

HEAD OFFICE:

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An Authorised Financial Services Provider: License Number – 31213

GOODS IN TRANSIT PROPOSAL:

INSURANCE ADVISER/BROKER:

Name: Khanyisa Insurance Brokers	Contact Person Name:
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CLIENT DETAILS:

Insured Trading Name:			
Insured VAT Number:			
Company Registration Number			
Description of Business			
Postal Address:			
Physical address:			
Insured E-mail Address:			
Insured Contact Person:		Capacity	
Telephone Number:			

RISK DETAILS**A. CARGO / GOODS / SUBJECT MATTER:**

1. Description of goods to be carried:	
2. Maximum value of goods carried on any one conveyance:	
3. Average value of goods carried on any one conveyance:	

B. GOODS VEHICLES USED:

1. List all vehicles utilised for transporting cargo (add separate sheet with information if space provided is insufficient)						
Registration Number	Make	Type	Year	Cargo Capacity	Structurally Fully Enclosed	Open / Tarpaulin Covered

SHARING THE LIGHT TO GROW OTHERS

2.	Are registration numbers and company telephone numbers / LOGO painted on vehicle cabs and on rear doors/ roof tops?	YES / NO
3.	Are immobilizers fitted?	YES / NO If Yes, please give full details.
4.	Are alarms fitted?	YES / NO If Yes, please give full details.
5.	Are Two-way radios fitted?	YES / NO If Yes, please give full details.
6.	Do drivers / Crew have cellular phones with International Roaming ability?	YES / NO
7.	Are Tachographs fitted?	YES / NO If Yes, please give full details.
8.	Is a satellite Tracking and Recovery system in use? If Yes, please give full details for each vehicle if not common to all vehicles).	YES / NO

C. <u>GROSS HAULAGE FEE INCOME PER ANNUM:</u>		
1.	Please Advise gross haulage fees:	
1.1	Actual Annual Gross Haulage for current year:	R
1.2	Actual Annual Gross Haulage for current year:	R
1.3	Actual Annual Gross Haulage for current year:	R
1.4	Actual Annual Gross Haulage for current year:	R
2.	What are your estimates for the next 12 months:	
2.1	Gross haulage fee from own vehicles:	R
2.2	Gross haulage fee from own vehicles:	R
2.3	Gross haulage fee from own vehicles:	R
2.4	Gross haulage fee from own vehicles:	R

D. <u>INSURANCES REQUIRED:</u>		
1.	Do you require insurance on behalf of clients who specifically request insurance?	YES / NO
	If yes, please provide names of existing clients	
2.	Do you obtain values for insurance from clients in writing for each consignment?	YES / NO

3.	What documentation is used to prove the request for insurance and value for insurance?	
4.	When values are not advised in writing for each consignment, do they have standing instructions from certain clients to insure all consignments? If yes, please name such existing clients	YES / NO
5.	What claims deductibles / excesses are required for:	
5.1	Hi-jacking / Armed Robbery / Theft of entire load:	R
5.2	Other claims::	R
6.	Do you require Carriers Legal Liability Insurance in terms of your Standard Trading Conditions? If yes, please attach a copy of your Standard Trading Conditions and a copy of your Waybill / Consignment note.	YES / NO
7.	Do you subcontract? YES / NO If yes, please name the Sub-Contractors	
7.1	Average number of loads carried per month?	
7.2	Average carried by own trucks?	
7.3	Average carried by sub-contractors?	
8.	Do you accept sub-contracts?	YES / NO
8.1	If yes, do you ensure that you Sub-contract only in terms of your own Standard Trading Conditions?	YES / NO
8.2	Do you insure that Road Carriers Legal liability insurance is held by the principle Carrier	YES / NO
8.2.1	For a limit of indemnity not less than that under your own insurance	YES / NO
8.2.2	Which includes you as a sub-contractor	YES / NO
8.2.3	Which does not exclude the type of goods and journey sub-contracted to you:	YES / NO
9.	What Limit of Indemnity for your Legal liability is required for any one claim or occurrence?	R
9.1	For any period of insurance	
10.	What claims deductibles / excesses are required in respect of the liability sections?	
10.1	Hi-jacking / Armed Robbery / Theft of entire load:	YES / NO
10.2	Other claims:	YES / NO

E. DRIVERS CREW DETAILS:			
1. How many drivers are employed?		How many crew are employed?	
2. What is the annual payroll in respect of drivers?		What is the annual payroll in respect of crew?	
3. What pre-employment investigations are carried out for drivers, crews, dispatch clerks and all staff with access to orders and deliveries?			
4. How many people are in the cab for each transit?			
5. What training program exists for drivers?			
5.1. How regularly are drivers sent on training programmes?			
6. What is your company's practice regarding prevention of hi-jacking?			

F. ROUTING / JOURNEY / GEOGRAPHICAL LIMITS:			
1. Geographical limits required?			YES / NO
1.1. If cross b, state % of loads which are transported across RSA borders			%
2. Under what circumstances are the South African Police contacted prior to deliveries to establish safe conditions?			
3. Are delivery times set for day-time business hours?			YES / NO
4. Are crews rotated without warning?			YES / NO
5. Are supervisors appointed to ride with crews without warning?			YES / NO
6. On long trips, are drivers changed at irregular intervals?			YES / NO
7. Are routes and schedules distributed to crews at the last minute?			YES / NO
8. What instructions are in place for truck and driver at overnight stops?			
9. Are escort vehicle services utilised?	YES / NO	If yes, please give details:	
10. What instructions are in force regarding unscheduled stops?			
11. Are routes regularly varied?			YES / NO

G. PREVIOUS LOSSES / CLAIMS EXPERIENCE:

List details of all losses / damages to cargo over the last five years, whether or not covered by Goods in Transit insurance arranged by you on behalf of owners of goods or by Road Carriers Liability Insurance, and include full details of any hi-jacking / armed robberies. (Add separate list if space provided is not sufficient)

Date of Loss	Cause of loss details and details of type of cargo	Gross Amount of Claim

H. CURRENT INSURER:

1. Name of Current Insurer:

2. Current Policy Number:

3. Did the current Insurer or any other previous Insurer ever given notice of cancellation?

If yes, please provide full details of the reasons of cancellation

I. MATERIAL FACTS / ADDITIONAL COMMENTS:

State / Give full details of any material fact / information which might influence the Insurer's decision regarding acceptance of the risk and / or the terms to be offered for the insurance

I / we declare that the information and answers given in this form are true to the best of our knowledge and belief and that I / we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance, but if terms are agreed, it will form part of the contract.

Full Name: _____

Position / Designation: _____

Signature of above authorised representative & company rubber stamp: _____ Date: _____