



Tradesure Commercial Specialists
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TRUCK AND GOODS IN TRANSIT (GIT) APPLICATION FORM

1. Broker Detail						
Brokerage name:						
Contact number:			Fax number:			
E-mail address:			Contact person:			
Cover required:	Truck:	Yes	No	Goods in Transit:	Yes	No

2. Client Detail		
Name:		
Trading as:		
Has the proposer or any partner or shareholder traded under any other name:		Yes No
If so, please supply name:		
Telephone number:		Cell number:
E-mail address:		Fax number:
Physical address:		Code:
Postal address:		Code:
Description of business:		
How long has business been established:		
Nature of Goods Transported:		
Areas of operation/territorial limits:		
What are your stop-over details, including security arrangements:		
Note: Cover excludes self-drive hire. Should cover be required submit full details separately for consideration.		

3. Description of goods carried requiring insurance cover:				
Commodity type:			Percentage	Area
Temperature controlled cargo	Yes	No		
Cigarettes / tobacco	Yes	No		
Liquor	Yes	No		
Wine / beer	Yes	No		
Cell phones / pre-paid phone cards	Yes	No		
Tyres	Yes	No		
Tinned fish	Yes	No		
Used household goods	Yes	No		
Computers / memory systems	Yes	No		
Fast moving consumable goods (eg. Nestle, Cadburys, Tiger brands etc)	Yes	No		
Hazardous, toxic, explosive	Yes	No		
Flammable or similar type materials	Yes	No		
Please note that our policy excludes carriage of any hazardous or toxic chemicals, explosives, flammable or similar type materials unless specifically requested and rated accordingly.				

4. Driver details:		
Will the vehicle be driven by:		
(A) Owner only		
(B) Specific driver and co-driver		
(C) General drivers in the employ of the Insured		
(D) Casual or Part Time Drivers		
Are drivers licenses, IDs, public driving permits, etc. validated prior to employment	Yes	No
If no, why not:		
Are previous driving and employment records investigated prior to employment	Yes	No
Please supply all details of license endorsements, driving and related convictions, accidents etc.		

Are any in-house or external driver training programmes in place:	Yes	No
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Please supply full details:

List details of drivers aged **below 25 years** and **over 60 years** , and/or have less than 3 years driving experience for Code 10 or above licence.

Please note that in terms of Specific Exception 4 of the policy contract wording no cover is applicable to drivers under the age of 23 years unless expressly agreed and granted by the Company.

If such drivers are in your employ (over 60 years of age) a full recent medical certificate and optometrical report must accompany this application and be further submitted on an annual basis thereafter.

Full Names	ID	Licence / Experience Details

Where are vehicles usually parked by day?

Where are vehicles usually parked by night?

What security measures are in force?

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How often are vehicles serviced, and by whom?

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Are you aware of the type/composition/makeup of the consignment to be conveyed by you?

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Is your driver able to take appropriate action in the event of an accident / breakdown or incident?

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Does the driver drive between 22:00 and 05:00?

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7. Goods in transit	
What is your projected haulage fee for the next year:	R
What was your total haulage fee for the past year:	R
OR	
Estimated annual carry (value of cargo to be conveyed):	R

8. Maximum load	
Maximum load limit required in respect of cargo	R
Maximum load limit required in respect of containers (if cover is required)	R
Maximum load limit any one conveyance (cargo and containers where applicable)	R

9. How many vehicles in your fleet requiring cargo/transit insurance are:							
Truck tractor		Rigid		LDV		Other:	
How many of your Rigid/Trailers are:							
Fully enclosed		Tautliners		Flat decks:		Refrigerated:	Other:
The Insurer/Policy will exclude loads conveyed by subcontractors unless specifically agreed prior to attachment of cover and additional premium in respect thereof has been paid.							

10. What pre-employment investigations are carried out on drivers and crew:	
What anti-hijack/theft precautions do you enforce:	
How many drivers/crew per vehicle:	

11. Do you operate with Standard Trading Conditions/Contract of Carriage?	Yes	No
If yes, please attach a copy		
If no, provide details of conditions agreed:		

12. Cargo			
Are your loads currently insured?	Yes	No	Name of insurer:
Have you previously had this cover?	Yes	No	Name of insurer:

13. Cover required		
All risks	Yes	No
Deterioration of temperature controlled cargo	Yes	No
Incorrect temperature setting	Yes	No
Restricted cover (confirm required perils)	Yes	No
Hijack excess reducer	Yes	No
Debris removal	Yes	No
Environmental clean up	Yes	No
SASRIA	Yes	No

