



COMMERCIAL INSURANCE APPLICATION FORM

Basic information

•Client name: _____

•Contact person & numbers: _____ / _____ E mail: _____

•Physical address: _____

•Postal address: _____

•Construction: _____

•Security at premises: _____

•Occupation / Processes: _____

•Claim history/name of current insurer: _____

Year 1: _____

Year 2: _____

Year 3: _____

• VAT number & Company Reg. No.: _____ / _____

Estimated turnover/No. of employees/Wages: _____ / _____ / _____

● **Material Damage Risks (Assets)** *Fire; Combined; Office Premises; Theft; Glass; GIT; BAR; Acc.damage; EE*

Buildings: _____ Stock in trade: _____ Declarations: Yes/No

Plant & Machinery: _____ Other contents: _____

Office Contents (Excl. computers): _____ Documents/Books: _____

Theft: (First loss/MD to building): _____ / _____

Goods in transit: Ann. carry/load limit/cover/mode of transport/Debris removal
 _____ / _____ / _____ / _____ / _____

Accidental damage (Collapse/Leakage etc.) _____ Glass: _____

Electronic equipment: Computers/Lap-tops/Photo-copiers/Scanners/PABX/CCTV, Software etc.
(Require full itemised schedule with make, model, serial numbers & value)

_____ R.I of Data & ICOW _____

Business All Risks: Car radios; cell phones; GPS units; Dictaphones; cameras; tools; generators; personal property of Director's; Trade samples, patterns, moulds etc.
(Require full itemised schedule with make, model, serial numbers & value)

Deterioration of stock: _____ Machinery breakdown: _____ Additional CPC _____

Extensions: Disposal of Salvage/Escalation/Rent/Parking/Subs & landslip _____

● **Financial Risks** *Business Interruption; Accounts receivable; Money; Fidelity Guarantee*

Gross profit/Revenue/Rent receivable/rent payable: _____ Indemnity period _____

Money: Major/Seasonal/Collectors/Damage to safe/Assault _____ / _____ / _____ / _____ / _____

F. G.: Number/Amount/Basis/Retro cover _____ / _____ / _____ / _____ Accounts receivable: _____

Machinery breakdown interruption: _____

Extensions: Suppliers or customers/Wages/Fines & penalties/public utilities/prevention of access/Petrol attendants (Garages)

● **Political riot cover**

Material damage risks/Financial risks/Motor risks: _____

● **Liability Risks** *(Basis: Claims made or occurring)*

General/Tenants/Property owners: _____

Defective workmanship/work –away: _____ / _____

Products/Goods sold or supplied/food & drink ext: _____ / _____ / _____

Other liabilities : (Employer's liability/D&O/PLIP/Professional/Errors & Omissions/Environmental/Tool of trade/Wrongful arrest/legal defence cost _____

Employee risks (short-term)

Group personal accident or stated benefits: number of staff & Salaries _____ / _____
Period of cover (24 Hours or working hours): _____
Occupation/Named basis: _____
Death and permanent Disability (fixed amount or number of year's salary): _____
Temporary Total Disability (Fixed p.w. or 100% for 52 or 104 weeks): _____
Medical Expenses: _____
Extensions: _____

Motor Risks

Basis of valuation (Market/Retail/Agreed value basis):
Optional covers: Car hire/Top up/Excess waiver/Loss of keys/Wreckage removal

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Make & Model					
Year of Manuf.					
Cover (COMP; TP/F&T)					
Value					
Extras					
Class of use					
Registration number					
VIN number					
Engine number					
Security					
Optional covers					

Motor Liability Risks

Third party: R2 500 000.00, increase to: _____
Passenger liability: R1 000 000.00 for sedans & LDV's _____
Unauthorised passenger liability: Yes/No
Contingent liability: Yes/No
Parking facilities: Yes/No

Internal Risk

Insured amount _____
Size of area _____
Average amount of motors on premises daily _____
Vehicle classification: PMC, LDV, Truck, special type _____
Extensions (Number of hoists) _____

External Risk

Insured amount _____
Vehicle classification: used or new or both - PMC, LDV, Truck, special type _____
Workshop wages _____
Number of drivers _____
Extensions: Private use/Unauthorised use/Exclusion of own damage and/or demo risk/Windscreen ext

Additional notes:

All property owned or hired by or leased to the Insured, property held by the Insured in trust or on commission or for which they are or hold themselves responsible, landlords/tenants' improvements, personal property of the Insured's directors, partners and employees and members of their families while being transferred, all while anywhere in the area which on

Insurer debit order form completed:

Do you consent to a credit check being done on your business

Has your application for insurance ever been refused or cancelled or special conditions imposed

Client signature:

Date: