

# PROPOSAL FORM

## 1. About the broker

NAME OF BROKERAGE

FSP NUMBER

CONTACT PERSON

TELEPHONE  FAX

EMAIL

WHEN DO YOU WANT YOUR COVER TO START?

## 2. About the insured

### 2.1. About the owner

NAME OF OWNER

ID NUMBER  CELL

TELEPHONE  FAX

EMAIL

### 2.2. About the company

TRADING NAME

TYPE OF BUSINESS

REGISTRATION #  VAT #

POSTAL ADDRESS

PHYSICAL ADDRESS

HOW LONG HAVE YOU BEEN TRADING?

HAVE YOU EVER TRADED UNDER A DIFFERENT NAME?

IF YES, WHAT WAS THE NAME AND THE REGISTRATION NUMBER?

## 3. The cover you require

HEAVY COMMERCIAL VEHICLE	<input type="text" value="YES / NO"/>	COMP	TP ONLY	TP, F, T	FT
GOODS-IN-TRANSIT	<input type="text" value="YES / NO"/>	ALL RISK	ALL RISK incl D.O.S	ALL RISK incl D.O.S & I.T.S	
		F, C, O, TF & H	F, C, O Only		

**4. Your insurance history**

**HAS ANY INSURER EVER...**

DECLINED YOUR PROPOSAL	<input type="text" value="YES / NO"/>	REFUSED TO RENEW YOUR POLICY	<input type="text" value="YES / NO"/>
IMPOSED SPECIAL TERMS	<input type="text" value="YES / NO"/>	CANCELLED YOUR POLICY/PROPOSAL	<input type="text" value="YES / NO"/>

IF YOUR ANSWER IS YES TO ANY OF THE ABOVE, PLEASE SUPPLY THE FULL PARTICULARS BELOW


**YOUR PREVIOUS OR CURRENT INSURER IS...**

**CURRENT** INSURER  POLICY #

INCEPTION DATE  CANCELLATION DATE

REASON FOR CANCELLATION

**PREVIOUS** INSURER  POLICY #

INCEPTION DATE  CANCELLATION DATE

REASON FOR CANCELLATION

**YOUR LOSS HISTORY IS:-**

PLEASE SUPPLY YOUR LOSS DETAILS (INSURED OR UNINSURED) FOR THE PAST THREE (3) YEARS, INCLUDING BUT NOT LIMITED TO THE NUMBER OF LOSSES; TYPE OF LOSSES; VALUE OF EACH LOSS; AND CONFIRMATION OF LOSS ON PREVIOUS INSURERS PAPERS (UPON INCEPTION OF COVER).

	YYYY/MM/DD	TYPE OF CLAIM	RAND VALUE
1)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
4)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
5)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
6)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
7)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
8)	<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>

**5. About the driver**

**WILL THE VEHICLES BE DRIVEN BY...**

A SPECIFIC DRIVER (AND CO-DRIVER)

AN OWNER ONLY

ARE THE GENERAL DRIVERS IN THE EMPLOY OF THE INSURED

CASUAL OR PART-TIME DRIVERS

**THE DRIVERS RECORDS...**

HAVE THE PREVIOUS EMPLOYMENT RECORDS BEEN CHECKED

HAVE THE ACCIDENT RECORDS BEEN CHECKED

HAVE THE RECORDS BEEN CHECKED FOR CRIMINAL CHARGES

HAS YOUR DRIVER/S UNDERGONE DRIVER TRAINING

HAVE COPIES OF THE DRIVER'S DRIVERS LICENSE AND PRDP BEEN PLACED ON RECORD

**ABOUT THE VEHICLE...**

	MAKE	MODEL	YEAR	REG/VIN NUMBER	RAND VALUE
1)					R
2)					R
3)					R
4)					R
5)					R
6)					R
7)					R
8)					R
9)					R
10)					R

WHERE IS THE VEHICLE/S USUALLY PARKED AT NIGHT?

WHAT SECURITY MEASURES ARE IN FORCE AT THESE PREMISES?

WHAT TYPE OF TRACKING UNIT IS FITTED TO THE VEHICLE/S

**ARE ANY EXTENSIONS REQUIRED...IF YES, PLEASE MARK WITH AN 'X'**

	REG/VIN NUMBER	O/D x/s REDUCER	THEFT/HIJACK x/s REDUCER	T/P x/s REDUCER	LOSS OF USE	P/A FOR DRIVERS	DRIVER FIDELITY
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

**6. Areas of operation...**

SOUTH AFRICA ONLY

AREAS OUTSIDE OF RSA...IF YES, PLEASE MARK WITH AN 'X'