14. Vehicles required for GIT cover		
Make and model	Type	Registration number

15. Previous Insurance Details		
Company	Period of Insurance	Policy No:

16. Claims History for Motor and Cargo				
Please advise details of all losses during the last 3 years under the following headings:				
Date of Loss	Vehicle	Driver ID	Description of Loss	Gross / TP Damage

Please declare any other material facts:

17. Underwriting Information

Tracking device (attach cert copy)	Yes	No	Only short hauls under 500 km	Yes	No
Two way radio	Yes	No	Immobiliser / anti hijack device	Yes	No
Travel in convoy / escorted	Yes	No	Vehicle parked in secure area	Yes	No
Tachograph	Yes	No	Owner driver	Yes	No
Co-driver on all long hauls	Yes	No	Territorial limits beyond R.S.A	Yes	No
Cell phone	Yes	No	Roof Identification marks	Yes	No
Overloading devices	Yes	No	Any other **	Yes	No

18. Consent of Information

Latitude, Tradesure or their associate or nominated company will be entitled at all times to have access to and rights of use of all the data (“the Data”) that can be obtained from all the tracking device Unit(s) the Units installed on the vehicles listed as per attached fleet list.

Latitude may freely use the Data and supply or market or release the Data to whomsoever it deems fit, under such terms of arrangement as it deems fit, and accordingly Latitude, Tradesure or its associate or nominated company may make arrangements with the supplier of the units so that the Data may at all times be remitted direct to Latitude, Tradesure or its associate or nominated company.

Notwithstanding Latitude and/or Tradesure’s right to use the Data as set out above, no Data which identifies or associates the Insured and/or its employee as the user or driver of the vehicle will be supplied or marketed or released to any other person than Latitude, Tradesure or its associate or nominated Insured company without prior written consent.

This authority may only be terminated on written notice to Latitude unless there are other terms agreed between Latitude and the Insured in which case those other terms will prevail.

The termination of authority will apply to future Data that might otherwise have been obtained after the effective date of termination.

19. Debit Order Authority

Please complete and sign this section if you wish to pay monthly

Debit order date: 1st 7th 15th (Please tick one option)

Payer's Account Name: _____

Name of Bank: _____

Branch: _____

Branch code: _____

Account type: _____

Account number: _____

Account holder's signature(s)

(please attach a cancelled or used cheque)

I/we hereby authorise the Insurer or its authorised Agent to draw against the above account (or other Bank to which I/We may transfer my/our account) the amount necessary for the payments of the instalments which may from time to time become payable by me/us in terms of the insurance herein proposed. The amount of the debit may vary from time to time to reflect any change in cover, risk, sum insured or premium' interest rates. In the event of a "total loss" claim. I/we agree that the insurer may reduce the amount of such claim by an amount equal to the premiums due for the remaining period of the insurance and to pay such amount to the authorised Agent (applicable to annual policies that are paid on a monthly basis only). I/we further agree that in the event of any debit order not being met by my Bank the policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer's authorised Agent has received payment. If however my Bank should for any reason reclaim from the authorised Agent any of the amounts paid in terms of this Authority, I/we undertake to refund such amounts. This Authority shall remain in force until cancelled by me/us by giving 30 (thirty) days notice in writing to the Insurer or its authorised Agent. Receipt of this instruction by the Insurer or its authorised Agent shall be regarded as receipt of by my/our Bank.

20. Declaration

I / We confirm and declare:

Details of previous claims / losses (whether previously insured or not) are listed above.

That no insurer has ever cancelled / refused to renew or has imposed special terms.

All information pertinent and material to this insurance has been supplied above and all information given is true and correct.

Any untrue or incorrect statements in this proposal will result in:

- i) the policy being null and void from inception.
- ii) The forfeiture of the premium and return of all sums of money paid by the Insurer.
- iii) That I / we are prepared to take a polygraph test.

Name: _____ Position held at company: _____

Date: _____ Signature: _____

Inception date: _____

Please note: Our policy requires:

- Drivers to be fully licensed and
- All vehicles to be roadworthy in terms of the road traffic Act no 93 of 1996 (as amended)

21. Policyholder Protection Rules

The Financial Sector Conduct Authority published the amendments to the Policyholder Protection Rules as prescribed under Section 55 of the Short-Term Insurance Act and in that regard, we would like the Policyholder to complete the question as under-noted below:

Please may you confirm if the business/policyholder annual turnover or asset value is R2 000 000 or less:

- Yes
- No

If no, please may you confirm if the Policyholder is aware of the fees being charged.

- Yes
- No