

BUS COVER PROPOSAL

(Bus seating capacity over 35)

Broker: _____ Agency number: _____

Proposer's Details

Trading full business name" _____

Registration number (if Company or Close Corporation): _____

ID number (if Sole Proprietor): _____

Previous trading name (if applicable): _____

VAT number (if VAT registered): _____

Period of business operating: Years: _____ Months: _____

Nature of business: _____

Postal address: _____

Postal code: _____

Physical address: _____

Postal code: _____

Business phone number: _____

Contact person: _____

Cell number: _____ Alternative cell number: _____

Email address: _____

Is the business a member of any association such as SABOA? Yes No

Name of association: _____

Vehicle Details (All drivers must have a valid Driver's License and Professional Driving Permit (PrDP))

If more than one vehicle, please complete the vehicle schedule at the end of the form.

Make and model: _____

Year model: _____ Number of seats: _____ Colour: _____

Value: R _____ Registration number: _____

Engine number: _____ Chassis number: _____

Finance house: _____ Account number: _____

Is the vehicle fitted with a fire extinguisher? Yes No

Non-factory fitted accessories

We will insure your vehicle for its retail value, which includes factory-fitted accessories and modifications. Any non-factory fitted accessories are only covered if they are listed in your schedule. Please provide the details of all non-factory fitted accessories you want to insure, including the amount per item. Note that if you decide not to insure your non-factory fitted accessories separately, then the most we will pay for ALL non-factory fitted accessories is R7 500 in total.

Additional Accessories Cover Required

_____	R
_____	R
_____	R
_____	R
_____	R

Your Cover Type

If more than one vehicle, please complete the vehicle schedule at the end of the form.

How we pay out after a claim depends on the type of insurance cover you choose. Comprehensive cover
 Please choose the type of cover you like to insure your vehicle for: Third party, fire and theft

Comprehensive cover - you will be covered for accidental loss or damage to your vehicle from any accident cause, as well as any resulting liability to third parties.

Third party, fire and theft - you will be covered ONLY for accidental loss or damage to your vehicles caused by fire and theft, as well as liability to any third party.

Sasria Cover (Optional)

If more than one vehicle, please complete the vehicle schedule at the end of the form.

Insurance companies do not provide cover against loss or damage caused by war, terrorism, riots, protest actions, public disorder, civil commotion, strikes or any attempted act of this kind. In South Africa, the special risk insurer that provides cover for these kinds of events is Sasria. Sasria applies in South Africa only, however, cover on vehicles is also provided in Namibia for a period of not more than 60 consecutive days. Sasria cover is not automatic - you must choose to be covered and pay the extra Sasria premium.

Do you want Sasria cover? Yes No

Personal Accident Cover (Optional)

If more than one vehicle, please complete the vehicle schedule at the end of the form.

The optional personal accident cover provides the following benefits:

- Owner/Driver: R30 000 Death or Disability
- Passengers: R10 000 Death (no disability cover)
- Maximum per event: R200 000

Do you want Personal Accident cover? Yes No

Third Party Liability Cover

Standard cover? Yes No

Limits: R5 million per event and per year/R1 million per person
 Provided that the driver can be held legally liable in terms of legislation applicable at the time of the event. Premium payable: No charge.

The limit per person can be increased. Do you require a quotation for an increased amount? Yes No

What amount would you require? R _____

Terms, conditions and maximum limits apply.

Catastrophe Cover (Premises/Depots – Static Risk (Optional))

Do you want catastrophe cover (premises/depots – static risk)? Yes No

Please note that cover will not commence until a satisfactory survey of the premises/depots has been concluded and accepted by Hollard.

Busses parked at your premises/depots are insured for loss or damage as a result of fire and allied perils (fire, lightning, thunderbolt, explosion, earthquake/earth tremor, storm, wind, water, hail or snow, aircraft, and other aerial devices or articles dropped therefrom and the acts of authorities in dealing with any of the foregoing). The limit of liability is R60 million per event after deduction of the applicable excess shown in the Excess table on the next page.

Risk Profile Questionnaire

Description of main source of business (tick the appropriate box):

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| School transport | <input type="checkbox"/> | Intercity bus services | <input type="checkbox"/> |
| University transport | <input type="checkbox"/> | Charter bus services | <input type="checkbox"/> |
| Employee transport | <input type="checkbox"/> | Tourist bus services | <input type="checkbox"/> |
| Scheduled bus services | <input type="checkbox"/> | Suburban bus services | <input type="checkbox"/> |

List main areas of operation

Town	Province

Radius of operation

The columns for % must indicate the percentage of total kilometres travelled per month.

