

MOTOR VEHICLE & PASSENGER LIABILITY INSURANCE PROPOSAL FORM

Hollard.

Please complete and answer all questions

- Name of Proposer:
Trading as:
- Business registered as: CC PTY (LTD) Sole Proprietor
 Other (please specify):
- VAT registration no.: Date company established:
- Previous trading names:
- Postal address: :

Physical address: :
- Telephone No: E-mail:
Facsimile No: Website:
- Detailed description of all business activities:
- Are you a member of: SATSA ASATA Other (please specify):
- Type of Carrier (Dot, Tourism):
- Radius of Operation:
- Name of Person who deals with:
Fleet and Insurance Details:
Claims:
Premium Payments:
- ** Complete schedule of motor vehicles requiring cover (see attached sheet)

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13. Supply details of all losses / accidents including passengers in the past three (3) years under the following headings: (please use a separate sheet if required)

DATE OF LOSS	DESCRIPTION OF LOSS	VEHICLE	RANDS VALUE

14. Details of drivers of your vehicles:

(i) Do you employ permanent drivers? YES NO

(ii) Are any of your permanent drivers under 21 years of age? YES NO

If YES, how many?

(iii) Do you employ freelance drivers/tour guide to operate your vehicles? YES NO

(iv) Other details:

(a) Have the vehicles been previously insured? YES NO

If YES, name of Insurer?

(b) Do your passengers sign a disclaimer/ Indemnity form? YES NO

If YES, please attach a copy of such document.

16. Do you require SASRIA? YES NO

GENERAL INFORMATION

1. Please supply the following:

Current Insurer:

Branch:

Policy Number:

Expiry Date:

2. Has any Insurer at any time :

Declined your Insurance?

YES NO

Imposed special terms?

YES NO

Refused to renew your policy?

YES NO

If Yes, why?

Cancelled your policy?

YES NO

Where did you hear about us?

Referral

Website

Advertisement

Trade Show

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DECLARATION:

I understand that non-disclosure or misrepresentation of a material fact may entitle Insurers to void the insurance. I declare that all information and statements herein are true and correct.

Print Name

Signature:

On behalf of:

Dated:

Please enclose copies of all current brochures for your own tour operating activities along with copies of your booking conditions.

Insurers reserve to themselves the right to decline any Proposal without assigning a reason. The answers given within this Proposal Form, will form the basis of insurance contract entered into with Insurers.

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SCHEDULE OF MOTOR VEHICLES

Vehicle	1	2	3	4	5	6	7	8
Make								
Model								
Year of Manufacture								
Current Retail Value								
Registration No.								
Engine Number (optional)								
Chassis Number (optional)								
Where Parked Overnight								
Current Vehicle Securities, i.e Gearlock, Tracker etc								
Cover required, i.e Comprehensive / 3rd Party, etc								
Seating Capacity (excl Driver)								
Use of vehicle: Farm Road, National Road etc								
Limit of Passenger Liability cover required (per vehicle)								
ELECTRONIC EQUIPMENT ON BOARD								
Equipment 1: (Please indicate) Make, Model, Serial # & Value								
Equipment 2: (Please indicate) Make, Model, Serial # & Value								
Equipment 3: (Please indicate) Make, Model, Serial # & Value								