

GOODS IN TRANSIT (GIT)

PROPOSAL FORM

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

1) BROKERS DETAILS

Name of the company	
Contact person	
Telephone number	
E-mail	

2) INSURED'S DETAILS

Name of the company	
Trading name	
Date business was established	
Registration number	
VAT number	
Physical address	
Postal address (incl. postal code)	
Business description	
Telephone number	
E-Mail	

3) SUBJECT MATTER

Description of Goods :	
Maximum value of goods carried any one conveyance	R

4) VEHICLE FLEET LIST

Registration	Make	Model	Year Model	Structurally full enclosed	Open / Tarpaulin Cover
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Open <input type="checkbox"/> Cover <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Open <input type="checkbox"/> Cover <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Open <input type="checkbox"/> Cover <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Open <input type="checkbox"/> Cover <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Open <input type="checkbox"/> Cover <input type="checkbox"/>

(if space provided is insufficient, please add separate sheet)

How many vehicles in your fleet are:				
Truck Tractor	Rigid	LDV	HCV	Other

How many rigids / trailers are:				
Fully Enclosed	Taut Liners	Flat Decks	Refrigerated	Other

5) VEHICLE SECURITY

Immobilisers fitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alarm systems fitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Two-way radios fitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver / Crew cell phone on board	Yes <input type="checkbox"/> No <input type="checkbox"/>
Satellite tracking / recovery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify if not common to all vehicles	

6) GROSS HAULAGE FEE INCOME PER ANNUM

Actual annual gross haulage fee :	Current Year	R
	Previous Year	R
12 Months estimate haulage fee income :	Own Vehicles	R
	Sub-Contractors	R

7) INSURANCE REQUIRED

All Risks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deterioration of Temperature Controlled Cargo	Yes <input type="checkbox"/> No <input type="checkbox"/>
F.C.O.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hijack Excess Reducer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Debris Removal	Yes <input type="checkbox"/> No <input type="checkbox"/>
SASRIA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require insurance on behalf of clients who specifically request insurance ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you obtain values for insurance from clients in writing for each consignment ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is documentation used to prove the request for insurance and the value thereof ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have standing instructions from certain clients to insure all consignments, even if not in writing ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you <u>accept</u> sub-contracts, and if yes, do you ensure that you do so in terms of your own Standard Trading Conditions ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you sub-contract ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please specify :	

8) DRIVER / CREW DETAILS

On what basis are drivers employed (Temporary or Permanent)?	Temp. <input type="checkbox"/> Perm. <input type="checkbox"/>
How many crew are employed ?	
Are staff with access to orders and deliveries screened / investigated prior to employment ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you employ foreign drivers ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

How many people are in the cab for each transit ?	
Describe your Company Policy regarding prevention of hijacking:	

9) TERRITORIAL LIMITS

Please provide Territorial Limits required:

10) CLAIMS HISTORY

List details of all losses/damages to cargo over the last three years (both on Goods in Transit Insurance and Cargo Carriers Liability Insurance). Also include full details of any hi-jacking/armed robbery claims.

Date of Loss	Description of Loss	Gross Claim Amount
		R
		R
		R
		R
		R
		R

11) CURRENT INSURER

Name of Current Insurer	
Have you ever been given notice of cancellation by your current or previous insurer ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please specify :	

12) MATERIAL FACTS / ADDITIONAL COMMENTS

State / give full details of any material fact / information which might influence the Insurers decision regarding acceptance of the risk and /or the terms to be offered.

13) DECLARATION

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 misstated 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.

Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	