Total radius of operation		Countries outside of South Africa (if applicable)			
Split	%	Country	%	Country	%
0 - 100 km round trip	%	Botswana	%	Mozambique	%
Long haul in SA	%	eSwatini	%	Namibia	%
Outside SA	%	Lesotho	%	Zambia	%
Total	100%	Malawi	%	Zimbabwe	%

- On extended trips, is a relief driver used? Yes No
- On overnight trips, are stopover and sleeping arrangements made? Yes No
 If Yes, provide details: _____
- Does the driver have a stipulated rest period on any one journey? Yes No
 If Yes, is there a minimum duration? Yes No
 Duration: _____

Nature of performance monitoring/tracking devices fitted to fleet

1. Manufacturer _____
2. Capabilities of device: Stolen & recovery Location Driver behaviour Tampering
3. Other management systems: please specify _____
4. How often are such devices monitored? Yes No
5. Who is responsible for analysing the results of monitoring/tracking devices?

6. What steps are taken to rectify bad results?

Driver Information

1. Are drivers expected to complete a pre-start checklist? Yes No
 If No, provide details: _____
2. Are previous driving and employment records investigated prior to employment? Yes No
 If No, provide details: _____
3. Are any in-house or external driver programmes in place? Yes No
 If Yes, provide details: _____
4. Do you ensure that driving licences, Professional Driving Permits and other permits are always current and valid? Yes No
 If No, provide details: _____
5. Do you employ any drivers who are not South African? Yes No
 If Yes, provide the number of drivers per country: _____

6. Have drivers been formally trained in the following:

Correct operation of the vehicle being driven?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Procedures at an accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Security of the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. List details of drivers aged below 25 years, over 60 years and drivers with less than three years driving experience.

Name	ID number	Licence/Experience details

8. Please provide details of all drivers who have been involved in more than one accident, theft or hijacking in the last three years.

Name	ID number	Action taken

9. Please provide details of all drivers who have been convicted of reckless, negligent or drunken driving in the last five years.

Name	ID number	Action taken

Risk addresses and security measures

Address	Security at address	No. of vehicles at address

Your History

- State name, insurer, policy number and expiry date of existing insurance policy: _____
 - If No previous insurance, please answer the following:
 State reason why no previous insurance: _____
- Have you had any accidents involving your fleet in the last three years? Yes No
- If Yes, how many accidents? _____
- Has an insurer ever declined cover, cancelled or refused to renew any short-term insurance policy for you? Yes No
- If Yes, what was the reason? _____

4. Has the owner of a Sole Proprietor, any member of a Close Corporation or any director of a Company (as applicable) been convicted of any criminal offence in the last five years? Yes No

If Yes, provide details: _____

5. Please provide details of any non-conventional insurance arrangements over the past three years. (Example: Any self-funding or aggregate fund arrangement in respect of claims).

Claims History

It is important for us to know your motor insurance history. You must give us accurate information because this affects your premium and might affect how we assess your future claims. Please include details of ALL insurance claims (including rejected claims) in the last three years.

Description	Name of driver	Date of claim event	Claim amount	Insurer	Policy number
			R		
			R		
			R		
			R		
			R		

Excesses

Basic excess - for each and every loss or damage claim, 5% of the claim amount with a minimum of	R10 000
Glass only claims - 10% of the claim amount with a minimum of	R2 000
High risk times - where the accident happened between 11pm and 4am, an additional 2.5% of the claim amount on top of the basic excess with a minimum of	R10 000
High risk driver - accident damage claims where the incident driver has been involved in more than one accident in the previous 24 months, an additional amount on top of the basic excess	R2 000
Loss of keys - 10% of the claim amount with a minimum of	R350
Third Party Liability - for each and every third party liability claim	R2 000
Trailers - 5% of the value with a minimum of	R5 000
Cross Border - for each and every loss or damage claim (excluding glass) occurring outside South Africa, 2.5% of claim with a minimum of	R50 000 per event
Foreign Drivers License - In respect of each and every occurrence giving rise to a claim where the driver holds a foreign driver's licence - an additional	R2 500
Catastrophe Cover (Premises/Depots - Static Risk) (Only applicable, if selected on the schedule, under the optional benefits you can choose) - 10% of claim - minimum	R50 000 per event

Premium Payment Process

How would you like to pay your premium?

Yes No

Monthly premiums

- **Debit order date:** Your premium is due on your chosen debit order date, but your cover runs for a calendar month.
- **First debit order:** Your first debit order may or may not fall on your chosen debit order date as explained below:
 - If your policy start date and your chosen debit order date is on the first of the month, we will debit your account on the first of the month with your full premium for cover from the first of the month until the last day of the month.
 - If your policy start date is not on the first of the month, then we will debit your bank account within one week from your policy start date with the amount of your pro-rata premium. This amount will cover you from your policy start date until the last day of the month.
 - If your first debit order fails, this policy will not start and you will not be covered.
- **Subsequent debit orders:** After your first debit order, we will cover you from the first of every subsequent month to the end of the month as long as you have paid the premium for that month.
- **Grace period:** From the second month of cover, we allow a grace period (extra time) of one month from your chosen debit order date.
- **Rejected debit order:** If a debit order is rejected because of insufficient funds, we will attempt to collect the outstanding premium during the remainder of the grace period as follows:
 - **Tracking your account:** We will track your bank account for available funds during the ten days after the rejected debit order. If there are available funds, we will attempt to collect the outstanding premium by sending a debit order request to your bank. You will receive a message from your bank to authorise our requested debit order. If you authorise the debit order and we successfully collect your outstanding premium, your policy will continue.
 - **Double debit:** If we are unsuccessful in collecting the outstanding premium, then we will debit your bank account with two months' premium on your next debit order date. If that collection is successful, your policy will continue. If that collection is not successful, your policy will end on midnight of the last day of the calendar month for which premium was received.
- **Stopped debit order:** If you stop a debit order directly with your bank we will not attempt another collection. Your policy will end on midnight of the last day of the calendar month for which premium was received.

