

Proposal for Motor Traders Insurance General

Registered Name of the Insured: _____

Owner's Name: _____

Type of Company: (Pty) Ltd C.C. Neither

How many premises do you have? _____

Physical Address of each premises: _____

Precise Description of Business Activity: _____

Number of years in Business: _____

Have you ever had a policy of insurance cancelled by insurers or a renewal declined? Yes No

Total Number of Employees: _____

VAT Registration Number:
(If a registered Vendor) _____

Estimated Turnover for the forthcoming Year: _____

Breakdown of Turnover %

<input type="text"/>	Sale of fuel
<input type="text"/>	Sale of Spares
<input type="text"/>	Repairs/Serviceing
<input type="text"/>	Sale of New/Used Vehicles
<input type="text"/>	Other
100%	

Estimated Wages and Salaries for the Financial Year: _____

Will you require to pay premiums by Monthly installment: _____

- NOTE:**
- i) Completion of this Proposal Form in full is conditional prior to cover being granted.
 - ii) Submission of this form does not signify Underwriters acceptance of the risk either in part or in its entirety.
 - iii) Cover will not commence until Underwriters have issued the necessary Cover Note, or other written confirmation.

Motor Traders External & Internal

Cover Required:

Party Comprehensive Third Party, Fire & Theft T h i r d Only

Limit of Indemnity Required: i) Own Damage - External R _____
 Internal R _____
 ii) Third Party - External R _____
 Internal R _____

How many lifts and hoists to you have? _____

Is cover required for the following: i) Demonstration Risks Yes No
 * ii) Social, Domestic and Pleasure Use Yes No

Please supply a full schedule of vehicles.
 Cover is excluded for Company-Owned vehicles and those registered to individuals used for business purposes.

iii) Privately-owned Vehicles Yes No
 Company-owned Vehicles Yes No

N.B. Please supply a full schedule of vehicles in each case.

iv) Vehicles on loan to Customers Yes No
 How Many? _____

v) Vehicles being Towed Yes No
 vi) Unauthorised Use Yes No
 vii) Passenger Liability Yes No
 Limit per Vehicle R _____

Please state where the vehicles are kept overnight and after hours:

Please provide full details of security measures at night and after hours:

Is there a formal system of key control? Yes No

If "yes", briefly describe _____

Is security provided by an external Company?: Yes No
 Is security provided by people in your employ?: Yes No

Electronic Equipment

Please supply details of each item to be insured under this section:

All Risks

Please supply details of each item to be insured under this section:

Glass

- i) Please supply the number of square meters of glass to be insured: _____
- ii) Replacement value: _____

Fidelity Guarantee

How many employees are there in total?: _____

How many employees handle stocks, cash and credit card transactions?: _____

Limit of indemnity required?: _____

Public Liability

Please state the limits of indemnity which you require:

General / Tenants / Property Owners (minimum R1 million) R _____

Products (minimum R500 000) R _____

Defective Workmanship (minimum R500 000) R _____

Work Away (minimum R1 million) R _____

Employer's Liability R _____

Wrongful Arrest R _____

Defamation R _____

Legal Defence Costs R _____

Goods in Transit

Limit per load/per vehicle

R _____

Annual Carry

R _____

Accidental Damage

Total Assets Value

R _____

Limit required per loss

R _____

Additional Covers

Please detail in the space provided:

MOTOR TRADERS – Associated Covers

Underwriting Information

For your convenience, we attach this form which does not form part of the proposal. This information is required for Underwriting risks other than Motor Traders itself.

Fire

Replacement value of buildings R _____

Replacement value of stock

i) * Vehicles R _____

ii) Parts R _____

iii) Fuel R _____

* Vehicles in the open – please provide details of hail protection.

Replacement value of machinery e.g. hoists and plant: R _____

Replacement value of all other contents, excluding property more specifically insured. R _____

Additional claims preparation costs R _____

Consequential Loss

Annual Gross Profit: R _____

Indemnity Period _____ months

Annual Wages R _____

Annual Salaries R _____

Additional claims preparation costs R _____

Burglary

Please provide full details of protections:

First Loss Limit R _____

Is cover required for theft of vehicles? Yes No

First Loss Limit required? R _____

Is cover required for malicious damage? Yes No

Money

How often is money banked? _____ How is money taken to the bank? _____

Major limit R _____ Minor limit _____

Drive way limit R _____ Crossed cheque limit _____

Seasonal limit R _____ Assault cover Yes No

Number of employees _____ Limit R _____

Claims Declaration

For the preceding five years
Alternatively attach and sign your Brokers claims experience

	Type of Claim	Date of Claim	Brief Circumstances	Amount Claimed	Amount Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

DECLARATION – Important

It is essential that you sign and date the declaration below.

1. I declare that to the best of my knowledge and belief the answers are complete to all or any of the questions have been completed by and true in every respect. I confirm that I have read and answers.

2. I agree that this Proposal Form, whether signed by me or caused to be signed that the motor vehicles to be insured will not be driven by by me, shall be the basis of the contract between the insurers and myself and who, to my knowledge, has been refused any motor insurance I agree the standard form of contract for this class of insurance. thereof.

3. If the answers another at my agreed such

4. I understand any person or continuance

Date:		Proposer's Signature:	
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