BOTSWANA	<input type="text"/>	NAMIBIA	<input type="text"/>	SWAZILAND	<input type="text"/>	LESOTHO	<input type="text"/>
ZIMBABWE	<input type="text"/>	ZAMBIA	<input type="text"/>	CONGO	<input type="text"/>	DRC	<input type="text"/>
ANGOLA	<input type="text"/>	TANZANIA	<input type="text"/>	MOZAMBIQU	<input type="text"/>	MALAWI	<input type="text"/>

**YOUR RADIUS OF OPERATIONS...**

SHORT HAUL 300KMS OR LESS  % LONG HAUL **IN RSA**  % LONG HAUL **OUTSIDE OF RSA**  %

**ANY GOODS-IN-TRANSIT...**

**DO YOU REQUIRE COVER FOR THE FOLLOWING HIGH RISK ITEMS...IF YES, PLEASE MARK WITH AN 'X'**

COPPER	COBALT	CIGARETTES	ALCOHOL	WINE/BEER
ELECTRONIC GOODS	ELECTRICAL GOODS	CELLPHONES	PRE-PAID PHONE	TINNED FISH

PLEASE SPECIFY ANY OTHER GOODS NOT MARKED ABOVE



WHAT IS THE MAXIMUM LOAD LIMIT REQUIRED

WHAT IS THE AVERAGE VALUE PER LOAD

**THE FOLLOWING IS AUTOMATICALLY INCLUDED AT THE FOLLOWING LIMITS. PLEASE SPECIFY YOUR ADDITIONAL LIMITS...**

DEBRIS REMOVAL	R30 000	ADDITIONAL R
TARPAULINS, ROPES, NETS AND CHAINS	R20 000	ADDITIONAL R
SALVAGE AND RECOVERY COSTS	R30 000	ADDITIONAL R
DRIVER FIDELITY		
5% OVERLOADING ALLOWANCE		
6M ISO CONTAINERS	R15 000	ADDITIONAL R
12M ISO CONTAINERS	R30 000	ADDITIONAL R

**THE FOLLOWING IS NOT AUTOMATICALLY INCLUDED PLEASE SPECIFY YOUR LIMITS...**

REEFER CONTAINERS	YES / NO	ADDITIONAL R
DETERIORATION OF STOCK	YES / NO	
INCORRECT TEMPERATURE SETTINGS	YES / NO	
LOAD SHIFT EXTENSION	YES / NO	
DO YOU REQUIRE TRANSPORT BROKER CONTINGENT COVER	YES / NO	
WHAT IS YOUR ESTIMATED GROSS ANNUAL HAULAGE FEE FOR THE NEXT YEAR		R
WHAT WAS YOUR TOTAL GROSS ANNUAL HAULAGE FEE FOR THE PAST YEAR		R
WHAT ARE THE NUMBER OF LOADS GIVEN TO SUB-CONTRACTORS ON A MONTHLY BASIS		R
DO YOU REQUIRE THE FOLLOWING ADDITIONAL EXTENSIONS		
BASIC EXCESS REDUCER	YES / NO	
THEFT/HIJACK EXCESS REDUCER	YES / NO	

**7. Your declaration**

I hereby declare that all particulars and answers in this proposal and appendices are true and complete in every respect, and that no material fact has been suppressed or withheld. I further declare that if such statements and particulars are in the writing of any person other than myself such person shall be deemed to have been my Agent for the purpose of this Proposal, and I agree that this declaration, application form, quote document and the details given, shall be the basis of the contract between me and the Company.

I further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay the premium there under. I undertake to exercise all ordinary and reasonable precautions for the safety of the property.

SIGNATURE OF INSURE

WITNESS

SIGNATURE OF WITNESS

DATE

SIGNED AT

**8. Your consent to use of information from the Tracking Device / Smart Phone App**

I/we (hereafter referred to as The Insured) hereby agree that:

- 1) The Company or its associate or nominated company will be entitled at all times to have access to and the rights of use of all the data that can be obtained from all the tracking device unit(s) (the Units) installed on all vehicles insured by Arrow Underwriting Managers.
- 2) Subject to paragraph 3 hereof, the Company may freely use the Data however it deems fit, under such terms of arrangement as it deems fit; and accordingly the Company or its associate or nominated company may make arrangements with the supplier; which supplier is hereby authorized to provide the Data to Latitude or its associate or nominated company; of the Units so that the Data may at all times be remitted direct to the Company or its associate or nominated company.
- 3) Notwithstanding the Company'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 the Company or its associate or nominated company without The Insured's express prior written consent.
- 4) This authority may only be terminated on written notice to the Company unless there are other terms agreed between the Company 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.
- 5) We hold The Company, its associate or nominated company and the supplier of the Units harmless from any and all loss, damage, claim, demand, liability or expense incurred or suffered by us as a result of The Company access or use of the Data as provided herein, or as a result of the provision of Data to The Company by the supplier of the Units.

