

DETAILS

Broker

Name of Proposer

Full Trading Name of Company

ID Number of Proposer (if not company)

Vat Reg No

Co Reg No

Postal Address

Physical Address

Description of Business

If 'Manufacturing' please fill in Appendix A.

Contact Person

Cell

Tel

Fax

Email

GENERAL

Has any insurer ever declined a proposal of yours, cancelled any policy (or any section thereof) of yours, imposed any special conditions, refused to renew any policy (or section thereof) of yours, or refused to continue with any insurance of yours?

Yes

No

If yes, please give full particulars:

Have any of the directors / partners / shareholders in your company ever been declared insolvent or had any judgments taken against them?

Yes

No

If yes, please give full particulars:

PREVIOUS INSURANCE DETAILS

Have you had any previous losses / claims in the last 5 years (whether insured or not)?			Yes	No
DESCRIPTION OF LOSS OR CLAIM	YEAR	AMOUNT	INSURER	
		R		
		R		
		R		
		R		

METHOD OF PREMIUM PAYMENT

Please indicate the method of premium payment required:

Annual in Cash Bi-Annual Quarterly Monthly

DEBIT ORDER INFORMATION AND AUTHORISATION

Name of Account Holder Cheque / Transmission Account no.

Name of Bank Institution / Branch Identification No.

I the undersigned, request and authorise HIC Underwriting Managers (Pty) Ltd to draw against my / our account the amount necessary for payment of the total inclusive monthly premium and any standard fees in respect of the insurance policy on the

1st (first) day / working day of each month commencing in the year 20

7th (seventh) day of each month commencing in the year 20

Signature of Account Holder

DESCRIPTION OF ELECTRONICS To be completed for underwriting purposes:

MAKE	MODEL	SERIAL NO.	REPLACEMENT VALUE
			R
			R
			R
			R
			R
			R
			R

DESCRIPTION OF ALL RISKS ITEMS To be completed for underwriting purposes:

MAKE	MODEL	SERIAL NO.	REPLACEMENT VALUE
			R
			R
			R
			R
			R
			R
			R
			R
			R
			R

MOTOR DETAILS To be completed for underwriting purposes:

VEHICLE 1 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 2 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 3 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

MOTOR DETAILS To be completed for underwriting purposes:

VEHICLE 4 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 5 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 6 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 7 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 8 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

MOTOR DETAILS To be completed for underwriting purposes:

VEHICLE 9 Description

Values of extras with description

Year Model

Registration number

Registered Owner

Description of Vehicle Security

Alarm

Immobiliser

Tracker

Other

Please explain if 'other'

APPENDIX A: Fill in the following if your business is 'Manufacturing'

Occupation

Description of end products

Describe the processes conducted at the premises/process flow

Annual Turnover (if Products & Defective Workmanship required) R

Storage practices

Bulk Storage/Warehousing? Yes

No

Approved Flammable Liquids store? Yes

No

Flammable processes conducted at premises

Cooking:

Baking

Frying

Open flame

Smoking

Roasting

Extraction System - how often is trunking cleaned?

How often are Filters cleaned?

Heating agent:

Electricity

Gas

Electricity and gas

Cutting and welding at premises? Yes

No

Hot work permit system in place? Yes

No

Vulcanizing or rubberizing? Yes

No

Plastics? Injection moulding

Extrusion

Vacuum forming

Type of plastic used?

Coating? Plastic

Bitumen

Tar

Pitch

Rubber

Fibre-glass moulding? Yes

No

Heating boilers? Yes

No

Spotting - ironing? Yes

No

Smoking, drying or curing by artificial heat? Yes

No

Milling, grinding or other rain processing? Yes

No

Clothing factory? Yes

No

Oilskin, waterproofing or foam backed garments? Yes

No

Carding? i.e Straightening or smoothing of raw fibres in a parallel fashion Yes

No

Garment fusing (Rain Coats)? Yes

No

Garment teasing (tease or draw out fibres of a fabric or garment) Yes

No

Using any irons and/or steamers without automatic cutoff switches and warning lights? Yes

No

APPENDIX A: Fill in the following if your business is 'Manufacturing'

Flammable processes conducted at premises continued...

Make use of any iron rests which are made of combustible material? Yes No

Spotting with flammable fabric cleaning liquids on dirty garments? Yes No

Hosing, knitting, milliners, furriers, leather clothing manufacturing? Yes No

Spray painting/powder coating/ electrostatic coating

Inside the building OR In the open Open floor OR Spray booth

Purpose built booth according to SABS standards? Yes No Solvent extraction? Yes No

Indicate which of the following Plant is present at the premises

Number of Woodworking machines Number of Woodworking machines with dust extraction

Plant/Machinery/Stock in the open? Yes No Silos? Yes No

Coldrooms (specify refrigerants and insulation)

Boilers Furnaces Forges Hearths Mills Steel heat treatment facilities

Protections

Alarm Armed Response Secure Business Park Access Control

24 hour night watchmen/guards

Fire Alarm Smoke Alarm CCTV Cameras with security guards?

Details of other Fire Protections? Hours of operation/night shifts?

Sprinkler system? If yes,: Double OR Single supply

Fully serviced and in a working order? Yes No

Exposures

List Combustible or flammable materials used/stored and quantities

Proximity to dams/rivers/streams/sea/water courses/ known flood areas?

Spread-of-fire - Proximity to open areas, grasslands/ forests?

List immediate neighbours with Hazardous Occupations

1.

2.

3.

Distances between adjacent structures

DECLARATION

I / We hereby declare that all the statements and particulars in this proposal are true and correct and contain all the information known to me / us for the purpose of the proposed insurance which shall be the basis of this contract. I / We declare that if such statements and particulars are in the handwriting of any person other than myself / ourselves such person shall be regarded as having been my / our agent for the purpose of filling in same. I / We by our signature hereto irrevocably authorise and consent to HIC Underwriting Managers (Pty) Ltd, or its nominated agents performing credit checks as they deem fit. I / We accept that the onus to disclose all relevant information relating to the asset insured and the particular risk, at all times rest on me / us and that Non-disclosure will render the contract null and void and of no force or effect.

Signed at

Signature

Date
