



PROPOSAL FORM

TRUCK 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.





GENERAL

- 1. Full Legal Name of proposer _____

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

- 3. Company registration
Number: _____
- 4. VAT Number: _____
- 5. Postal address: _____

- Code: _____
- 6. Physical address: _____

- Code: _____
- 7. Telephone Number: _____
- 8. Fax No: _____
- 9. Has the proposer or any partner or shareholder ever traded under any other name? _____
If yes supply details _____
- 10. Please list the directors/
partners/members _____

- 11. What is the nature of your
business? (eg long distance
haulage) _____

- 12. How long has business
been established? _____



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)
--------------	------	-------	--------------	----------------------------

2. Advise fleet size development over the past 3 years

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

3. Are any vehicles registered in any names other than the proposer? _____
 If Yes, please provide details

4. Do you have a fleet management or tracking system installed? _____
 If yes, give details

Who monitors the system?

5. Detail any other precautions in place to avoid losses arising out of Theft, Hijack or Accidents

6. 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?

7. How many vehicles are on a full maintenance lease?



- 8. If vehicles are serviced by yourself, how regularly does this take place?

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

- 10. Describe security measures in place?

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

- 12. How are vehicles protected overnight in the course of a journey?

- 13. Are your vehicles fitted with serviceable fire extinguishers? _____

DRIVERS

- 1. How many drivers do you employ?

- 2. Do you employ casual, temporary or part time driver or sub contract your vehicles? _____
- 3. Are permanent drivers in your employ 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? _____
- 4. Are drivers subjected to full medical examinations prior and during employment? _____
- 5. Do you keep copies of all licences, permits and certificates? _____
- 6. Do you maintain log books reflecting driving hours? _____
- 7. Is any driver training provided for your drivers?
If so, how regularly? _____



- 8. When employing drivers, do you check
 - (a) previous employment records? _____
 - (b) accident records? _____
 - (c) the validity of PDPs and driving licences? _____
 - (d) to see if a criminal record exists? _____

- 9. Do you employ drivers with less than 5 years experience? _____

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; and the same details as in 3 below for the insurer that took such action

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

Name of Insurer _____

Branch _____

Policy number(s) _____

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
--------------	---------	-------------------	---------------------	-----------



COVER REQUIRED (Mark those required)

Comprehensive	<input type="checkbox"/>	Third Party, Fire & Theft	<input type="checkbox"/>	Third Party Only	<input type="checkbox"/>
Loss of Use	<input type="checkbox"/>	Windscreen reduced deductible	<input type="checkbox"/>		

In what geographical area is cover required (Mark those required)

South Africa	<input type="checkbox"/>	Botswana	<input type="checkbox"/>	Namibia	<input type="checkbox"/>	Swaziland	<input type="checkbox"/>
Zimbabwe	<input type="checkbox"/>	Mozambique	<input type="checkbox"/>	Zambia	<input type="checkbox"/>	Lesotho	<input type="checkbox"/>

Other (specify)

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

Signed at _____ on this _____ day of _____ 200_

Print name in full

Signature on behalf of the Proposer

Capacity
