

COMMERCIAL HULL - PROPOSAL FORM

It is the duty of Insured's and their agents to disclose all material facts insurers before the contract of insurance is concluded and any failure to do so entitles insurers to avoid the contract. Completion of this Proposal Form does not relieve the insured and their agents of his duty and it is essential that all material facts, which are not included within the answers to the questions posed herein are disclosed to insurers in addition.

VESSEL OWNER (ULTIMATE BENEFICIAL OWNER)	MANAGING COMPANY
Full Name: _____ _____	(Only to be completed where independent managers employed). Full Company Name: _____ _____
Full Address: _____ _____	Full Address: _____ _____
Owner is a company state date established _____	_____
Owner is a company give name of directors or partners: _____	Date established: _____ _____
Occupation: _____ _____	Principals (together with details of any previous shipping company where senior position held during past 5 years: _____ _____
Number of years as a vessel owner (Give dates): _____	_____
Number and Type of Vessels owned: _____ _____	_____
Intimate beneficial owner (together with details of previous shipping history): _____ _____	Details of all vessels managed during past 5 years: _____ _____
Details of all Vessels owned during past 5 years: _____ _____	_____ _____

CREWING POLICY	DETAILS OF VESSEL TO BE INSURED
Were the vessel's officers employed directly or engaged through a crewing agency? _____	Vessel Name: _____ _____
If a crewing agency is used please identify which agency. _____ _____	Type of Vessel: _____ _____
Were the vessel's crew employed directly or are they engaged through a crewing agency? _____	Year Built: _____ _____
Owner is a company give name of directors or partners: _____	Gross registered tonnage: _____ Flag: _____ Date established: _____
Where a crewing agency is used please identify which agency. _____	Whether fully decked: _____

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Please provide details of/or any general comments concerning employment policy such as training programmes, etc.

Number and Type of Vessels owned: _____

Language of communication (including operational manuals) between officers and crew.

Please provide details of the current skipper below.

Name: _____

Date and number of Department of Transport Certificates

Is it a certificate of service, a certificate of competency or an exemption?

Does he/she suffer from any physical infirmity? If yes, please provide details:

Number of years at sea: _____

Number of years as a skipper (state dates and type of vessels shipped):

Give details (including dates and amounts involved) of any casualties to vessels previously or currently owned, shipped, chartered or managed.

DETAILS OF FIRE EXTINGUISHERS AND SPECIAL EQUIPMENT

Please provide details of fire extinguisher: _____

Date last examined: _____

Name of examiner: _____

Specify any special equipment (eg. Ratio, Echo-sounder, Direction or fish finder, etc.):

Name of Builder: _____

Material of Hull:

Length: _____

Beam: _____

Designed speed: _____

Has the vessel ever been converted:

If yes, please give details: _____

Date of last overhaul: _____

By whom? _____

Cost of overhaul: _____

Details of overhaul: _____

DETAILS OF MACHINERY AND EQUIPMENT

Number of engines: _____

Horse Power (Each engine): _____

Make and Type: _____

Year of Manufacture: _____

Type of fuel: _____

Date of last examination: _____

Name of Examiner: _____

Brief outline of examiners report: _____

Give details of any major alterations to the vessel and/or its machinery and equipment since vessel built: _____

If the vessel(s) is fitted with special equipment which is hired or leased, please provide details:

State value: R _____

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And Lessor's name: _____

MAINTENANCE DETAILS

Please advise average annual outlay i.r.o. maintenance costs per vessel over last 5 years:

Please advise proposed outlay i.r.o. maintenance costs per vessel for this year:

Please provide details of spare parts policy (i.e. in accordance with manufacturers recommendations or other arrangements): _____

GENERAL

Date vessel purchased by proposer(s) _____

From whom purchased? _____

Purchase price of vessel (excluding nets, dinghies, goodwill fishing or site rights, finance charges and the like:

Specify additional amounts spent on vessel since purchase:

If nets and dinghies are to be included in the insured value state value R _____

State present market value of vessel R _____

Date of last government seaworthiness certificate: _____

Date of expiry: _____

Is the vessel(s) registered under the Merchant Shipping Act and have all regulations, including those regarding skipper and crew, been complied with? _____

For what purpose will the vessel(s) be used?

