



COMMERCIAL & TRANSPORT CONSULTANTS

COMMERCIAL VEHICLE INSURANCE PROPOSAL / QUOTATION REQUEST

Full Name of Proposer							
VAT Number							
Previous Trading Names							
Physical Address							
Postal Address							
E-Mail Address				Cell No			
Tel Number		()		Fax Number		()	
List Business Activities							
How long have you been established?							

Present Insurer				Policy No			
Previous Insurer				Policy No			
Has any Insurer ever cancelled your insurance?				Yes ()		No ()	
Has any Insurer required an increase in premium or imposed special terms?				Yes ()		No ()	
Has any Insurer refused to renew your policy? If yes, see point 22				Yes ()		No ()	

Full details of goods conveyed																							
Are your vehicles fitted with any of the following:																							
			YES			NO						YES			NO								
Tachograph												Two-way radio											
Cellular phone												Overloading Devices											
Tracking Devices												Travel in convoy/escort											
Immobiliser/anti-hijack device												Owner Driver											
Vehicle parked in secure area																							



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What are your stop-over details, including security arrangements?

Are previous driving and employment records investigated prior to employment?	YES	NO
Are any in-house or external driver programmes in place?	YES	NO

List details of drivers aged below 25 years and over 60 years and/or have less than three years driving experience for code 10 or above. Furnish full names, ID number and licence / experience details

Date	Vehicle	Age	Licence / Experience Details

How often are vehicles serviced and by whom?

Please furnish full details of all losses / incidents in the last three years (whether insured or not)

Date	Vehicle	Description	Total Amount

Description of goods normally carried and expressed as a percentage of annual carry

	%		%
Building Material		Livestock	
Electrical Appliances		Furniture	
Explosives		Sand, Stone, Coal	
Fertilizer		Spare Parts	
Foodstuff		Steel and Related Products	
Fresh Produce		Tobacco	
Petrochemicals		Heavy Machinery	
Liquor		Other (please specify)	

List main areas of operation

Radius of operation	Short-haul (< 200km)	%
	Long-haul (RSA) (> 200km)	%
	Outside RSA (over 750km)	%



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Vehicle Information	Vehicle 1	Vehicle 2	Vehicle 3
Make			
Model			
Value			
Year of Manufacture			
Registration Number			
Engine Number			
VIN Number			
Colour			
Full Name of Driver			
No. of claim free years			
Date driver's licence issued			
Has driver undergone an annual check-up?			
Registered Owner's Name			
Details of overnight parking			
Details of security			

Vehicle Information	Vehicle 4	Vehicle 5	Vehicle 6
Make			
Model			
Value			
Year of Manufacture			
Registration Number			
Engine Number			
VIN Number			
Colour			
Full Name of Driver			
No. of claim free years			
Date driver's licence issued			
Has driver undergone an annual check-up?			
Registered Owner's Name			
Details of overnight parking			
Details of security			



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Vehicle Information	Vehicle 5	Vehicle 6	Vehicle 7
Make			
Model			
Value			
Year of Manufacture			
Registration Number			
Engine Number			
VIN Number			
Colour			
Full Name of Driver			
No. of claim free years			
Date driver's licence issued			
Has driver undergone an annual check-up?			
Registered Owner's Name			
Details of overnight parking			
Details of security			

Vehicle Information	Vehicle 8	Vehicle 9	Vehicle 10
Make			
Model			
Value			
Year of Manufacture			
Registration Number			
Engine Number			
VIN Number			
Colour			
Full Name of Driver			
No. of claim free years			
Date driver's licence issued			
Has driver undergone an annual check-up?			
Registered Owner's Name			
Details of overnight parking			
Details of security			



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DECLARATION

I / We hereby declare that the foregoing and statements herein are true and correct and agree that:

a) This proposal/declaration will be for the basis of the contract between the Insured and the Insurer.

b) Any untrue or incorrect statements in this proposal will result in:

i) The policy being null and void from inception

ii) The forfeiture of the premium and return of all sums of money paid by the Insurer.

SIGNED

PRINT NAME

CAPACITY
