

Marine Freight Forwarders Liability Questionnaire

Insured's name or trading name:

Insured's VAT number:

Company registration number:

Description of business:

Postal address:

Physical address:

Contact person(s):

Email address:

Telephone number: Cell number:

Subsidiary companies to be named in the insurance:

If subsidiary companies are to be named, the information provided in this proposal form must include their activities.

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1. Warehousing section

1.1 Are the contents insured for fire and burglary? Yes No
If yes, please state the sum insured? R

1.2 Is there a sprinkler system installed? Yes No
If yes, what type?

1.3 Are your premises protected against burglary? Yes No
(a) If yes, own guards? Yes No
(b) Outside guards? Yes No
If yes, whom?

(c) Other physical anti-burglar system? Yes No
If yes, please give a full description:

1.4 Warehouse construction
(a) Type:

(b) Year built:

(c) Height in storeys:

2. Carriers liability

2.1 Number of vehicles

- (a) LDVs:
- (b) Trucks up to 10 ton:
- (c) Horse and trailers:
- (d) Refrigerated:
- (e) Vehicles with hoisting apparatus:
- (f) Explosive carrying:
- (g) Other special types:

2.2 In which countries does the client require insurance?

2.3 Do you employ qualified riggers? Yes No

If yes, how many?

Qualifications?

2.4 Minimum load value: R

2.5 Do you carry any of the following insurances:

- (a) Transit all risks? Yes No
- If yes, what limit? R
- (b) Fire, collision and overturning? Yes No
- If yes, what limit? R

2.6 Details of all losses/claims in past 5 years?

2.7 Limit of indemnity required: R

3. Stevedores section

3.1 Where are activities undertaken?

3.2 Do you use own cranes? Yes No

If yes, how many?

Carrying capacity? R

Note:

Most hire conditions make you responsible for hired in cranes or use of cranes or equipment of others. This insurance does not cover damage to any crane or equipment. The cover is for damage to the property "on the hoof" and to the vessel being loaded and/or unloaded.

3.3 Number of qualified stevedores employed:

3.4 Qualifications of most senior stevedore:



3.5 Do you carry any material damage cover for goods being handled? Yes No
 If yes, sum insured? R

3.6 Details of all losses/claims in the past 5 years:

Date of loss	Description of loss
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3.7 Limit of indemnity required: R

4. Clearing and forwarding liability

4.1 What class of activity is cover required for?

4.2 Apart from those mentioned above:

- (a) Number of managers:
- (b) Clerks and typists:
- (c) Other:

4.3 Are you a member of any trade association? Yes No
 If yes, please specify:

4.4 Names of principals, directors and partners in charge of this activity and their qualifications:

Name	Main commodity	Normal value any single shipment
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4.5 In terms of your agreements are you required to or do you arrange marine cargo or airfreight insurances. If so, please state?

Insurer's used	Authorities you have
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4.6 Details of all losses/claims in the past 5 years:

Date of loss	Description of loss
.....
.....
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4.7 Limit of indemnity required: R



5. Declaration and revenue

5.1 In respect of each of the sections herein, please state how income is derived:

Warehousing:

Carriers:

Stevedores:

Clearing and forwarding:

Other:

5.2 Income per section for last 3 years:

Section	Year 1	Year 2	Year 3
Warehousing:	R	R	R
Carrier's:	R	R	R
Stevedores:	R	R	R
Clearing and forwarding:	R	R	R
Other:	R	R	R

5.3 Anticipated income for current year per section:

Warehousing: R

Carrier's: R

Stevedores: R

Clearing and forwarding: R

Other: R

5.4 Please attach a copy of your standard trading conditions.

What percentage of goods are carried?

Breakbulk:

Fully structurally enclosed conveyance:

Bulk:

Open containers:

Any facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. If you fail to do so, your policy may either not operate or not operate fully. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser.



6. The FIATA standard bill of landing, IATA air waybill and trading conditions approved by an acknowledged transport industry association are automatically approved for the purpose of this insurance.

However, if you operate using the following contracts of carriage, please indicate below and attach copies:

- (a) Own standard conditions
- (b) House Bill of Landing
- (c) House air waybill
- (d) Additional contract of carriage

7. Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are **true and correct** and that I have not withheld any information that is likely to influence the decision of the Insurers in regard to this Proposal.

Applicant's signature:

Date:

Protection of Personal Information Act

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed/used/stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Personal information of minors

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, (full name of competent person), hereby provide my consent to the processing of any information provided herein relating..... (name of minor whose personal information is disclosed herein) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised.

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: complaints@santam.co.za

Telephone: 0860 102 725

Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za

Postal address: PO Box 31533, Braamfontein, Johannesburg, 2017

Physical address: JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001