



AFRICAN MOTOR UNDERWRITERS (PTY) LTD TRANSPORT PROPOSAL FORM

PLEASE CIRCLE 'YES' OR 'NO' AS APPROPRIATE THROUGHOUT THIS PROPOSAL

NAME OF PROPOSER IN FULL : _____

TRADING AS : _____

VAT NUMBER : _____

COMPANY REGISTRATION NUMBER : _____

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

TELEPHONE NUMBER : _____

TYPE OF BUSINESS : _____

STATE HOW LONG TRADING : _____

HAVE YOU EVER TRADED UNDER A DIFFERENT NAME : YES / NO

IF YES, PLEASE SUPPLY DETAILS : _____

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 goods normally carried and expressed as a percentage of annual carry.

	%		%
Building materials		Furniture	
Electrical & Electronic Items		Sand & Stone & Bricks	
Fertilizer		Spare Parts	
Foodstuffs		Steel and related products	
Fresh produce		Coal	
Paint		Heavy Machinery	
Liquor		Hazardous Goods	
Livestock		Other. Please specify	

Hazardous Goods are excluded unless cover is specifically requested and the relevant section of this proposal is completed.

2. List main areas of operation _____

3. Radius of operation:

	%
Shorthaul (<100km)	
Longhaul in RSA	
Outside RSA	

4. Advise fleet size progression for last three years:

YEAR	VALUE IN RANDS	NO. OF VEHICLES

5. Limits: Limit required for Third Party Indemnity R2 500 000 R5 000 000 R10 000 000



GENERAL INFORMATION

1. Please list the insurers that you have dealt with over the past 5 years

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

2. Please supply the following:-

- Current Insurer: _____ Branch: _____
- Policy number: _____ Expiry date: _____

3. Has any insurer at any time:

- Declined your insurances? Yes / No
- Imposed special terms? Yes / No
- Refused to renew your policy? Yes / No
- Cancelled your policy? Yes / No

If yes, why? _____

RISK MANAGEMENT SURVEY

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. Do you employ drivers under the age of twenty five or with less than 5 years driving experience Yes / No

If Yes, please give details: _____

- 3.1 Do you regularly check that drivers' licences are valid and free of endorsements? Yes / No
- 3.2 Do you regularly check that your drivers have up to date PDP's (This is a policy requirement) Yes / No

4. What criteria are used to screen prospective drivers? _____

5. Has the driver been briefed or trained in the following?

First Aid	Yes / No
Security of vehicle	Yes / No
Fire Fighting measures	Yes / No
Anti hi-jacking measures	Yes / No
Correct securing of load	Yes / No

6. Are drivers paid per trip or do they receive a weekly / monthly salary? _____

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

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

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

Does he have other duties as well? Yes / No

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

11. Are your vehicles fitted with any of the following?

DEVICE	YES / NO	NAME OF SYSTEM
Tachograph	Yes / No	
Satellite Fleet Management Systems	Yes / No	
Tracking Device	Yes / No	

If other, please specify on a separate sheet of paper (see note on page 4).

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

If other, please specify on a separate page.

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

Give details _____

14. Describe in point form your maintenance program:

15. Is a "one driver per rig" policy being followed? Yes / No

PERFORMANCE MONITORING (please complete if your vehicles are fitted with performance monitoring equipment)

1. What make of the equipment? _____

2. Do you analyse results obtained from this equipment? Yes / No

3. Who is responsible for analysing results of your equipment? _____

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

5. How often are such devices monitored? Daily / Weekly / Monthly

DRIVER FATIGUE

The leading cause of accidents in trucks is driver fatigue:

1. Does your company have a formal policy regarding driver's working hours. If so please attach: Yes / No

2. Do your drivers drive at night Yes / No

3. Do your drivers drive between midnight and 4:00 am Yes / No

4. Do your driver's drive continuously for more than 4 day and nights without a break. A Break is defined as at least 10 hours off duty with access to proper sleeping arrangements i.e. NOT SLEEPING IN THE CAB. Yes / No

5. How long do your drivers drive before resting? _____

7. How long are the shifts? _____

6. Do you allow passengers to be carried? If yes, please give details _____

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

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

HAZARDOUS GOODS (ignore if not applicable)

1. Description of hazardous goods normally carried:

GOODS	%	PACKAGING (examples would be steel drums, bags and wooden boxes)
Non-Hazardous		
Explosives		
Petrochemical		
Other Flammable Liquids		
Flammable Gases		
Other Gases		
Pesticides / Fertilisers		
Paint		
Other		



- 2. Are you aware of and do you adhere to the SABS standards regarding transportation of hazardous goods? Yes / No
- 3. Have your drivers received the appropriate training as prescribed in these regulations and do they hold the appropriate PDP-D driving permit. Yes / No
- 4. Do you require cover for cleanup costs Yes / No

Specify the amount of cover required _____

DECLARATION

I/We declare that:-

the answers given above are true and correct in every respect and that I / we have answered all the relevant questions.

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: _____

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

NOTE: PLEASE DISCLOSE ANY OTHER MATERIAL FACTS ON A SEPARATE SHEET OF PAPER. IF UNCERTAIN AS TO WHAT IS MATERIAL, ASK YOUR BROKER.

