

# HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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## **HEAVY COMMERCIAL VEHICLE & FLEET 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:			
Name of contact person who deals with the following:					
Fleet and insurance detail:					
Claims and related problems:					
Premium payments:					
Business Description:					
How many years has the business been established and operating for:					
What is the Nature of the goods being transported:					
List your main areas of operation:					
What are your stop-over details, including security arrangements:					

### **Cover Options**

Include cover for loss of keys:		YES		NO	
If YES, sum insured required:		R			
Do you require windscreen cover:		YES		NO	
Topsurance cover:		YES		NO	
Own Damage Accident Excess Reducer (Repairable Damage):		YES		NO	
Theft and Hijack Total Loss Excess Reducer:		YES		NO	
Third Party Excess Reducer:		YES		NO	
Include Cover for Loss of Use/ Downtime:		YES		NO	
If YES, Sum Insured required per week:		R			
If YES, number of weeks cover required:					
Include Credit Shortfall:		YES		NO	
Include Deposit Protector:		YES		NO	
Include Recovery and Cross Border Towing:		YES		NO	
If YES, Sum Insured Required:					

Underwriting Information				
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Tracking Device (please attach tracking certificates):	YES		NO	
Fleet Management System (please attach fleet management certificates):	YES		NO	
If YES, who is the Risk Management Company That Analyses Results:				
Two Way Radio:	YES		NO	
Travel in Convoy/ Escorted:	YES		NO	
Tachograph:	YES		NO	
Co-Driver on all Long Hauls:	YES		NO	
Cell Phone:	YES		NO	
Overloading Devices:	YES		NO	
Only Short Hauls Under 500km:	YES		NO	
Vehicle Parked in a Secure Area:	YES		NO	
Owner Driver:	YES		NO	
Are Drivers Subjected to Medical Examinations:	YES		NO	
If YES, how often:				
Are Drivers Subjected to Eyesite Testing Including Night Blindness:	YES		NO	
If YES, how often:				
What Criteria is Used to Screen Prospective Drivers:				
What Steps are Taken to Ensure that Prospective Drivers' licenses are valid and free of endorsements:				
Territorial Limits Beyond RSA:	YES		NO	
If YES, please include territories:				
Roof Identification Marks:	YES		NO	

Vehicle Fleet List for Which Cover is Required				
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Description:	Registration:	Year:	Insured Value:	Cover:

Insurance History				
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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 special terms were imposed:				
Have you ever had a policy cancelled by an insurer:		YES		NO
If YES, why was the policy cancelled:				

**Claims History**

Please advise us of all losses during the past 3 years under the following headings:

Date of Loss:	Description of Loss:	Quantum:

**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>	