

**FOR INTERNAL USE ONLY**

Broker Name  Broker Code

**IMPORTANT NOTICE**

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy. This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner. Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us. Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- Within your business (including that held by your senior management and anyone who is responsible for your insurance)
- By any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

**1. PROPOSERS DETAILS**

1. Full Name of Proposer

2. Company Reg No.

3. Postal Address (postal code must be shown)  Code

4. Company VAT No.  Business or Profession

5. Situation of Property to be Insured (if different from Postal Address, Postcode must be shown)  Code

6. Period of Insurance Inception Date  Year  Month  Day  Renewal Date  Year  Month  Day

**2. GENERAL QUESTIONS**

1. How long have you been established at These premises?  Elsewhere?

2. If this is your first venture give details of your experience in the motor trade

3. Are you a main dealer or concessionaire for any specific makes of vehicle? YES  NO

4. Do you have an effective security system in place to minimize risk/exposure? YES  NO

5. Indicate the maximum value of any one vehicle which you own or which you could have in your custody or control R

6. Please state annual turnover of the business and show how this is made up R

Sale of new vehicles	<input type="text"/> %	Self drive hire	<input type="text"/> %	Sale of parts and accessories	<input type="text"/> %
Sale of used vehicles	<input type="text"/> %	Private hire	<input type="text"/> %	Commodities (sweets, cigarettes etc)	<input type="text"/> %
Petrol sales 24 hrs	<input type="text"/> %	Body repairs	<input type="text"/> %	Mechanical repairs and servicing	<input type="text"/> %
Petrol Sales normal business hrs	<input type="text"/> %	Full spraying	<input type="text"/> %	Vehicle breaking/dismantling	<input type="text"/> %
Recovery work	<input type="text"/> %	Touch up spraying	<input type="text"/> %	All other work	<input type="text"/> %

7. Give details of all other work

8. Do you regularly handle

Sports and high-performance cars?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Vehicles with a value exceeding R 1000,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Public service vehicles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Commercial vehicles exceeding 5 tons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Veteran or vintage vehicles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Agricultural vehicles or contractors plant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Motor cycles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specialist vehicles other than the above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If 'YES' to any of the above please give details





### 3. ROAD RISKS CONTINUED

9. Non employees requiring pleasure use

Full Name	Age	Occupation	Registration No(s). of vehicles to be used	Is a full licence held

10. Do you employ casual drivers? YES  NO

If 'YES' please give numbers and frequency

11. Will any vehicle be driven by any person who

11.1 Has any physical or mental defect or infirmity or who suffers from diabetes, epilepsy or any heart complaint or other disease or infirmity? YES  NO

11.2 Has been convicted of any motoring offence during the past 5 years or has any prosecution pending? YES  NO

11.3 Been disqualified from driving in the last 10 years? YES  NO

If 'YES' to any of the above give details

12. Do you use subcontractors to carry out any work on vehicles? YES  NO

Name	Address	Occupation

13. Is cover required for damage to windscreens/windows? YES  NO

14. Is cover required for driving by prospective purchasers whilst accompanied by the Policyholder or a person in the Policyholder's employ? YES  NO

15. Do you require full policy cover on vehicles loaned or hired to customers whilst their vehicles are in your custody for repair or servicing? YES  NO

16. Are you entitled to a no claims bonus earned on a motor trade road risks policy? YES  NO   
If 'YES' state number of years

17. Do you currently hold or have you held during the last three years insurance in respect of

Self-drive hire YES  NO  Private car YES  NO

Private hire YES  NO  Other motor vehicles YES  NO

If 'YES' to any part give details of Insurer, type of policy, policy number and expiry date

IF YOU HAVE ANY ADDITIONAL INFORMATION PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

#### 4. INTERNAL RISKS

##### SECTION 1: ALL RISKS

1. Is Insurance Required? YES  NO

2. Property to be Insured

##### SUM TO BE INSURED

Item 1 The Buildings of the Premises (including landlords fixtures and fittings, outbuildings walls gates and fences, and Glass in the structure) R

Item 2 Tenants Improvements/Decorations for which you are responsible R

Item 3 Glass replacement – where for any reason the Buildings are not insured by this Insurance do you require to cover breakage of all fixed glass in the structure of the Building including any glass within Tenants Improvements? YES  NO

Item 4 Stock and materials in Trade belonging to you or for which you are responsible R