Annual premiums

- **EFT or direct deposit:** You must pay your annual premium directly into our bank account via electronic fund transfer or direct deposit. Your broker will provide you with our banking details.
- **Period of insurance:** Your cover is in place for 12 months after your policy start date or policy review date once you have paid your premium.
- **Grace period:** We allow a grace period (extra time) of one month from your policy start date for you to pay your annual premium. If your first annual premium is not received within one month after your policy start date, this policy will not start and you will not be covered.

Debit Order Authorisation (monthly premiums only)

The Hollard Insurance Company Limited (Hollard) has authorised Clarendon Transport Underwriting Managers (Pty) Ltd (CTU) to collect premiums on its behalf in terms of a written agreement. This means that the account holder authorises CTU, and not Hollard, to debit their account with the amount of their insurance premium.

Reference number: The word CTU_Insure followed by your policy number

Monthly debit order day: _____

Account holder: _____

Name of bank: _____

Branch code: _____

Type of account: _____

Account number: _____

Declaration by account holder

- I authorise CTU to debit my bank account with my premium on my chosen debit order date shown above.
- I understand that if the first debit order is returned, the cover will not start and CTU will not attempt another collection.
- I understand the process for monthly premium payments as explained on this form.
- I understand and agree that my bank account may be tracked for funds for a period of 10 days after a rejected debit order. I further understand that my bank will send me a message to authorise a re-debit for my outstanding premium during this 10-day period.

Signed at _____ on this _____ day of _____ 20 _____

 Name and surname of account holder

 Signature

How Hollard deals with your personal information

In order to provide you with insurance, Hollard has to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it.

How CTU deals with your personal information

CTU collects, holds, uses and discloses your personal information mainly to provide you with access to the services and products that we provide. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with information, products and services that may suit your needs.
- To verify your identity and to conduct credit reference searches.
- To issue, administer and manage your insurance policies.
- To process insurance claims and to take recovery action.
- To notify you of new products or developments that may be of interest to you.
- To confirm, verify and update your details.
- To comply with any legal and regulatory requirements.

CTU may need to share your information to provide relevant and pertinent advice, reports, analyses, products, or services. Where we share your information, we will take all precautions to ensure that the third party, including suppliers, affiliates, partners, agents or other CTU companies will treat your information with the same level of protection as required by us. We are not in the business of selling personal information and therefore we will not disclose your personal information or data to anyone except as provided herein.

Do you give CTU permission to contact you via WhatsApp in connection with this insurance or about information on products and services that may be of interest to you? Yes No

Your Insurance Risk Score

Do you give Hollard permission to check the insurance risk score of your business? Yes No

If Yes, we may do this check every year when your policy renews, every time the cover on your policy changes and also when you claim. The reason we check your business's insurance risk score with credit agencies, is to accurately price your policy and assess our risk. It is not the same score as a credit score which a lender would typically be interested in, and checking your insurance risk score will not affect your business's credit score.

Please ensure that you sign the Declaration on the last page of this form.

Vehicle Schedule (continued)

Make and model	Reg. no	Cover type	Sasria	Personal accident	Fire extinguisher fitted	Accessories
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Comprehensive cover <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration by proposer

1. I have carefully considered my needs, objectives and circumstances before accepting the quotation, and I understand the insurance cover as explained to me by my broker.
2. I confirm that my broker has provided me with a record of advice and a disclosure notice.
3. I confirm that the information completed on this form is true and correct to the best of my knowledge, whether this was completed by myself or by my broker on my behalf.
4. I understand the premium payment process as explained in this document.
5. I did not sign any blank or partially completed forms.
6. I have not withheld any information that is likely to influence the decision of Hollard to accept my application for insurance.
7. I understand that Hollard may reject a claim or cancel my policy if I misrepresented or withheld any information.
8. I agree to the processing and sharing of my personal information by CTU and Hollard as explained in this document.
9. I understand that Hollard and CTU may request access to data linked to any performance monitoring or tracking devices at any time. I agree that I will not withhold granting permission for Hollard and CTU to obtain this data.
10. I understand that this application for insurance will form the basis of the contract if Hollard accepts my application.
11. I understand that signing this application does not mean that Hollard will accept my application.

If my application is accepted, I would like my policy to start from _____

Signed at _____ on this _____ day of _____ 20 _____

Name and surname of person acting on behalf of proposer
(If Sole Proprietor: Name and surname of Sole Proprietor)

Signature

Thank you for your application!

If we accept your application, we will send you the policy wording, policy schedule and acceptance letter.