by my broker. My broker has also explained the nature of the fee to me and I am comfortable with the fee being charged.
- b. My broker has confirmed that the additional fee which I will be charged, does not relate to any service for which my broker is already receiving a commission (from the insurer) for in respect of my policy, nor is the fee for a service that is already included in my insurance premium.
- c. I hereby consent my broker to charge me _____ **[insert fee amount]** as a Rand amount/as a percentage of gross premium, inclusive of VAT, for the duration of the policy.

Signed at _____ on this _____ day of _____

 Client signature

 Client name

 Authorised broker / Representative signature

 Authorised broker / Representative name

NEW BUSINESS CLOSINGS - CHECK LIST

DOCUMENTS TO BE SUBMITTED WITH ALL NEW BUSINESS CLOSINGS	YES	NO
1 Fully Completed Proposal Form		
2 ID Copy of Insured / Policy Holder (If not CC Registered)		
3 Proof of Business Address (FICA Requirement)		
4 Detailed vehicle Fleet List with (Retail Values) & Extras Noted		
5 Tracking Certificates to Vehicles:		
Hcv's R250 000.00 and Over (Compulsory)		
Ldv's R100 000.00 and Over (Compulsory)		
Pmv's R150 000.00 and Over (Compulsory)		
6 Vehicle Registration / License Documents to all Insurable items		
Or, List of Make, Model, Year, Reg., Engine, Vin & Retail Value + Extras		
7 Signed Quotation (All pages must be signed / dated where indicated)		
8 3x Years Claims History / Stats from Insurer's		
9 Vehicle Valuation Certificates on all items over 20 years of age		

NOTE:

Cover will only commence on receipt to ALL of the above

