



Proposal - Commercial Insurance

Details

Broker

Name of Proposer

Full trading name of company

ID number of proposer (if not company)

Vat registration number

Company registration number

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 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:

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:

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

Directors D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director) | [Reg. No. 1998/003265/07](#)
VAT No. 4380178113 | An authorised financial services provider, FSP 5072 | Underwritten by Guardrisk Insurance Company Limited
Head Office 27 Harcus Road, Bedfordview, 2008 | [Postal](#) PO Box 2253 Bedfordview 2008
[Switchboard](#) +27 11 455 5271 | [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)? Yes No

Description of Loss or Claim	Year	Amount	Insurer
		R	
		R	
		R	
		R	

Method of premium payment

Please indicate the method of premium payment required:

Annual in Cash Bi-Annual Quarterly Monthly

Debit order information and authorisation

Name of account holder Cheque / transmission account number

Name of bank Institution / branch identification number

I the undersigned, request and authorise HIC Underwriting Managers (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 number	Replacement value
			R
			R
			R
			R
			R
			R
			R
			R

Description of all risks items

To be completed for underwriting purposes:

Make	Model	Serial number	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
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Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
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Please explain if 'other'

Vehicle 2 description

Values of extras with description

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'

Vehicle 3 description

Values of extras with description

Year Model	Registration number	Registered Owner
------------	---------------------	------------------

Description of Vehicle Security	Alarm	Immobiliser	Tracker	Other
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Please explain if 'other'

Vehicle 4 description

Values of extras with description

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'

Vehicle 5 description

Values of extras with description

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'

Vehicle 6 description

Values of extras with description

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'

Vehicle 7 description

Values of extras with description

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'

Vehicle 8 description

Values of extras with description

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'

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

Storage practices

Bulk Storage/Warehousing? Yes No Approved Flammable Liquids store? Yes No

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: Electricity Gas Electricity and gas

Cutting and welding at premises? Yes No

Hot work permit system in place? Yes No Vulcanizing or rubberizing? Yes No

Plastics? Injection moulding Extrusion Vacuum forming

Type of plastic used?

Coating? Plastic Bitumen Tar Pitch Rubber

Fibre-glass moulding? Yes No Heating boilers? Yes No

Spotting - ironing? Yes No Smoking, drying or curing by artificial heat? Yes No

Milling, grinding or other rain processing? Yes No

Clothing factory? Yes No Oilskin, waterproofing or foam backed garments? Yes No

Carding? i.e Straightening or smoothing of raw fibres in a parallel fashion Yes No

Garment fusing (Rain Coats)? Yes No

Garment teasing (tease or draw out fibres of a fabric or garment) Yes No

Using any irons and/or steamers without automatic cutoff switches and warning lights? Yes No

Make use of any iron rests which are made of combustible material? Yes No

Spotting with flammable fabric cleaning liquids on dirty garments? Yes No

Hosing, knitting, milliners, furriers, leather clothing manufacturing? Yes No

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? Yes No Solvent extraction? Yes No

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? Yes No Silos? Yes No

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? Yes No If yes: Double OR Single supply

Fully serviced and in a working order? Yes No

Exposures

List Combustible or flammable materials used/stored and quantities

Proximity to dams/rivers/streams/sea/water courses/ known flood areas? Yes No

Spread-of-fire - Proximity to open areas, grasslands/ forests? Yes No

List immediate neighbours with Hazardous Occupations

1.

2.

3.

Distances between adjacent structures

POPI Consent and Declaration

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

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

Date

Signature