If for fishing state type of fishing:

Which is the vessel's home port(s): _____

Give details of moorings: _____

If the vessel(s) will be laid-up unemployed during the year for periods of 30 consecutive days or more give approximate dates: _____

Will the vessel(s) be chartered? _____

If chartered state to whom: _____

If chartered state whether vessel under management of charterers or owners.

(IF UNDER MANAGEMENT OF CHARERERS A FURTHER PROPOSAL FORM MUST BE COMPLETED).

INSURANCE

What sum insured is required? R _____

Hull and Machinery R _____

Specified equipment R _____

Increased value (if applicable) R _____

Nets and Dinghies R _____

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What navigating limits are required? _____

State maximum distance from coastline: _____

Is the vessel(s) and/or machinery mortgaged in any way? _____

If mortgaged state: _____

Amount: R _____ Whether on vessel(s) and/or engine(s) and/or equipment _____

Name of mortgagee: _____ Period of mortgage: _____

Is the Mortgagee to be named in the policy as a co-insured? _____

Give details of previous or existing insurances on the vessel (s) proposed: _____

Insurance company: _____ Sum insured: R _____

Navigation limits: _____ Conditions: _____

Excess/Deductible: _____ Rate: _____

Expiry date: _____

State the loss record of all vessels under present ownership or management for the last 5 years including those of vessels subsequently sold, lost or changed management (N.B. loss figures must include self-retained losses):

	YEAR	LOSES BEFORE DEDUCTIBLE		NUMBER OF LOSSES
		PAID	OUTSTANDING	
1				
.				
2				
.				
3				
.				
4				
.				
5				
.				
TOTALS				

List individual losses contained in above figures which exceed R50,000 before deductible:

VESSEL	DATE	AMOUNT	DETAILS OF LOSS

OTHER INFORMATION

Please advise any other information, which is likely to influence the insurers in regard to this proposal:

Declaration: I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Insurers in regard to this proposal.

Signing this form does not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

Date:

Signature of Owner or Authorised Representative

Broker/Agent:

Signature of Owner or Authorised Representative

DISCLOSURE NOTICE TO SHORT –TERM INSURANCE POLICYHOLDERS

IMPORTANT- PLEASE READ CAREFULLY DISCLOSURE AND OTHER LEGAL REQUIREMENTS (This does not form part of the insurance contract or any other document)

As a short-term policyholder, or prospective policy holder, you have the right to the following information:

1. About your Financial Service Provider (Insurance Broker)

- a.) Name, physical address, postal address and telephone number.
- b.) Legal status of your broker.
- c.) Whether services are rendered under supervision.
- d.) Whether more than 10% of the insurer's shares are held by your broker and whether more than 30% of the broker's total remuneration was received from the insurer.
- e.) Whether or not professional indemnity insurance is held
- f.) Details of how to institute a claim
- g.) Details of broker's complaints procedure and compliance arrangements.
- h.) Rand amount of fees, commission payable.
- i.) Contractual arrangements with the insurer including any restrictions or conditions

If the above information is not provided by the broker please contact your Insurer.

2. About your product Supplier (Insurer)

a.) Name, Address and contact details of the product supplier.

Name:

THE HOLLARD INSURANCE COMPANY LIMITED

Physical address:

1st Floor
Hollard Arcadia Campus
22 Oxford Road
Parktown
Johannesburg
2193

Postal Address:

P O Box 3051
Johannesburg
2001

Contact Details:

Tel no.: (011) 351 2500

FAIS Licence Information:

Services	Advice and Intermediary
Categories	Short-term Insurance (Personal and Commercial Lines)
FSB Number	17698

b.) Complaints resolution procedure

If you have a complaint about this product please contact your broker or your local office of the insurer. If the matter cannot be resolved, please submit a complaint in writing to the Insurer's compliance Officer as follows:

The Complaints Officer

PO Box 3051
Johannesburg
2000

Email: complaints@hollard.co.za

Tel no.: (011) 351 2503
Fax no.: (011) 351 8060

The Compliance Officer

The Hollard Insurance Company
PO Box 3051
Johannesburg
2000

Email: Bradleyc@hollard.co.za

Tel no.: (011) 351 2503
Fax no.: (011) 351 8060

c.) Details of how to report a claim

Procedures for the submitting of a claim are set out in full detail in your policy document.