NOTE – Stocks of cigarettes, tobacco, cigars, video tapes, vehicle audio equipment clothing and tyres are covered up to a limit of R2,0000 in all within the Sum Insured selected. If this is not sufficient, please complete the following

Stock of cigarettes, tobacco and cigars R

Stock of video tapes R

Stock of vehicle audio equipment including cassettes and Compact Discs R

Stock of clothing R

Tyres R

Item 5 Plant, Machinery, Trade Fixtures, Fittings and All Other contents except Property insured by Items 6 to 10 (remember to include items you wish to be inspected). R

Item 6 Portable hand tools belonging to the proposer and/or employees and for which the proposer has accepted responsibility (maximum value any one tool (R10,000) R

Item 7 Electronic business machines, Computers and Software but not vehicle diagnostic equipment R

Item 8 Proposers vehicles the property of or leased in by you or held by you on consignment R

Item 9 Customers vehicles in your custody or control \* R

Item 10 Customers goods in your custody or control \*\* R

\* careful consideration should be given to arrive at this figure bearing in mind the maximum number of customers vehicles that can be held at the Premises at any one time

\*\* Consider this figure carefully if you handle heavy goods vehicles where a large and valuable load may be left at the premises

3. Are the Premises to be Insured

3.1 Built entirely of brick, stone or concrete and roofed with slates, tiles or concrete? YES  NO

3.2 Low pressure hot water apparatus, or fixed mains gas or fixed electric appliances? YES  NO

3.3 In a good state of repair with all machinery properly fenced or guarded and in good order? YES  NO

3.4 Solely occupied by you? YES  NO

If you have answered 'NO' to any of the above, please provide full details

3.5 Are the premises specially exposed to damage by storm? YES  NO

3.6 Are the premises to be insured in an area susceptible to flooding? YES  NO

If 'YES' please provide details of any known improvements made/planned by the Environment Agency

4. Is an Intruder Alarm System installed in your Premises? YES  NO   
If 'YES' please state

4.1 Name of Alarm Company

4.2 Is it maintained by the Alarm Company under contract? YES  NO

#### 4. INTERNAL RISKS

##### SECTION 1 CONTINUED

4.3 Method of signaling (e.g. armed response, GSM & Phone)

4.4 Has police response been withdrawn or the level of response reduced or delayed? YES  NO

If 'YES' please give details

5. What are your normal hours of trading including petrol sales?

6. Do you leave vehicles in the open at the Premises after business hours? YES  NO

If 'YES' please state

6.1 What precautions are taken to minimize the risk of theft and/or malicious damage?

6.2 The approximate value of vehicles in the open (excluding compounds) R

7. Do you require cover for subsidence, ground heave and landslide on the Building? YES  NO

If 'YES' please state whether

7.1 The Premises have suffered or are showing any signs of damage from these perils YES  NO

7.2 The properties either side of your own have suffered or are now showing signs of this damage YES  NO

7.3 To your knowledge the vicinity is susceptible to this damage YES  NO

7.4 The Premises are in the immediate vicinity of any river bank, railway embankment or cutting, cliff, quarry, mine or other underground working or made up ground YES  NO

7.5 Are there any trees or shrubs over 7m in height within 10m of the Premises YES  NO

##### SECTION 2: BUSINESS INTERRUPTION

1. Is Insurance required? YES  NO

2. Indemnity period required? (This must be a minimum of 12 months)  months

##### SUM TO BE INSURED

3. Annual Gross Profit (Including Payroll) R

4. Gross Profit (including payroll) where the Indemnity Period exceeds 12 months R

5. Outstanding debit balance (based on the maximum outstanding at any one time) R

6. State type of records kept of Outstanding Debit Balances eg Computer or manual records

7. If duplicate records are kept, state where they are kept

8. Do you require cover for loss of MOT license? YES  NO

If 'YES' state (for each premises)

8.1 Vehicle Testing Station number

8.2 Annual MOT test fee income R

8.3 The number of MOT bays you operate at the premises

8.4 The number of years you have been conducting MOT tests

8.5 Whether you or any of your nominated testers have received any warnings in the past 5 years YES  NO

If 'YES' please supply details

8.6 Whether you have had or are currently under threat of suspension or withdrawal of your MOT Testing Station YES  NO

license (if 'YES' please supply details)

