

FARE PAYING PASSENGER LIABILITY PROPOSAL FORM

PLEASE NOTE:

- Answer all questions in full to assist underwriters in assessing your risk.
- Details in this proposal form shall form part of any subsequent insurance contract concluded between the Proposer and the Insurer.
- Completion of this proposal form does not bind the Proposer nor the Insurer to complete this insurance transaction.

PART 1

INTERMEDIARY INFORMATION

Intermediary:

Contact Person:

Telephone Number:

Email Address::

PROPOSER DETAILS

(Compulsory fields indicated with an *)

*Insured name:

Please provide or attach details of all subsidiary companies:

*Business Reg / ID No:

*Email Address:

*Website / Business Page:

*Tel No:

Vat Registration No:

*Physical Address:

Postal Address:

*Present Legal Constitution (Mark relevant box below)

Sole Practitioner

Partnership

Incorporated

Limited

Close Corporation

DATE OF COMMENCEMENT OF PRACTICE

As Currently Constituted:

As Initially Established:

DETAILED BUSINESS DESCRIPTION

MAIN GEOGRAPHICAL AREA OF OPERATIONS

ASSOCIATION MEMBERSHIP DETAILS

List membership details of any industry or related association of which the operating entity is a member:

BRANCHES

Are any branches of the Proposed Insured located outside of South Africa? YES NO

If yes; please provide full details:

CLAIMS EXPERIENCE

Please provide details of claims made against you while covered by this type of insurance.

Date	Detail	Amount

Have any claims ever been made against the proposed Insured/Partners/Directors/Members or Employees? YES NO

If yes; please provide full details:

Are you aware of any claim pending against you, or any claim or circumstance likely to give rise to a claim, in terms of the insurance being proposed for? Non-disclosure of this information could lead to any claims lodged with a date prior to this inception date, to be repudiated. YES NO

If yes; please provide full details:

Does your operation have a formal written contract with your client? YES NO

If NOT, please describe briefly the way in which you and your client agree to a service and a price for the services rendered:

Do you use an indemnity form for any other means of waiver?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have Standard Operational Procedures in place?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please note that we need a copy of these documents.

PART 2

VEHICLE INFORMATION

Insurance Details (Complete section for which quotation is required)

Description	Vehicle 1:	Vehicle 2:	Vehicle 3:	Vehicle 4:
Make:				
Model:				
Year of manufacture:				
Registration number:				
Engine number:				
Vehicle ID number:				
Registered owner				
No. of passenger seats:				
Limit required: R5m/R10m/R20m/ R30m/R50m				
Type of tours provided (% Split)	Shuttle:	Adventure:	Day:	Longer:
Other:				
Profile of passengers transported (% Split)	International Tourists:	Local Tourists:	School Children:	Other:

DECLARATION

I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.

I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.

I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.

I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance

Signed at:

on

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by

Signature:

CONTACT INFORMATION

RSUM (PTY) Ltd
Directors: BP Marais,
JC Marais (CA) SA
Reg no: 2020/448716/07
FSP no. 51113

Physical Address:
Main Road 70
Paarl
Western Cape
7646

Our Insurer:
Western National Insurance Company Limited (South Africa)
Tyger Waterfront, Charl Cronje Drive, Bellville 7535
Juristic Representative under FSP9465