If you require assistance contact your broker or local office of The Hollard Insurance Company Limited.

Please note that claims must be reported as soon as possible after the event giving rise to the claim and must be submitted in writing with documentary proof of your loss. You will be required to notify the police in the event of a theft or where a criminal act is suspected.

If you have a dispute regarding a personal claim that is not resolved to your satisfaction by the broker or the insurer you may submit the complaint to the Ombudsman for Short-Term Insurance as per the details in 5 below. Please note that the Ombudsman will not consider business or commercial claims disputes.

d.) Type of policy involved

Please refer to your policy document which contains the name, class, policy number and type of policy involved.

e.) The extent of premium obligations you assume as a policyholder

Premium : As per policy document and schedule
Due date : As per policy inception and method of payment agreed.

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f.) Due date of premiums and consequences of non-payment (also see "e" above)

The insurance contract is conditional upon and will only come into effect following payment of the premium by the Insured and the receipt thereof by or on behalf of the insurer, and such premium is payable on or before inception date of renewal date, as the case may be.

You are entitled to a period of 15 days from the due date within which to pay your premium, however this period of grace only applies from the second month on monthly policies.
Please check your policy for due date.

Other matters of Importance

- a.) You must be informed of any material changes to the information provided above.
- b.) Polygraph or any lie detector test is obligatory in the event of a claim and the failure of such a test may not be the sole reason for repudiating a claim.
- c.) If the premium is paid by debit order, the debit order must be in favor of either the broker or the product supplier (Insurer). It may also not be transferred without your approval.
- d.) The product supplier (Insurer) must give you 30 days notice in writing of his intention to cancel your debit order.
- e.) The product supplier (Insurer) may not cancel your insurance by merely informing your broker. There is an obligation to make sure that the notice has been sent to you.
- f.) You are entitled to a copy of the policy free of charge.

Warning

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents handed to you and make notes of what is said.
- Ask for a letter of representation from your advisor and do not be pressurized into buying the product.
- All material facts must be accurately, fully and properly disclosed by you. All information provided by you or on your behalf is your responsibility. You need to be satisfied with the accuracy of any transaction submitted by your broker on your behalf.
- Misrepresentation, incorrect or non- disclosure by you of any material facts or circumstances may impact negatively on any claims arising from your insurance contract.

3. Particulars of the Short-Term Insurance Ombudsman and FAIS Ombud

The Short-Term Insurance Ombudsman is available to advise you in the event of personal claims problems that are not satisfactorily resolved by your broker and/or the product supplier (Insurer).

The Short- Term Insurance Ombudsman
P O Box 32334
Braamfontein
2017

Tel no. : (011) 726 8900
Fax no. : (011) 726 5501
Website: <http://otsi.co.za>

The FAIS Ombud
P O Box 74571
Braamfontein, 2017

Tel no. : (012) 470 9080
Fax no. : (012) 348 3447
Website : www.faisombud.co.za
Email : info@faisombud.co.za

4. About the Insurer/ Product Supplier with whom your SASRIA policy is placed (if cover elected)

The SASRIA policy covers events such as riot and strike and is underwritten by SASRIA Limited.

SASRIA's contact details are:
22 Impala Road, Chislehurst, Sandton, 2196
P O Box 7380, Johannesburg, 2000
Tel no.: (011) 783 0171
Fax no.: (011) 783 0781

If you have a complaint about the SASRIA Policy, please contact:

The Compliance Department
Tel no.: (011) 783 0171
Fax no.: (011) 783 0781
Email : Complaints@sasria.co.za

The SASRIA premium payable is reflected on your Certificate of Insurance.
The full SASRIA policy is available on request from The Hollard Insurance Company Limited