

# HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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## GOODS IN TRANSIT INSURANCE PROPOSAL FORM

### Proposer Details

Name:			
Trading Name:			
Vat Number:		Registration Number:	
E-Mail Address:			
Has the proposer or any partner or shareholder ever traded under any other name:	YES		NO
If YES, please supply the name:			
Telephone Number:		Cell Phone Number:	
Physical Address:			
		Code	
Postal Address:			
		Code	
Please Specify Type of Business:			
Transport Company:	YES		NO
Transport Broker:	YES		NO
Owner of the Goods Transported:	YES		NO
How many years has the business been established:			
What is the nature of the goods being transported:			
What are your stop-over details, including security arrangements:			

### Goods Carried

Please specify type of goods being transported under the below headings:			
Commodity Type:	Percentage of Total:		
	%		
	%		
	%		
	%		
	%		
	%		
	%		
Do you require insurance for any of the following commodities:			
Alcoholic Beverages:	YES		NO
Clothing and Footwear:	YES		NO
Electrical / Electronic Goods:	YES		NO
Tinned Fish:	YES		NO
Copper (or any commodity that includes Copper):	YES		NO
Tyres:	YES		NO
Household Removals (limited cover):	YES		NO
Livestock/ Game (limited cover):	YES		NO
<b>Note that the following subject matter is expressly excluded from cover:</b>			
<i>Bullion, Specie, Jewellery, Precious Stones, Cash, Stamps, Traveler's Cheques, Documents, Film, Pre-Paid Phone Cards and Cigarettes.</i>			
What is the maximum load limit required:			
What is the average value per load:	R		

Do you move any hazardous cargo:	YES		NO	
Do you require any of the following cover at an additional premium:				
Deterioration of Refrigerated Stock Losses:	YES		NO	
Incorrect Temperature Settings:	YES		NO	
SASRIA Cover:	YES		NO	
Cover for Cross Border Riots and Strikes:	YES		NO	
Franchise Excess Option:	YES		NO	

#### Transport Brokers - Loads Given to Subcontractors

If you require cover for loads given to subcontractors, please confirm the following:	
Actual annual haulage fees for the last 12 months:	R
Estimated annual haulage fees for the next 12 months:	R
How many loads are given to subcontractors on a monthly basis:	
Please list the subcontractors that you use:	
<p><b>Haulage fees are defined as total fees charged by you to your customers for services rendered <u>and must include VAT</u>. Please note that this amount would <u>include</u> any amount which you would in turn pay to your sub-contractor (again including VAT).</b></p> <p><b>Disclosure of accurate information on income is the responsibility of the insured and failure to discharge this diligently will at the discretion of the insurer result in any claim presented being discounted by the same rate as the actual income bears to the declared income. Insurer further reserve the right to audit the insured's income at the expense of the insurer.</b></p>	

#### Owner of the Goods Being Transported

If you are the Owner of the goods, what is the estimated annual carry for the next year:	R
What modes of transport do you use:	
Road Freight:	Percentage of Total %
Rail:	Percentage of Total %
Air Freight:	Percentage of Total %

#### Underwriting Information

Tracking Device (please attach tracking certificates):	YES		NO	
Fleet Management System (please attach fleet management certificates):	YES		NO	
Is the Fleet Management System managed by a Bureau:	YES		NO	
Are Any Trailers Fitted with a Secondary Tracking Device:	YES		NO	
Two Way Radios:	YES		NO	
Travel in Convoy/ Escorted:	YES		NO	
Tachograph:	YES		NO	
Co-Driver:	YES		NO	
Cell Phone:	YES		NO	
Overloading Devices:	YES		NO	
Immobiliser/ Anti Hijack Device:	YES		NO	
Vehicle Parked in a Secure Area Whilst Loaded:	YES		NO	
Owner Driver:	YES		NO	
What Criteria is Used to Screen Prospective Drivers:				
What Steps are Taken to Ensure that Prospective Drivers' licenses are valid and free of endorsements:				
Roof Identification Marks:				
	YES		NO	
Areas of Operation:				
Cover automatically applies while the insured goods are being transported within: South Africa, Lesotho, Botswana, Swaziland, Namibia, Zimbabwe, Mozambique, Malawi, Zambia, Tanzania, Kenya, Angola & Democratic Republic of Congo (no further north than Kolwezi).				
If your fleet operates outside of South Africa, Cross Border Riots and Strikes cover is essential.				
Radius of Usual Operation:	Short Hauls (Max 150km)	%	Long Hauls	%
Main Areas of Operation:				

Vehicle Fleet List for Which Cover is Required	
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Insurance History	
1	2018-2019
2	2019-2020
3	2020-2021
4	2021-2022
5	2022-2023
6	2023-2024
7	2024-2025
8	2025-2026
9	2026-2027
10	2027-2028
11	2028-2029
12	2029-2030
13	2030-2031
14	2031-2032
15	2032-2033
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92	2109-2110
93	2110-2111
94	2111-2112
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128	2145-2146
129	2146-2147
130	2147-2148
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133	2150-2151
134	2151-2152
135	21

Current Insurer:	Period of Insurance:	Policy Number:			
Previous Insurers:	Period of Insurance:	Policy Number:			
Has any insurer at any time declined your insurance:		YES		NO	
If YES, why was your insurance declined:					
Has any insurer at any time imposed special terms:		YES		NO	
If YES, what terms were imposed:					
Have you ever had a policy cancelled by an insurer:		YES		NO	
If YES, why was the policy cancelled:					

Claims History	
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Please advise us of all losses (whether insured or not) the past 3 years under the following headings:

[illegible]

**Material Facts**

Please declare any other material facts pertinent to this proposal for cover:


**Declaration**

- I hereby declare that all statements made herein are true, correct, and complete and that there are no other material facts regarding this risk that should be disclosed.
- I acknowledge and understand that any untrue, incorrect, or incomplete statements in this proposal may result in the policy being voided from inception.
- I further agree that any statement or particulars herein supplied by any other person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal.
- I am also not aware of any claims against me other than those mentioned above.
- I agree that this proposal shall be the basis of the contract between the insurer and myself.
- I will accept the insurer's standard policy.
- I understand that this insurance will not commence until this proposal has been accepted by the insurer.

<b>Full Name:</b>		<b>Designation:</b>	
<b>Signature:</b>		<b>Date:</b>	