



# Commercial Insurance Proposal

## DETAILS

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Broker

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Name of Proposer

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Full Trading Name of Company

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ID Number of Proposer (if not company)

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Vat Reg No

Co Reg No

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Postal Address

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Physical Address

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Description of Business

If 'Manufacturing' please fill in Appendix A.

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Contact Person

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Cell

Tel

Fax

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Email

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## GENERAL

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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?

If YES, please give full particulars:

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

If YES, please give full particulars:

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### HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

**DIRECTORS** R Gainsford (Executive Chairman), D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director)  
**Reg. No.** 98/032655/07 | **VAT No.** 4380178113 | An authorised financial services provider, **FSP** 5072 | Underwritten by Guardrisk Insurance Company Limited  
**Head Office** 11B Riley Road, Eastwood Office Park, Bedfordview | **Postal** P O Box 2253 Bedfordview 2008  
**Switchboard** +27 11 455 5271 | **Fax** +27 11 450 4307 | **info@hicsa.co.za** | **www.hicsa.co.za**

**PREVIOUS INSURANCE DETAILS**

Have you had any previous losses / claims in the last 5 years (whether insured or not)?

DESCRIPTION OF LOSS OR CLAIM	YEAR	AMOUNT	INSURER
		R	
		R	
		R	
		R	

**METHOD OF PREMIUM PAYMENT**

Please indicate the method of premium payment required:

**DEBIT ORDER INFORMATION AND AUTHORISATION**

Name of Account Holder

Cheque / Transmission Account no.

Name of Bank

Institution / Branch Identification No.

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 commencing in the year 20

7th (seventh) day of each month commencing in the year 20

Signature of Account Holder

**DESCRIPTION OF ELECTRONICS To be completed for underwriting purposes:**

MAKE	MODEL	SERIAL NO.	REPLACEMENT VALUE
			R
			R
			R
			R
			R
			R
			R
			R

DESCRIPTION OF ALL RISKS ITEMS To be completed for underwriting purposes:

MAKE	MODEL	SERIAL NO.	REPLACEMENT VALUE
			R
			R
			R
			R
			R
			R
			R
			R
			R

MOTOR DETAILS To be completed for underwriting purposes:

VEHICLE 1 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 2 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

VEHICLE 3 Description

Values of extras with description

Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				

MOTOR DETAILS To be completed for underwriting purposes:

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VEHICLE 4 Description

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Values of extras with description

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Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other

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Please explain if 'other'

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VEHICLE 5 Description

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Values of extras with description

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Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other

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Please explain if 'other'

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VEHICLE 6 Description

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Values of extras with description

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Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other

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Please explain if 'other'

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VEHICLE 7 Description

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Values of extras with description

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Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other

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Please explain if 'other'

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VEHICLE 8 Description

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Values of extras with description

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Year Model	Registration number		Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other

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Please explain if 'other'

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MOTOR DETAILS To be completed for underwriting purposes:

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VEHICLE 9 Description

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Values of extras with description

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Year Model

Registration number

Registered Owner

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Description of Vehicle Security

Alarm

Immobiliser

Tracker

Other

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Please explain if 'other'

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APPENDIX A: Fill in the following if your business is 'Manufacturing'

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**Occupation**

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Description of end products

Describe the processes conducted at the premises/process flow

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Annual Turnover (if Products & Defective Workmanship required) R

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**Storage practices**

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Bulk Storage/Warehousing?

Approved Flammable Liquids store?

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**Flammable processes conducted at premises**

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Cooking:

Baking

Frying

Open flame

Smoking

Roasting

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Extraction System - how often is trunking cleaned?

How often are Filters cleaned?

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Heating agent:

Cutting and welding at premises?

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Hot work permit system in place?

Vulcanizing or rubberizing?

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Plastics?

What type of plastic is used?

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Coating?

Fibre-glass moulding?

Heating boilers?

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Spotting - ironing?

Smoking, drying or curing by artificial heat?

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Milling, grinding or other rain processing?

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Clothing factory?

Oilskin, waterproofing or foam backed garments?

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Carding? i.e Straightening or smoothing of raw fibres in a parallel fashion

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Garment fusing (Rain Coats)?

Garment teasing (tease or draw out fibres of a fabric or garment)

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Using any irons and/or steamers without automatic cutoff switches and warning lights?

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Make use of any iron rests which are made of combustible material?

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Spotting with flammable fabric cleaning liquids on dirty garments?

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Hosing, knitting, milliners, furriers, leather clothing manufacturing?

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APPENDIX A: Fill in the following if your business is 'Manufacturing'

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**Spray painting/powder coating/ electrostatic coating**

Inside the building or in the open?

Open floor or spray booth?

Purpose built booth according to SABS standards?

Solvent extraction?

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**Indicate which of the following Plant is present at the premises**

Number of Woodworking machines

Number of Woodworking machines with dust extraction

Plant/Machinery/Stock in the open?

Silos?

Coldrooms (specify refrigerants and insulation)

Boilers

Furnaces

Forges

Hearths

Mills

Steel heat treatment facilities

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**Protections**

Alarm

Armed Response

Secure Business Park

Access Control

24 hour night watchmen/guards

Fire Alarm

Smoke Alarm

CCTV Cameras with security guards?

Details of other Fire Protections?

Hours of operation/night shifts?

Sprinkler system?

If 'yes':

Double or Single supply?

Fully serviced and in a working order?

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**Exposures**

List Combustible or flammable materials used/stored and quantities

Proximity to dams/rivers/streams/sea/water courses/ known flood areas?

Spread-of-fire - Proximity to open areas, grasslands/ forests?

List immediate neighbours with Hazardous Occupations

1.

2.

3.

Distances between adjacent structures

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**DECLARATION**

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.

Signed at

Signature

Date