



PROPOSAL FORM

BUS PROPOSAL FORM

All questions must be answered ! – dashes or blanks are not acceptable.

The proposer in terms of this document applies to Abelard Underwriting Agency as underwriting agent for Guardrisk Insurance Company Limited for insurance for vehicles.

The proposer warrants that he (which shall mean any juristic person) understands that the making of any false statement, submitting any incorrect information or the withholding of any information which could influence the underwriter's decision in accepting, rejecting or setting terms for the acceptance of insurance sought by the proposer will give the underwriter the right to repudiate any claim made and to void cover from inception.

Tradeforth 6 (Pty) Ltd trading as Abelard Underwriting Agency
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F.A.I.S Compliance Details
FSP Licence Number: 28
Compliance Practice: Intelligent Compliance and Education (Pty) Limited
FSB Practice No. 554
Compliance Officer: Peter Veal

Member of
SAUMA





GENERAL

- 1. Full Legal Name of proposer _____

- 2. Trading name of entity to be
be insured _____

- 3. Company registration
Number _____

- 4. Postal address _____

- 5. Physical address of main
operation _____

- 6. Telephone Number: _____

- 7. Has the proposer ever traded under a different name? _____
If yes supply details _____

- 8. Please list the directors/
partners/members _____

- 9. What is the nature of your
business? (eg worker
transport) _____

- 10. How long has business
been established _____



PROFILE

1. Detail your type of travel as a percentage of all your passenger transport activities

(a) Short haul (less than 200km round trip) returning to base at night	_____ %
(b) Long haul (more than 200km round trip) returning to base at night	_____ %
(c) Long haul away overnight	_____ %
Total	<u>100%</u>

2. Detail your type of business activity as a percentage of all your passenger transport activities

(a) Local commuter	_____ %
(b) Scholar transport	_____ %
(c) Worker transport	_____ %
(d) Charters	_____ %
(e) Tours (no overnight trips)	_____ %
(f) Tours throughout RSA	_____ %
(g) Tours outside RSA	_____ %
(h) Inter city passengers	_____ %
(i) Hire without driver	_____ %
(j) Other – please specify	_____ %
Total	<u>100%</u>

3. List the main areas of operation in R.S.A.

4. To which countries do you travel outside R.S.A

5. Do you travel through the night? _____

6. What are your driver and stopover regulations for long haul and overnight trips?



VEHICLE DETAILS

1. Please attach a schedule of vehicles to be insured under the following headings

Year of mnfr	Make	Model	Registration	Sum insured (market value)	Seating capacity

2. Advise fleet size development over the past 3 years

<u>Year</u>	<u>No of units</u>	<u>Total value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do you have tracking systems installed? _____

4. How are vehicles maintained

(a) externally or in house?

(b) if externally, are vehicles maintained by authorised dealers?

(c) is a planned program in place or is this done as and when problems arise?

5. At what location are the vehicles kept when not in use?

6. How many vehicles are generally parked together when not in use?

7. Describe security measures in place?

8. Are your vehicles fitted with serviceable fire extinguishers?



DRIVERS

- 1. Are drivers periodically checked to
 - (a) verify that they comply with all legal requirements to drive the vehicles? _____
 - (b) ensure that they have an acceptable driving record without serious accidents? _____
 - (c) establish that they have a crime free history? _____
- 2. Do you keep copies of all licences, permits and certificates? _____
- 3. Do you maintain log books reflecting driving hours? _____

INSURANCE HISTORY

- 1. Has any insurer ever
 - a) declined to ensure you? _____
 - (b) refused to renew or cancelled your policy or imposed special terms? _____
 - (c) rejected or refused to pay a claim submitted by you? _____
- 2. If the answer to any question in 1 above is yes provide a full explanation below

- 3. If you are currently insured please provide the following

Name of Insurer _____

Branch _____

Policy number(s) _____

Annual expiry date _____

LOSS HISTORY

- 1. Full details of all losses sustained during the past three years including uninsured losses are required in the following detail:

Date of Loss	Vehicle	Total loss amount	Deductible (excess)	Net claim
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COVER REQUIRED (answer yes or no)

Yes/No

- 1. Comprehensive _____
 Optional Extensions
 - (a) Windscreen reduced deductible _____
 - (b) Loss of use _____
 Daily Limit R_____
 - Number of Days _____

- 2. Passenger Liability _____
 Limit any one accident R_____

- 3. Passenger accidental death R10.000 per passenger _____

- 4. Restricted cover:
 - (a) Third party liability _____
 (indicate which vehicles on the schedule)
 - (b) Fire & theft _____
 (indicate which vehicles on the schedule)

DECLARATION

I hereby warrant that I am duly authorised by the proposer to complete and sign this document and declare that all the particulars and answers in this proposal and appendices are true and complete in every respect and that there are no other facts which should be disclosed to underwriters. I further declare that if any information or answer in this proposal is in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose of this proposal

Print name in full

Capacity

Signature

Date
