

Goods in Transit/Hijacking Questionnaire for Transport Brokers Contingent liability Insurance

Name:

Inception date:

Description of business:

Address:

Date company established: Company VAT number:

(A) GOODS PACKING

1. Description of goods to be carried:
2. Maximum value of goods carried:
3. Average value of goods carried:

(B) HAULAGE INCOME

1. Please advise gross haulage fees:
Current Year R
 - Prior Year 1 R
 - Prior Year 2 R
 - Prior Year 3 R
2. What are your estimates for the next 12 months?
Haulage fees – Own vehicles R
 - Income from sub-contractors R
 - Fixed costs R
 - Running costs R

(C) INSURANCES REQUIRED

1. Do you require insurance on behalf of clients who specifically request insurance? Yes No
If yes, please name the existing clients:
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.....
.....
.....

2. Do you obtain values for insurance from clients in writing for each consignment? Yes No
3. What documentation is used to prove the request for insurance and value for insurance?
.....
.....
.....
.....
4. When values are not advised in writing for each consignment, do you have standing instructions from certain clients to insure all consignments? Yes No
If yes, please name such existing clients:
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.....
.....
.....
5. Do operate with Standard Trading Conditions? Yes No
If yes, please attach a copy of your Standard Trading Conditions and a copy of your waybill/consignment note.
6. Do you sub-contract? Yes No
If yes, please name the sub-contractors:
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.....
.....
.....
7. Do you accept sub-contracts? Yes No
If yes:
8. Do you ensure that you sub-contract only in terms of your own Standard Trading Conditions? Yes No

(D) ROUTING

1. Geographical limits required? Yes No
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2. Under what circumstances are the South African Police Service contacted prior to deliveries to establish safe conditions?
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3. Are delivery times set for day-time business hours? Yes No
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4. Are crews rotated without warning? Yes No
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5. Are supervisors appointed to ride with crews without warning? Yes No
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- 6. On long trips are drivers changed at irregular intervals? Yes No
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- 7. Are routes and schedules distributed to crews at the last minute? Yes No
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- 8. What instructions are in place for truck and driver at overnight stops? Yes No
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- 9. Are escort vehicle services utilised? Yes No If so give details:
.....
- 10. What instructions are in force regarding unscheduled stops?
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- 11. Are routes regularly varied? Yes No
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(E) CLAIMS EXPERIENCE

List details of all losses over the last five years, whether or not covered by any policy.

(F) NAME OF CURRENT INSURER

.....
Policy number:

(G) ADDITIONAL COMMENTS

(If any) including comments which might influence the Insurer’s decision regarding acceptance of the risk and/or the terms to be offered for the insurance:

Applicant’s signature:

Date:

Broker:

