



GOODS IN TRANSIT APPLICATION MADE BY THE CARRIER ON BEHALF OF THE INSURED.

This document is incorporated into the policy of the insurance issued, and the Carrier, on behalf of the Insured, warrants the correctness of all answers furnished hereunder. **ALL** questions must be answered: Circle the applicable **yes/no** where it appears.

Full name of the applicant:

Type of entity:

Trade name:

Owner(s)/director(s)/member(s):

List addresses of all depots operated:

Previous trading names (if applicable):

Registration date of Business:

Commodities Carried	Percentage	Average Value	Maximum Value
A	%		
B	%		
C	%		
D	%		
E	%		
F	%		

Gross haulage fees (including fees generated by sub-contractor(s):

Last Year: R This Year: R..... Next Year: R.....

Sub-contractors: R

Radius of operations:

Local (i.e. Max 150km radius% Long Hauls%

Area of operation:

.....

Goods in transit claims experience (losses) last 3 years (if not insured for any period, list losses that occurred anyway)

Insurer	Year	Losses

Current transit insurer:..... Branch/Office:..... Policy No:.....

Cover required: Fire, collision and overturning only Fire, collision & overturning, resultant theft & hijack
only

All Risks All risks including deterioration Defined events (specify)

Load limit required

How many prime movers are there in the fleet?

Horses Trucks Bakkies Tankers

Are you an owner driver? **Yes No**

How many drivers/crew are utilised in a vehicle at a time?

Are vehicles operated between 22H00 and 04H00 **Yes No** Is cover required for sub-contractors **Yes No**

SUB-CONTRACTORS	HOW MANY TRUCKS / TRUCK TRACTORS	HAULAGE FEES	CLAIMS EXPERIENCE

Please indicate below if there are any written contracts with sub-contractors or any other party relating to insurance and specify terms if applicable:

.....

Any other underwriting information:

.....

.....

.....

HIGH RISK / HIJACKING EXPOSURE

Are the following commodities carried?

Liquor **Yes No** Cigarettes/Tobacco **Yes No** Foodstuff **Yes No** Computers **Yes No**

Electronic equipment including radios and televisions **Yes No** Textiles **Yes No**

Abnormal loads **Yes No**

(If Yes, please specify).....

Please confirm that, if none of the above commodities are carried, you do not intend to carry them within the next 12 months

Yes No

Do you use protected truck stops only? **Yes No**

If **No**, where do your vehicles stop?
.....
.....

Do you deliver goods into high-risk areas? **Yes No**

What form of communication do you have with drivers whilst they are on the road?
.....

Do you have any contingency plans following a hijack? **Yes No**

Are your drivers aware of these contingency plans? **Yes No**

State procedure
.....
.....

Do you travel in convoy? **Yes No**

What vehicle protection against theft do you use? (i.e. immobiliser, satellite, alarm etc.)
.....
.....
.....

.....
SIGNATURE

.....
DATE

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of that information to the reinsurers even if those reinsurers as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.