



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Deterioration of Stock Insurance
(Following Machinery Breakdown)

Proposal Form



Contents

Please note that ALL FIELDS are mandatory in respect of sections required. Incomplete fields / sections may compromise Underwriters ability to present terms, conditions and / or quotation.

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Selectors

Please select the CURRENCY and VAT selectors:

Currency Selector:	Rands	R	<input type="radio"/>	VAT Selector:	Included	<input type="radio"/>
	US Dollars	\$	<input type="radio"/>		Excluded	<input type="radio"/>
	Euros	€	<input type="radio"/>		Zero Rated	<input type="radio"/>

Broker / Agent Information

Broker Name:

FAIS No:

Branch Name:

Consort Agency Number:

Broker Contact Person:

Tel No:

Fax No:

E-mail Address:

Proposer Information

Proposer's Name:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Contact Person:

Tel No:

Fax No:

Cell No:

E-mail Address:

Proposer's VAT Number:

Proposer's Company Registration Number:

Holding Company Details:

Financial Year End:

Commencement Date of Business:

* Annual Turnover:

*** For PPR Purposes**

Equipment Information

Principal Goods at Risk:
*(Please note dairy products /
 ice-cream specifically
 excluded)*

Ownership / Responsibility of
 Goods:

Annual Turnover of Stock:

Value at Risk:

1. Maximum:

2. Average:

Seasonal Risk:

Cold-rooms / Refrigeration:

Ownership:

Number:

Capacities:

Temperature Range:

Can rooms / fridges be entered whilst still in use? Yes No

Is the condition of goods checked whilst in storage? Yes No

Turnover Period:

Contamination Risk? (ammonia): Yes No

Alternative storage
 facilities:

Responsibility for
 Condemnation:

Salvage Value:

Extensions of Cover:

Packaging Materials:

Disposal Costs:

Loss / Accidental Discharge
of Refrigerant:

Contamination of Cold
Room Chambers:

Claims Preparation Cost:

Failure of electricity supply? Yes No

If yes; Standby Generators? Yes No

Machinery:

Machinery Details		
Description	Age	New Replacement Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Machinery Maintenance:

Scheduled: Yes No

Intervals: Quartely Half Yearly Annually

Maintenance by: Manufacturer Lessor Own Staff Outside Maintenance Firm

Name:

Contact Number:

Control:

- Is the plant attended 24 hours per day? Yes No
- Are units interconnected? Yes No
- Thermostats? Yes No
- Methods of Cooling? Ammonia Nitrogen Freon 12 Freon 22 Other

Pipework:

- Inspections / X-Rays? Yes No
- Locations: In Ceiling In Walls Under Floor

Alarm System:

- Audible
- Visible
- Linked to Central Control

Response Time:

Maintenance:

Claims Experience / Details for the past 3 years			
Date of Loss	Plant	Description of Los	Gross Damage

*** Please attach a full list of occurrences**

Previous Insurance

Are you insured or ever been insured against any of the risk now proposed?

Yes No

If yes, provide details:

Company:

Policy Number:

Has any company / insurer ever:

Declined any proposal? Yes No

Refused to renew your policy? Yes No

Cancelled any policy? Yes No

Imposed special terms? Yes No

If so, please provide details:

Declaration

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

POPI Clause

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the Insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the Insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

Date:

Name of authorised signature:

* Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service

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Consort Technical Underwriting Managers (Pty) Ltd is an Authorised Financial Service Provider (FSP No 2273)

