

Application for Zurich Commercial Insurance Policy



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to Zurich Insurance Company South Africa Limited
 Registration number: 1965/006764/06 VAT number: 4530103581
 15 Marshall Street, Ferreirasdorp 2048 Johannesburg, PO Box 61489, Marshalltown 2107
 Authorised Financial Services Provider 17703

Zurich branch

Agency/broker Agency number

Cover is available for all the following classes of insurance. Please tick (✓) the classes you require insurance cover on and complete the relevant sections in the application form.

Commercial Insurance Policy

Section: Fire Business interruption Accounts receivable Money Glass
 Section: Accidental damage Office contents Theft Public liability Employers liability
 Section: Fidelity guarantee Goods in transit Business All Risks Body corporate Electronic equipment
 Section: Stated benefits Group personal accident Buildings combined Motor Motor Personal Accident
 Section: SASRIA

Period of insurance: From DDMMYEAR To DDMMYEAR

Important notes
 Please print in BLOCK LETTERS.
 1. Please answer all questions in full.
 2. Black blocks are for Zurich office use only.
 3. No policy is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.

General information

Name of proposer _____
 Postal address _____
 _____ Post code _____
 Telephone _____ Alt number/Fax _____
 Name of trade or business (Full details required) _____

 1. How long has your business been established? _____
 2. Are you currently insured, if so who is your insurer? _____
 3. Has any insurer ever (a) declined any proposal? _____
 (b) refused to renew any policy? _____
 (c) cancelled any policy? _____
 4. Have you or any member of your firm ever made a compromise with creditors or been declared insolvent? Yes No
 5. Do you keep a complete set of books showing a true and accurate record of business transacted? Yes No
 6. Give details of ALL losses or claims suffered in the last 3 years (whether insured or not)

Type of Loss (Fire, Motor, Accident, Burglary, etc.)	Year	Cost

Risk address			Code
1. Physical address		Occupation	<input type="text"/>
	Post code	Risk class	<input type="text"/>
Construction: Walls	Roof	Town class	<input type="text"/>
2. Physical address		Occupation	<input type="text"/>
	Post code	Risk class	<input type="text"/>
Construction: Walls	Roof	Town class	<input type="text"/>

Fire Risk	Buildings	Rent	No of Months	Plant & Machinery	Stock	Decl. M/Q/A	Tenants. Improv.	F&E Rate
1 R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: 1. M/Q/A above refers to stock declaration conditions on either a monthly, quarterly or annual basis.
2. If there are specified items to be covered, please note these below.

Additional Perils:	Rate	Special perils	Rate
Earthquake Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	Special perils Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
Leakage Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	Leakage sum insured R <input type="text"/>	<input type="text"/>
Malicious Damage Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>		

Specified items:	Description of items	Sum Insured	Rate
1		<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>
6		<input type="text"/>	<input type="text"/>
7		<input type="text"/>	<input type="text"/>
8		<input type="text"/>	<input type="text"/>

Main location sum insured R EML Percentage %

Extensions and clauses:	Rate	Sum insured	Escalation
Disposal of salvage Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/> %
Escalator clause Yes <input type="radio"/> No <input type="radio"/>		Conversion factor <input type="text"/>	Rate <input type="text"/>

Protections: Please tick (✓) whichever is applicable to your premises.

Fire alarm Risk 1 Risk 2 Sprinkler system Risk 1 Risk 2

Additional claims preparation costs
Sum insured Rate or Flat Premium

Business Interruption Risk	Gross Profit	Indemnity Period	Deposit Premium	Gross Profit Basis:*	Gross Rental	Revenue	Rate
1 R	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	A <input type="radio"/> D <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 R	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	A <input type="radio"/> D <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: "A" refers to Additions basis, "D" refers to Difference basis

Business interruption continued

Add incr cost of working

Yes No

Sum insured

Rate

Wages (week basis)

Number of weeks

Fines and penalties

Yes No

Sum insured

Additional claims preparation costs

Sum insured

Rate/Premium

Extensions and clauses

Specified Suppliers*

Yes No

Sum insured

Rate

Unspecified Suppliers*

Yes No

Dependency

Sum insured

Prevention of Access

Yes No

Sum insured

Customers**

Yes No

Sum insured

Public utilities

Insured perils

Yes No

Ext. cover

Yes

No

Sum insured

***Details of Suppliers/Sub Contractors**

Name	General Location	Dependency %

****Details of Customers**

Name	General Location	Dependency %

Main location sum insured

EML Percentage

Accidental Damage Extension

Cover required

Yes No

Conversion factor

Sum insured

***Note:** (Sum Insured must follow Accidental Damage Section sum insured)

Accounts receivable

Outstanding debit balances

Sum insured

Extensions and clauses

Riot and Strike Cover

Yes No

Rate

Do you retain duplicate records?

