DETAILS		
Broker		
Name of Proposer		
Full Trading Name of Company		
ID Number of Proposer (if not cor	npany)	
Vat Reg No		Co Reg No
Postal Address		
Physical Address		
Description of Business		If 'Manufacturing' please fill in Appendix A.
Contact Person		
Cell	Tel	Fax
Email		
GENERAL		
Has any insurer ever declined a pr special conditions, refused to rene yours?	oposal of yours, cancelled ew any policy (or section th	any policy (or any section thereof) of yours, imposed any nereof) of yours, or refused to continue with any insurance of
If YES, please give full particulars:		
Have any of the directors / partnetaken against them?	ers / shareholders in your c	ompany ever been declared insolvent or had any judgments
If YES, please give full particulars	:	

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 N	MODEL	SERIA	AL NO.	REPLACEMENT VALUE
				R
				R
				R
				R
				R
				R
				R
				R
				R
Values of extras with description				
Year Model	Registration nu	mber	Registered Owner	
Description of Vehicle Security Please explain if 'other'	Alarm	Immobiliser	Tracker	Other
VEHICLE 2 Description				
Values of extras with description				
Year Model	Registration nu	mber	Registered Owner	
			Tracker	
	Alarm	Immobiliser	Паскеі	Other
Description of Vehicle Security Please explain if 'other' VEHICLE 3 Description	Alarm	Immobiliser	Hackel	Other
Please explain if 'other'	Alarm	Immobiliser	Hackel	Other
Please explain if 'other' VEHICLE 3 Description	Alarm Registration nu		Registered Owner	Other



MOTOR DETAILS To be completed for underwriting purposes:

VEHICLE 4 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 5 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 6 Description				
Values of extras with description				
·			5 10	
Year Model	Registration		Registered Owner	
Description of Vehicle Security Please explain if 'other'	Alarm	Immobiliser	Tracker	Other
riease explain ii otnei				
VEHICLE 7 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 8 Description				
Values of extras with description				
Year Model	Registration	number	Registered Owner	
Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
Please explain if 'other'				



Values of extras with description

Year Model Registration number Registered Owner

Description of Vehicle Security Alarm Immobiliser Tracker Other

Please explain if 'other'

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

Occupation

Description of end products

Describe the processes conducted at the premises/process flow

Annual Turnover (if Products & Defective Workmanship required) R

Storage practices

Bulk Storage/Warehousing? Approved Flammable Liquids store?

Flammable processes conducted at premises

Cooking: Baking Frying Open flame Smoking Roasting

Extraction System - how often is trunking cleaned? How often are Filters cleaned?

Heating agent: Cutting and welding at premises?

Hot work permit system in place? Vulcanizing or rubberizing?

Plastics? What type of plastic is used?

Coating? Fibre-glass moulding? Heating boilers?

Spotting - ironing? Smoking, drying or curing by artificial heat?

Milling, grinding or other rain processing?

Clothing factory? Oilskin, waterproofing or foam backed garments?

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

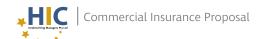
Garment fusing (Rain Coats)? Garment teasing (tease or draw out fibres of a fabric or garment)

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

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

Spotting with flammable fabric cleaning liquids on dirty garments?

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



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

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?
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
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?
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

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