##### SECTION 3: GOODS IN TRANSIT

1. Is Insurance required? YES  NO

2. Stock in trade and other goods (excluding Motor Vehicles) being vehicle components, parts, accessories, tools and the like - in any vehicle belonging to the proposer R

3. Motor Vehicles carried on a vehicle and/or trailer designed for the purpose R

**SECTION 3: GOODS IN TRANSIT CONTINUED**

4. State

4.1 Maximum number of vehicles regularly used for transporting stock/equipment

4.2 Maximum number of vehicles regularly used for transporting vehicles

5. 5.1 Do you operate a recovery service? YES  NO

5.2 Do you engage in delivery or collection of new or second-hand vehicles by transporter? YES  NO

If 'YES' to either state maximum number of vehicles which can be conveyed on the vehicle

6. Do you leave any vehicles loaded overnight in the open? YES  NO

If 'YES' give details of any special vehicle immobilizers, anti-theft devices. Vehicle alarms or tracker devices fitted   
(if there are none answer 'none')

7. Do you engage in transits outside the South Africa? YES  NO

If 'YES' state details and countries regularly visited

**SECTION 4: LOSS OF MONEY**

1. Is Insurance required? YES  NO

If 'YES' please state the Maximum Amount **STANDARD LIMIT (AMOUNT REQUIRED IF APPLICABLE)**

2. 2.1 In transit and/or in a Bank Night Safe R

2.2 On the Premises during business hours R

2.3 On the Premises after business hours

2.3.1 In a locked safe R

2.3.2 Not in a locked safe R

Please give the following information about safes

Make & Model

Age (years)

Whether anchored to the floor YES  NO

2.4 With fuel sales staff during 'night time' ie after 8pm throughout the night until normal opening the following day ie their ACTUAL custody and not cash which has been deposited down the chute of a floor safe R

2.5 In Private Dwelling of Proposer or authorized director/partner/employee R

3. Estimated Annual Amount of Money in Transit **R**   
(excluding crossed cheques and other non-negotiable currency)

4. Where the Maximum Amount of Money in Transit at any one time exceeds R30,000 please answer the following:

4.1 How often is money banked or collected?

4.2 Are the journeys to the bank made by

4.2.1 You and/or your staff? YES  NO

4.2.2 Security Company? YES  NO

4.3 Are the journey times and routes varied? YES  NO

4.4 Where the journeys are made by you how many people accompany the money?   
(at least two persons will be required)

4.5 Where the journeys are made by a Security Company have they accepted responsibility for the money? YES  NO

### SECTION 5: WRONGFUL CONVERSION

**(Only available if you are an approved service provider for the various vehicle bodies)**

1. Is Insurance required? YES  NO
2. State maximum indemnity required in any one year (minimum R 10,000 maximum R50,000) R
3. If payments for used vehicles are made by cheque or where a part exchange is involved is evidence of the transaction clearly recorded? YES  NO
4. Are accurate records kept of all used vehicles purchased or sold? YES  NO
5. Are you a part of any motor vehicle organization? YES  NO

### SECTION 6: PERSONAL ACCIDENT FOLLOWING ASSAULT

1. Is insurance required? YES  NO

### SECTION 7 & 8: EMPLOYERS & PUBLIC LIABILITY

1. Is insurance required? Employers Liability Section 7 YES  NO   
Public Liability Section 8 YES  NO
2. Is all of your plant which is subject to Statutory Regulations regularly inspected by qualified engineers as required by the legislation? YES  NO
3. 3.1 Do you comply with the requirements of the Factories Act, the Health and Safety at Work Act, and the Control of Substances Hazardous to Health Regulations (and any special regulations thereunder) or any similar legislation? YES  NO
- 3.2 Have you or any of your Directors, Partners or Employees ever been:  
3.2.1 Prosecuted under any of these Acts or Regulations? YES  NO
- 3.2.2 Served with a Prohibition Notice under the Health and Safety at Work Act? YES  NO

If 'YES' give details

4. Do you have a written safety policy which is brought to the attention of your Employees? YES  NO
5. Do you store liquid or gases in bulk? YES  NO

If 'YES' give details

6. Indicate the nature of the surrounding neighborhood of the Premises (in the range of less than 1KM)

- |  |   |
|--|---|
| Industrial Area <input type="checkbox"/>       | Public Services (hospital/schools etc) <input type="checkbox"/> |
| Light Industrial Area <input type="checkbox"/> | Surface Water (River, Stream etc) <input type="checkbox"/>      |
| Agricultural <input type="checkbox"/>          | Residential Area <input type="checkbox"/>                       |
| Forest <input type="checkbox"/>                | Other (Please specify) <input type="checkbox"/>                 |

