



COMMERCIAL INSURANCE APPLICATION

DETAILS

Broker:

Name of Proposer:

Full Trading Name of Company:

Company Registration Number /
I.D. Number of Proposer (if not company)

VAT NO.

Postal Address

Physical Address

Code.....

Code.....

Description of Business:

Contact Person:

Telephone Number:

Fax Number:

Cellular Number:

E-mail Address:

GENERAL

1. Has any insurer ever declined a proposal of yours, cancelled any policy (or any section thereof) of yours, imposed any special conditions, refused to renew any policy (or section thereof) of yours, or refused to continue with any insurance of yours?

YES

NO

If YES, please give full particulars:

2. Have any of the directors / partners / shareholders in your company ever been declared insolvent or had any judgments taken against them?

YES

NO

If YES, please give full particulars:

Sign



COMMERCIAL INSURANCE APPLICATION

PREVIOUS INSURANCE DETAILS

3. Have you had any previous losses / claims in the last 5 years?
(whether insured or not) YES No

Description of Loss or Claim	YEAR	AMOUNT	INSURER

METHOD OF PREMIUM PAYMENT

Please indicate below with an X the method of premium payment required:

Annual in Cash <input type="checkbox"/>	Bi-Annual <input type="checkbox"/>
Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>

DEBIT ORDER INFORMATION AND AUTHORISATION

Name of Account Holder:

Cheque / Transmission Account no.

Institution / Branch Identification No.

Name of Bank:

I the undersigned, request and authorise H.I.U. (Pty) Ltd. to draw against my / our account the amount necessary for payment of the total inclusive monthly premium and any standard fees in respect of the insurance policy on the

1st (first) day / working day of each month commencing2009

7th (seventh) day of each month commencing2009

Signature of Account Holder:

DECLARATION

Sign



COMMERCIAL INSURANCE APPLICATION

I / We hereby declare that all the statements and particulars in this proposal are true and correct and contain all the information known to me / us for the purpose of the proposed insurance which shall be the basis of this contract. I / We declare that if such statements and particulars are in the handwriting of any person other than myself / ourselves such person shall be regarded as having been my / our agent for the purpose of filling in same. I / We by our signature hereto irrevocably authorise and consent to HIC Underwriting Managers (Pty) Ltd, or its nominated agents performing credit checks as they deem fit. I / We accept that the onus to disclose all relevant information relating to the asset insured and the particular risk, at all times rest on me / us and that Non-disclosure will render the contract null and void and of no force or effect.

DATE Day / Month / Year

DESCRIPTION OF ELECTRONICS TO BE COMPLETED FOR UNDERWRITING PURPOSES

MAKE	MODEL	SERIAL NO.	REPLACEMENT VALUE

DESCRIPTION OF ALL RISKS ITEMS TO BE COMPLETED FOR UNDERWRITING PURPOSES

MAKE	MODEL	SERIAL NO.	REPLACEMENT VALUE

Sign



COMMERCIAL INSURANCE APPLICATION

MOTOR DETAILS
TO BE COMPLETED FOR UNDERWRITING PURPOSES

VEHICLE 1	VEHICLE 2
Description of Vehicle:	Description of Vehicle:
Values of extras with description:	Values of extras with description:
Year Model:	Year Model:
Registration number:	Registration number:
Registered Owner:	Registered Owner:
Description of Vehicle Security (Alarm / immobilizer / tracker etc)	Description of Vehicle Security (Alarm / immobilizer / tracker etc)
VEHICLE 3	VEHICLE 4
Description of Vehicle:	Description of Vehicle:
Values of extras with description:	Values of extras with description:
Year Model:	Year Model:
Registration number:	Registration number:
Registered Owner:	Registered Owner:
Description of Vehicle Security (Alarm / immobilizer / tracker etc)	Description of Vehicle Security (Alarm / immobilizer / tracker etc)
VEHICLE 5	VEHICLE 6

Sign



COMMERCIAL INSURANCE APPLICATION	
Description of Vehicle:	Description of Vehicle:
Values of extras with description:	Values of extras with description:
Year Model:	Year Model:
Registration number:	Registration number:
Registered Owner:	Registered Owner:
Description of Vehicle Security (Alarm / immobilizer / tracker etc)	Description of Vehicle Security (Alarm / immobilizer / tracker etc)

MOTOR DETAILS	
TO BE COMPLETED FOR UNDERWRITING PURPOSES	
VEHICLE	VEHICLE
Description of Vehicle:	Description of Vehicle:
Values of extras with description:	Values of extras with description:
Year Model:	Year Model:
Registration number:	Registration number:
Registered Owner:	Registered Owner:
Description of Vehicle Security (Alarm / immobilizer / tracker etc)	Description of Vehicle Security (Alarm / immobilizer / tracker etc)
VEHICLE	VEHICLE
Description of Vehicle:	Description of Vehicle:
Values of extras with description:	Values of extras with description:
Year Model:	Year Model:
Registration number:	Registration number:
Registered Owner:	Registered Owner:

Sign



COMMERCIAL INSURANCE APPLICATION	
Description of Vehicle Security (Alarm / immobilizer / tracker etc)	Description of Vehicle Security (Alarm / immobilizer / tracker etc)
VEHICLE	VEHICLE
Description of Vehicle:	Description of Vehicle:
Values of extras with description:	Values of extras with description:
Year Model:	Year Model:
Registration number:	Registration number:
Registered Owner:	Registered Owner:
Description of Vehicle Security (Alarm / immobilizer / tracker etc)	Description of Vehicle Security (Alarm / immobilizer / tracker etc)

Sign