Yes No

Do you have a fire proof safe?

Yes No

Do you require transit cover?

Yes No

Main location sum insured

EML Percentage

Additional claims preparation costs

Sum insured

Rate/Premium

Buildings combined

Buildings sum insured

R

Liability Sub-section D

Specified item

Yes No

NB: See block provided below for description of items

Extensions and clauses

Prevention of Access

Yes No

Flat premium charge

R

No	Miscellaneous Items Description	Sum Insured R	Rate/Flat Premium	Excess
1			<input type="text"/>	<input type="text"/>
2			<input type="text"/>	<input type="text"/>
3			<input type="text"/>	<input type="text"/>
4			<input type="text"/>	<input type="text"/>
5			<input type="text"/>	<input type="text"/>
6			<input type="text"/>	<input type="text"/>
7			<input type="text"/>	<input type="text"/>
8			<input type="text"/>	<input type="text"/>
9			<input type="text"/>	<input type="text"/>
10			<input type="text"/>	<input type="text"/>
11			<input type="text"/>	<input type="text"/>
12			<input type="text"/>	<input type="text"/>
13			<input type="text"/>	<input type="text"/>
14			<input type="text"/>	<input type="text"/>
15			<input type="text"/>	<input type="text"/>
16			<input type="text"/>	<input type="text"/>
17			<input type="text"/>	<input type="text"/>
18			<input type="text"/>	<input type="text"/>
19			<input type="text"/>	<input type="text"/>
20			<input type="text"/>	<input type="text"/>
21			<input type="text"/>	<input type="text"/>
22			<input type="text"/>	<input type="text"/>
23			<input type="text"/>	<input type="text"/>
24			<input type="text"/>	<input type="text"/>
25			<input type="text"/>	<input type="text"/>
26			<input type="text"/>	<input type="text"/>
27			<input type="text"/>	<input type="text"/>
28			<input type="text"/>	<input type="text"/>
29			<input type="text"/>	<input type="text"/>
30			<input type="text"/>	<input type="text"/>
31			<input type="text"/>	<input type="text"/>

Additional claims preparation costs

Sum Insured R

Rate/Premium

Escalation

Sum Insured R

Escalation % %

Rate x Conversion

Main location sum insured R

EML Percentage %

Office contents continued

Specified items continued

Description	Sum insured	Rate/Flat Premium	Excess % Min
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		

Additional claims preparation costs Sum insured Rate/Premium

Theft

Risk	Sum insured	Basis of cover Full Value or First Loss	Excess	Rate
1			<input type="text"/>	<input type="text"/>
2			<input type="text"/>	<input type="text"/>

Please answer the following questions and provide full details where requested to do so:

1. What physical protections have been implemented to protect the premises and their contents from theft?

Premises 1:

Premises 2:

2. Are the premises alarmed? (1) Yes No (2) Yes No

3. If Yes, do you subscribe to an armed response or security company? (1) Yes No (2) Yes No

Name of company

4. Do you have a maintenance contract with this company? (1) Yes No (2) Yes No

5. When was the alarm installed? (1) (2)

6. Are opening and closing signals monitored? (1) Yes No (2) Yes No

Extensions and clauses

Buildings - Increased limit Premises 1 Yes No Sum insured

Premises 2 Yes No Sum insured

Specified items Yes No If Yes, please list details in section provided below.

Additional claims preparation costs Sum insured Rate/Premium

Specified items

Description	Sum insured	Rate/Flat Premium	Excess % Min
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		

Money

Risk	Major limit Sum insured	1. Seasonal increase			2. Seasonal increase		
		From	To	Sum insured	From	To	Sum insured
1	R			R			R
2	R			R			R

Extensions and clauses

Receptacles (R2 000 std. If more state sum ins) Sum insured Flat/Premium

Special limit

	Description	Limit of Indemnity	Flat Premium
1(a)	Outside business hours	<input type="text" value="R1 500"/>	<input type="text"/>
1(b)	Residence of Directors/Employees	<input type="text" value="R1 500"/>	<input type="text"/>
1(c)	Petrol attendant(s)	<input type="text"/>	<input type="text"/>
1(d)(i)	Transit - Collectors/Roundsmen	<input type="text"/>	<input type="text"/>
1(d)(ii)	Transit - Business Trip	<input type="text" value="R1 500"/>	<input type="text"/>
2(a)	Safe/Strongroom description ((a) and/or (b) as reflected below:)		<input type="text"/>
2(a)(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2(a)(ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Crossed cheques	<input type="text" value="R100 000"/>	<input type="text"/>

