

## SERVICE STATION PROPOSAL FORM

### 1. CLIENT DETAILS

Company Name	<input type="text"/>		
Tel No.	<input type="text"/>	Cell No.	<input type="text"/>
Fax No.	<input type="text"/>	Broker	<input type="text"/>
Physical Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Business Description	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Details of previous Insurers and claims experience for the past 3 years

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### 2. FIRE & ALLIED PERILS

	Cover Required
Plant, Machinery & Equipment, Fixtures & Fittings	R <input type="text"/>
Buildings	R <input type="text"/>
Stock & Materials in Trade	R <input type="text"/>
Fuel in Underground Tanks	R <input type="text"/>
Forecourt Computer System	R <input type="text"/>
Car Wash/Building & Contents	R <input type="text"/>
Vehicles	R <input type="text"/>
Petrol Pumps	R <input type="text"/>
Stock in Storeroom	R <input type="text"/>
Other (Please Specify)	R <input type="text"/>
Miscellaneous	R <input type="text"/>
Claims Preparation Costs	R <input type="text"/>
Stock Debris Removal	R <input type="text"/>
Total Sum Insured	R <input type="text"/>
Do you require SASRIA cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 3. BUSINESS INTERRUPTION

	Cover Required
Indemnity Period	<input type="text"/> months
Annual Gross Profit (Difference Basis)	R <input type="text"/>
Uninsured Costs (Details Required)	<input type="text"/>
Gross Rentals	R <input type="text"/>
Additional Claims Preparation Costs	R <input type="text"/>

**3. BUSINESS INTERRUPTION CONTINUED**

Additional Increase in Cost of Working

**Cover Required**

R 250,000 incl

Miscellaneous

R

Other (Please Specify)

R

**Total**

R

**4. EXTENTIONS** (Please tick relevant cover required)

Prevention of access – Insured Perils

**Cover Required**

Prevention of access – Extended Cover

Included

Public Utilities – Insured Perils

Suppliers / Sub Contractors

Public Telecommunications – Insured Perils

Accidental Damage :

Included

Customers Extension

Other (Please Specify)

SASRIA cover recommended?

Yes  No

NOTE: SASRIA cover is limited to Standing charges only, therefore a separate sum insured is required.

R

**5. OFFICE CONTENTS** (Computer Equipment not included)

Entire Contents

**Cover Required**

R

Loss of Documents

R

Legal Liability

R

Increase in Cost of Working

R

Theft Extension – Restricted to 25% of sum insured or limit stated

R

Theft by forcible and violent entry

R

Other (Please Specify)

R

Do you require SASRIA cover?

Yes  No

**Total**

R

**6. THEFT**

Basis of Cover – First Loss

**Cover Required**

Contents

R

Vehicles

R

Malicious Damage (Buildings increased limit)

R 50,000

Workshop

R

**Total**

R

## 6. THEFT CONTINUED

Premises with theft cover of R10,000 and above to be adequately protected.

Adequate protection: A burglar alarm is to be installed and:

- The burglar alarm installed at the premises to be made fully operative whenever the premises are not open for business
- Such alarm is to be maintained in proper working order
- Premises to be alarmed linked to an armed response covering the entire premises;
- Alarm Company & Armed Response
- Panic buttons to be easily accessible at all times
- Cigarettes & cell phone cards limited to R 10,000 following theft or armed robbery at the counter area

## 7. MONEY

	<b>Cover Required</b>
Cash Till Limits (combined) and out of safe not being counted:	R10,000
Major Limit	R <input type="text"/>
Weekend Limit including Monday Mornings	R <input type="text"/>
Seasonal Increase including Public Holidays	R <input type="text"/>
Petrol Price Increases	R <input type="text"/>
SASRIA cover recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Total</b>	R <input type="text"/>

- Premises to have a drop safe on premises with the appropriate Category as per SABS standards
- For limit over R20,000 – Safe keys shall be held exclusively by the professional carriers contracted by the garage to carry cash to the bank.

