



Bus Facility Proposal Form

NAME OF PROPOSER IN FULL : _____

TRADING AS : _____

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

TELEPHONE NUMBER : _____

TYPE OF BUSINESS : _____

PRIVATE OR PUBLIC CARRIER: _____

STATE HOW LONG TRADING : _____

HAVE YOU EVER TRADED UNDER A DIFFERENT NAME? IF YES, PLEASE SUPPLY DETAILS

SECTION A

Please note that this is a compulsory section. No cover or quotation will be enforced without completion of this section.

COMPANY PROFILE SURVEY

Note

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. Here we refer to facts, which are likely to influence the acceptance of the risk by underwriters.

1. Description of main source of business expressed as a percentage.

	%
School Transport	
University Transport	
Employee Transport	
Scheduled Bus services	
Intercity Bus services	
Charter Bus services	
Tourist Bus services	
Suburban Bus services	

2. List main areas of operation _____
3. Radius of operation:

Operation	% Of total kilometres travelled
0-100 km round trip	
Long haul in SA	
Outside SA	

4. If travelling outside SA, state which countries:

Country	% Of total kilometres travelled
Botswana	
Zimbabwe	
Namibia	
Mozambique	
Lesotho	
Malawi	
Swaziland	

5 Are drivers solely allocated to one vehicle? Yes/No

If yes do drivers alternate between vehicles? Yes/No

6. On extended trips, is a relief driver used? Yes/No

7. On overnight trips, what stopover and sleeping arrangements are made? _____

8. Does the driver have stipulated rest period on any one journey? Yes/No
(If yes please provide procedures on a separate sheet)

9. Advise fleet size progression for last three years:

YEAR	VALUE IN RANDS	NO. OF VEHICLES

10. Limits: Limit required for Third Party Indemnity: R5 000 000

11. Do you require higher limits Yes/No

If yes, what amount _____

12. Complete annexure A, a schedule of all buses under the following headings:

MAKE AND MODEL OF BUS	YEAR OF MAUFACTURE	CHASSIS NO	REGISTRATION NUMBER	ENGINE NO	MARKET VALUE
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13. Supply on a separate sheet, details of all claims lodged or accidents during the past three years under the following headings:

DATE OF LOSS	DESCRIPTION OF LOSS	VEHICLE	TOTAL GROSS AMOUNT OF LOSS	TOTAL NET AMOUNT OF LOSS

14. Please declare any other material facts on a separate page.

GENERAL INFORMATION

1. Please supply the following:-

Current Insurer : _____ **Branch** _____

Policy number : _____ **Expiry date** _____

2. Has any insurer at any time:

Declined your insurances? _____ **Imposed special terms?** _____

Refused to renew your policy? _____ **Cancelled your policy?** _____

If yes, why? _____

SECTION B

Please note that completion of this section will provide insurers with a clearer appreciation of your risk and can positively influence your terms and conditions to be quoted.

RISK MANAGEMENT SURVEY

Note

Please complete as many questions as possible. Where you are unable to supply an adequate answer, please give reasons.

1. Is the operation card/disc (renewable annually) displayed on each vehicle? Yes/No
2. Supply on a separate sheet, the following details of drivers:

NAME:	YEARS DRIVING:	YEARS WITH COMPANY	ACCIDENT RECORD
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3. What steps are taken to ensure that prospective drivers' licences are valid and free of endorsements? How often are such enquiries made? _____
4. What criteria are used to screen prospective drivers?

5. Has the driver been briefed or trained in the following? Please answer Yes or No.

First Aid	
Security of vehicle	
Fire Fighting measures	
Anti hi-jacking measures	
Correct securing of load	

6. Are drivers subject to the following, please answer Yes or No.

Medical Examinations	
Eye Sight Testing	
Three-dimensional perception	
Psychological test	
Driver training	
Conversion training	

7. Describe exact system of driver remuneration by placing X in the appropriate blocks. If you have other systems, please detail on a separate sheet.

Accident/Claim-free driving	
Appearance/Condition of rig	
Bonuses granted for:-	
Accident claim-free driving	
Appearance/Condition of rig	
Attendance record	
Driving skills	
Driver of Year Award	

8. Describe exact nature of penalties imposed on driver (if any) _____

9. Are your company rules and regulations formulated in a booklet, which is passed on to drivers? Yes/No

10. Do you employ a fleet manager? Yes/No

Does he have other duties as well? Yes/No

If answer is yes, stipulate other duties. _____

11. Are logbooks or other fleet management systems kept reflecting driving hours? Yes/No

12. Describe nature of performance monitoring devices fitted to fleet

Tachograph	
Satellite	
Tracking systems	
Other management systems: Please Specify	

If other, please specify on separate page.

13. Who is responsible for analysing results of such equipment? _____

14. What steps are taken to rectify bad results? _____

15. How often are such devices monitored? Daily Weekly Monthly

16. Are drivers expected to complete a pre-start checklist? Yes/No

17. Are vehicles fitted with VESA approved anti-theft alarms? Yes/No

If yes, indicate type:

Audible	
Immobiliser	
Both	
Radio	
Satellite	
Other	

18. Are vehicles fitted with a hi-jacking alarm? Yes/No

If other, please specify on a separate page.

19. Are vehicles fitted with fire-fighting extinguishers? Yes/No

Give details

20. Describe in point form your maintenance program:

Product offerings:

Choose options to be included in package:

Option	Yes/No	Value
Medical evacuation and hospital costs		R2 00 000 per Occurrence R50 000 any one claimant
Death and funeral		R20 000 per deceased person
Increase in cost of working		R40 000 per vehicle per Occurrence R750 per vehicle per day
Accident management cost		R50 000 per Occurrence
Retroactive Passenger Liability		R5 000 000 any one Occurrence R2 500 000 any one claimant
Credit life		Sum will not exceed the "Balance of Indebtedness

DECLARATION

I/We declare that:-

the answers given above are true and correct in every respect

I/We will give immediate notice to the Insurer of any alteration of the risk herein submitted

I/We have not concealed any material facts which should be communicated to the Insurer:-

Unless any facts material to this proposal for insurance are embodied in this proposal form they shall not be considered communicated to the Insurer even if disclosed to such agent.

I/We agree that this proposal form shall be the basis of the contract of insurance hereby applied for

I/We are willing to accept a Policy subject to the terms and conditions contained therein

and

I/We understand that no insurance will be in force until the Insurer has signified acceptance of this proposal.

Date: _____

Signature: _____

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| <p><input type="checkbox"/> I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of this insurance contract.
For further information please read our Privacy Notice, which can be found on www.centriq.co.za</p> |
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Note

Please obtain copies of the following:-

- A. Company rules and regulations booklet**
- B. Fleet manual**
- C. Pre-start check list**
- D. Any other document which will assist underwriters and strengthen risk profile**

Also, where possible, obtain photographs of vehicles, warehouse, workshop and office block.