SIGNATURE OF INSURED

DATE

**Latitude Fleet Bureau Solutions** was established to provide a consolidated monitoring facility to the fleet industry. We are independent of suppliers to the industry and are entirely non product specific. We can simultaneously manage the information services of multiple telemetry supplier systems and to consolidate the information into a range of management tools and easy to read exception reports.

Additionally, Latitude provides several specialist services that focus on operating cost management. These include utilisation and fuel management.

### **TRACKING PROVIDER SELECTION**

We have established working relationships with all the major suppliers of tracking equipment. As such we are uniquely positioned to provide interpreted management data from these systems and identify where their deployment is best suited. We can recommend tracking devices best suited to client requirements.

### **EXCEPTION REPORTING**

Latitude focuses on translating the massive volume of data generated by tracking systems into a range of management tools and easy to read exception reports. We have developed a unique scoring algorithm which can operate across several tracking systems. These reports can be accessed via a daily exception report or via [www.latitude.co.za](http://www.latitude.co.za).

A daily exception report assigns a score to each vehicle based on speed, harsh braking, excess idle, utilisation and driving hours. This score can be weighted according to the type of operation. Scores falling below benchmark values are highlighted as exceptions. This report facilitates easy and daily management of drivers whose performance is below benchmark requirements.

The consistent application of this scoring system has:

- reduced accident frequency and consequently insurance premiums
- reduced fuel costs

### **UTILIZATION MANAGEMENT**

Latitude's Scoring Report contains a page dedicated to the reporting of daily Kilometres travelled by a vehicle. Analysis of this daily report identifies periods of utilisation which becomes the framework of fleet planning.

### **INSURANCE RISK MANAGEMENT**

The key to optimised insurance is that the risk and the rate must align. By utilising our scoring algorithm our clients can assess and address areas of insurance risk before a claim occurs. In so doing, the client benefits from better insurance rates whilst the insurer benefits by means of a lower risk profile.

Should you require any additional information please feel free to contact the undersigned.

Alan Gardiner  
**Managing Director**  
Latitude Fleet Bureau Solutions

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9. Tick list

**Arrow Underwriting Managers** prides itself on insuring **SMART transporters**. To assist our policyholders in avoiding unnecessary delays and potential problems with claim settlements, we want to draw your attention to the following important potential stumbling blocks. **PLEASE READ CAREFULLY, initial & sign.**

**Arrow SMART transporters know the following:**

- 1) **Foreign Licenses** – It is well known in the transport industry that there is a shortage of drivers in RSA, thus South African transport companies are forced to employ foreign drivers from Zimbabwe, Swaziland and other neighbouring countries. A little-known fact is that many licenses and PDRP's (and equivalent) are not legitimate and can result in your claim not being paid. It is advisable to validate all foreign drivers before employing them.

If you require any assistance with verification of licenses it is recommended to contact Leigh at Check-your-driver at [leigh@check-your-driver.co.za](mailto:leigh@check-your-driver.co.za) or 084 597 6542

- 2) **Roadworthiness – All issues regarding roadworthiness are dealt with in the Road Traffic Act of 1999**

The following are worth highlighting

- a) Truck and trailer brakes must comply with SANS 10047.
- b) Ensuring regular maintenance on vehicles and keeping accurate service history.
- c) Fire Extinguisher minimum requirement is a frequently serviced 9kg fitted to all trucks.

- 3) **Tracking Devices/Risk Management**

Arrow Approved Tracking, Fleet Management and Recovery devices are compulsory on

- a) All Trucks
- b) All LDV's and Privates
- c) All trailers R250 000 and above require wireless backup units/trailer recovery devices
- d) And all Trucks and trailers **with** GIT load limits of R500 000 and above

Please contact your Arrow representative for all your tracking unit requirements to ensure you are covered correctly in terms of Point 3 above for Theft/Hijack claims and meets the Risk Management requirements

**All theft/Hijack claims (Motor & GIT) must be notified to the ARROW CALL CENTRE within 2 hours of the owner's or representatives' knowledge.**

- 4) **No vehicles to be towed to ANY panel beaters without the consent of ARROW**

- 5) Only Arrow Underwriting Managers approved service providers and repairers will be used at time of accident through the appointment of the Arrow Underwriting Managers call centre.

- 6) **ALL CLAIMS MUST BE REPORTED TO THE ARROW CALL CENTRE – 010 601 6222.**

Using the call centre is vital for assisting transporters in having their vehicles and loads removed as quickly as possible, securing and protecting assets, arranging clean-up and allows Arrow to keep claims costs down.

SIGNATURE OF INSURED

DATE

20 YY / MM / DD

SIGNATURE OF BROKER

DATE

20 YY / MM / DD