P.A Assault Extension required – Limit – R50,000	R 10,000 per person
Drop Safe on Premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
Banking Done Daily	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe Category SABS	
Banking Done by Security Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe key held by Management/Owner	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Counting of cash to be done in a locked, secure environment, uninterrupted at all times.
- For internal controls it is imperative that your Cashiers drop monies periodically into the drop safe and such drops to be supervised by either a senior person or a colleague. It is your responsibility as owner/manager to ensure that there are proper controls in place. All monies to be kept in safe at all times unless if being counted.

## 8. GLASS

	<b>Cover Required</b>
Full Value of Entire Internal & External Glass	R <input type="text"/>
Bullet Proof Glass (if any)	R <input type="text"/>
Special Reinstatement	Yes <input type="checkbox"/> No <input type="checkbox"/>
SASRIA cover recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Total</b>	R <input type="text"/>

## 9. FIDELITY GUARANTEE

	<b>Cover Required</b>
Limit Required	R <input type="text"/>
Number of Employees	<input type="text"/>
Cover in excess of R50,000 – a separate Fidelity Guarantee questionnaire to be completed	
Does the company have auditors who check their books and systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
and if so, how many times a year is this done?	<input type="text"/>
Are there enough controls in place to ensure a business's continuity in future?	<input type="text"/>

**10. GOODS IN TRANSIT**

**Cover Required**

Load Limit R

BASIS: Annual Specified Basis Yes  No

If on annual specified basis:  
Number of vehicles

Loads per month

BASIS: Annual carry basis Yes  No

If on annual carry basis:  
Annual Carry (Rand Value) R

Please select cover required:

All Risks or Yes  No

Fire, Collision & Overturning Yes  No

Fire, Collision, Overturning and theft following thereon Yes  No

**11. BUSINESS ALL RISKS**

**Cover Required**

Item Description (Items covered here include; cell phones, car radios, tools, CCTV cameras, Fire arms, speed point machines, car wash equipment etc)

a)  R

b)  R

c)  R

d)  R

e)  R

**Total Sum Insured** R

**12. ACCIDENTAL DAMAGE**

**Cover Required**

Cover Required

Sum Insured R

**13. ELECTRONIC EQUIPMENT**

**Cover Required**

**Section 1 – Physical loss or damage to the equipment**  
Full descriptions, makes, models & serial numbers of fixed equipment:

a)  R

b)  R

c)  R

d)  R

e)  R

**Section 2 – Reinstatement of Data**  
Sum Insured R

**Section 3 – Increase in cost of working**  
Sum Insured R

Time excess i.r.o Increase in cost of working 24 Hours

**14. EMPLOYERS LIABILITY**

**Cover Required**

Employers legal liability in respect of any accident and/or illness out of and/or in course of business

Limit of Indemnity	R	<input type="text"/>
Wage Roll	R	<input type="text"/>
<b>Total Sum Insured</b>	R	<input type="text"/>

**15. PUBLIC LIABILITY**

**Cover Required**

Basis of Policy – Claims made basis

Retro-active date of cover	<input type="text"/>
Limits of Indemnity	R <input type="text"/>
General & Tenants Liability	R <input type="text"/>
Defective Workmanship	R <input type="text"/>
Products Liability	R <input type="text"/>
Legal Defense costs	R <input type="text"/>
Wrongful Arrest	R <input type="text"/>

**16. STATED BENEFITS**

**Cover Required**

Number of persons covered	<input type="text"/>
List names & positions	
a)	<input type="text"/>
b)	<input type="text"/>
c)	<input type="text"/>
d)	<input type="text"/>

**17. GROUP PERSONAL ACCIDENTAL**

Death	R	<input type="text"/>
Permanent Disablement	R	<input type="text"/>
Temporary Disablement	R	<input type="text"/>
Medical Expenses	R	<input type="text"/>
How many times annual earnings (max 2)		<input type="text"/>
24 Hour including burns and disfigurements	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Category		
1. Directors		<input type="text"/>
2. Others		<input type="text"/>
3. Petrol Attendants / Other		<input type="text"/>