7. Have you or, to your knowledge, any former owner or occupier of the Premises

- 7.1 Ever been prosecuted or sued for any pollution problems? YES  NO
- 7.2 Ever had any incidents of pollution, or incidents likely to cause pollution? YES  NO
- 7.3 Ever carried in any industrial activity which was the subject of an environmental permit or license? YES  NO

If 'YES' give details

8. Estimated Annual Wages, Salaries and all other earnings

Type of Work	Number of Persons	Partners & Directors	Employees (including Self-employed or labor only sub-contractors)
8.1 Clerical Secretarial Administrative			
8.2 Pump Attendants and Cashiers			
8.3 Mechanics Fitters and Others			

NOTE : A minimum of R50,000 per partner or director and R20,000 per employee must be applied

9. Under Employers Liability do you wish to insure Injuries to Working Partners? YES  NO





## 6. EMPLOYERS' LIABILITY CONTINUED

8. Name of first subsidiary company to be excluded
9. Name of second subsidiary company to be excluded
10. Name of third subsidiary company to be excluded

## 7. DATA PROTECTION AND DECLARATION

At Petrosure we are aware of the trust you place in us when you buy our products and our responsibility to protect your information. Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

### MOTOR INSURANCE DATABASE (MID)

Information relating to your policy will be added to the Motor Insurance Database (MID) managed by the Motor Insurers' Bureau (MIB). MID and the data stored on it may be used by certain statutory and/or authorized bodies including the police, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- Electronic Licensing
- Continuous Insurance Enforcement
- Law enforcement (prevention, detection, apprehension and or prosecution of offenders)
- The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving

If you are involved in a road traffic accident, insurers and or the MIB may search the MID to obtain relevant information to avoid fraudulent acts. It is vital that any one driving your vehicle has the relevant documentation authorizing them to be on a public road. It is your responsibility to declare up any information about the state of your driver's licenses and ensure that all vehicles are roadworthy.

### DECLARATION

I/We declare that:

- If any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorization
- To the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- I/we consent for my appointed broker or agency to discuss my personal information with Petrosure on my/our behalf.

Proposer's Signature

Status

Date



Year	Month	Day
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## 8. MOTOR TRADERS INTERNAL

1. Is Insurance required? YES  NO
2. Indicate the maximum value of any one vehicle which you own or which you could have in your custody or control R
3. Third Party Liability limit R
4. How many lifts and hoists to you have?
5. Work Away from Premises
6. Maximum Number of vehicles on premises?
7. Are vehicles kept at the premises overnight? YES  NO
8. Total salaries and wages? R

## 9. MOTOR TRADERS EXTERNAL

1. Indicate the maximum value of any one vehicle which you own or which you could have in your custody or control R
2. Third Party Liability limit R
3. Is cover required for the following:
- 3.1 Demonstration Risks YES  NO
- 3.2 Social, Domestic and Pleasure use YES  NO
- Please supply a full schedule of vehicles
- 3.3 Privately-owned vehicles YES  NO

### 9. MOTOR TRADERS EXTERNAL CONTINUED

Company-owned Vehicles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.4 Vehicles on loan to Customers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' how many?	<input type="text"/>	
3.5 Vehicles being Towed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.6 Unauthorised Use	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.7 Passenger Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.8 Limit per Vehicle	R	<input type="text"/>
4. Please state where the vehicles are kept overnight and after hours	<input type="text"/>	
5. Please provide full details of security measures at night and after hours	<input type="text"/>	
6. Is there a formal system of key control?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' briefly describe	<input type="text"/>	
7. Is security provided by an external Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Is security provided by people in your employ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Loss of use of Customers Vehicles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Number of Employees authorised to drive	<input type="text"/>	
11. Does client deliver/collect vehicles for customers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' is this only within the area?	<input type="text"/>	
12. Does the client repair/deal with high performance/exotic cars	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' please provide details	<input type="text"/>	
13. How many sales people road test the vehicles?	<input type="text"/>	

### 10. ADDITIONAL INFORMATION

You may use this space to provide any additional information you feel might be useful

### FOR INTERNAL USE ONLY

Proposal Checked by

Date  Year  Month  Day