**18. DEATH IN SERVICE**

**Cover Required**

Capital Sum	R	<input type="text"/>
Number of Employees		<input type="text"/>
<b>Total Sum Insured</b>	R	<input type="text"/>

**19. ACCOUNTS RECEIVABLE**

Outstanding Debit Balances

**Cover Required**

R

Duplicate records to be kept in place at all times

**20. MOTOR**

Make Model Cover (See Below) Sum Insured

**Cover Required**

- a)
- b)
- c)
- d)
- e)
- f)
- g)

Cover

Comprehensive F

Third Party, Fire & Theft B

Third Party Only T

Are any of the above vehicles on Hire Purchase Finance

Yes  No

All vehicles in excess of R250,000 to have tracking devices, and all vehicles are to have adequate security protection in the form of Gear locks, alarms & immobilizers

**21. EXTENSIONS** (Please tick relevant ones if required )

**Cover Required**

Contingent Liability Extension (Specify limit required)

R

Passenger Liability Extension(Specify limit required)

R

Unauthorized Passenger Liability Extension (Specify limit required)

R

Parking facilities and movement of third party

Vehicles Extension

Yes  No

Windscreen Extension

Yes  No

Waiver of Subrogation Rights

Yes  No

Principals

Yes  No

Cross Liabilities

Yes  No

Loss of Keys

Yes  No

Fire Extinguishing Charges Extension

Yes  No

Wreckage Removal Extension

Yes  No

Credit Shortfall Extension

Yes  No

SASRIA cover recommended?

Yes  No

**22. MOTOR TRADERS INTERNAL**

**Cover Required**

Own Damage Limit R

Third Party Limit R

Annual Wages (Excluding directors/partners) R

Extensions:

Is work away from premises required? Yes  No

Use of Car Hoists? If yes, number of car hoists in use Yes  No

**23. MOTOR TRADERS EXTERNAL**

**Cover Required**

Own Damage Limit R

Third Party Limit R

**24. BASIS OF INSURANCE**

**Cover Required**

Wages Basis Yes  No

If on wages basis:

Annual Wages (Excluding directors/partners) R

Named Drivers Basis Yes  No

If on named drivers basis:

Number of Drivers

Names & ID Numbers:

a)	<input type="text"/>	<input type="text"/>
b)	<input type="text"/>	<input type="text"/>
c)	<input type="text"/>	<input type="text"/>
d)	<input type="text"/>	<input type="text"/>
e)	<input type="text"/>	<input type="text"/>

Extensions:

Social, Domestic & Pleasure Yes  No

Loss of use of customers vehicles Yes  No

Unauthorized use by employees Yes  No

Unaccompanied driving of motorcycles Yes  No

Windscreen Yes  No

Transit delivery and conveying Yes  No

Sub Contractors Yes  No

Vehicles lent to customers Yes  No

Special types Yes  No

Exclude demonstration Yes  No

Exclude own vehicles Yes  No

Deletion of passenger liability Yes  No

**25. COVER AND PREMIUM SUMMARY**

Section:	Yes / No	Sum Insured	Monthly Premiums
Fire & Allied Perils	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Office Contents	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Theft	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Business Interruption	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Money	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Glass	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Fidelity Guarantee	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Goods in Transit	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Business All Risks	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Accidental Damage	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Public Liability	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Personal Accident	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Motor	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Motor Traders Internal	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Motor Traders External	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Electronic Equipment	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
Accounts Receivable	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
<b>Total Monthly Premium</b>			R <input type="text"/>
Other			
SASRIA: Material Damage	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Business Interruption	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Goods in Transit	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Money	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>
SASRIA: Motor	<input type="checkbox"/>	R <input type="text"/>	R <input type="text"/>

I declare that I understand and accept the above proposal to be underwritten by OMI Insurance Company Limited and administered by Petrosure Underwriting Managers (Pty) Limited.

Full Name

Signature

Witness

Signature

Date