Specified items

	Description	Limit of Indemnity	Flat Premium
1		R	<input type="text"/>
2		R	<input type="text"/>
3		R	<input type="text"/>
4		R	<input type="text"/>
5		R	<input type="text"/>
6		R	<input type="text"/>
7		R	<input type="text"/>
8		R	<input type="text"/>
9		R	<input type="text"/>
10		R	<input type="text"/>
11		R	<input type="text"/>
12		R	<input type="text"/>
13		R	<input type="text"/>

Additional claims preparation costs

Sum insured Rate/Premium

Personal accident assault

Yes No If required, please provide the following:

Capital sum Weekly sum Medical expenses
 No of employees Premium

Glass

Premises	Sum insured	Excess	Premises	Sum insured	Excess
1	<input type="text" value="R"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>

Extensions and clauses

Special Reinstatement Yes No

Additional claims preparation costs

Sum insured Rate/Premium

Fidelity Guarantee

Basis of cover

Blanket Yes No

OR Named/Position Yes No

Details to be shown in space provided below

Extensions and clauses

Retroactive cover Yes No

Reduction/Reinstatement Yes No

Cost of recovery Yes No

If required - cost of recovery amount R

24 month discovery Yes No

36 month discovery Yes No

Superseded policy Yes No No of years

Policy number

Insurer

Sum insured R

Basis of cover - If Blanket Basis, state "All employees". If Named or Position basis, list positions of persons to be insured or name persons individually. If more space required, attach separate page.

Item	Description	No of Employees	Sum Insured	Premium	Excess
1				<input type="text"/>	<input type="text"/>
2				<input type="text"/>	<input type="text"/>
3				<input type="text"/>	<input type="text"/>
4				<input type="text"/>	<input type="text"/>
5				<input type="text"/>	<input type="text"/>
6				<input type="text"/>	<input type="text"/>
7				<input type="text"/>	<input type="text"/>
8				<input type="text"/>	<input type="text"/>
9				<input type="text"/>	<input type="text"/>
10				<input type="text"/>	<input type="text"/>
11				<input type="text"/>	<input type="text"/>
12				<input type="text"/>	<input type="text"/>

Additional claims preparation costs Sum insured R Rate/Premium

Goods in Transit

Limit of Indemnity R

Excess: % of claim Minimum R

Means of conveyance R

Goods carried

Insurer

Commodity class Risk class

Estimated annual carry R

or No of vehicles

Extensions and clauses

Restricted cover Yes No

Debris removal Yes No Debris limit R

Flat Premium R

Fire extinguishing costs Yes No Fire costs limit R

Flat Premium R

Additional claims preparation costs Sum insured R

Rate/Premium

Specified items Yes No Please list details in space provided below.

Description	Sum insured	Rate/Flat Premium	Excess % Min
	R	<input type="text"/>	<input type="text"/>
	R	<input type="text"/>	<input type="text"/>
	R	<input type="text"/>	<input type="text"/>
	R	<input type="text"/>	<input type="text"/>
	R	<input type="text"/>	<input type="text"/>

Motor

- 1. Registration number/Year of manufacture
- 2. Make and model of vehicle
- 3. Number of cylinders/cubic capacity/no of seats
- 4. Value (maximum indemnity) R

- 5. Type of cover required (tick (v) the appropriate box):
 - Comprehensive
 - Third party, fire and theft
 - Third party only

Vehicle definition (a) (b) (c)

- 6. No claim discount (proof required)
- 7. Chassis number/Engine number
- 8. Vehicle ID number (VIN Code)

Own damage excess % Minimum R

- 9. Is the vehicle used for private use? Give details. Yes No

10. What security devices are fitted?

Third party (liability) excess % Minimum R

- 11. Passenger liability required? Limit of liability? Yes No R

OR

- 12. Unauthorised passenger liability? Limit of liability? Yes No R

- 13. Windscreen cover required - for commercial vehicles Yes No Excess:
- and/or LDV's Yes No

- 14. Loss of keys (Std. R250) Is higher limit required? Yes No R

- 15. Wreckage removal Yes No R1 000

- 16. Credit shortfall required (Value must be adequate) Yes No

- 17. Accessories (e.g. car radio, etc) Yes No List items to be covered in space provided.

- 18. Is the vehicle modified in any way? Yes No Details:

- 19. Is it imported? Yes No

- 20. Do you require car hire following theft cover? Yes No (Applicable to private type cars only.)

- and/or car hire total loss? Yes No (Applicable to private type cars only.)

- 21. Is the vehicle fitted with a tracking device? Yes No Type:

Specified items (accessories e.g. car radio)

Description	Sum insured	Rate/Flat Premium	Excess % Min
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>
	R <input type="text"/>	<input type="text"/>	<input type="text"/>

NB: If cover for more than more than one vehicle required, attach separate page(s).

Motor personal accident section continued)

Basis of cover - If (i) named persons or (ii) any driver and passengers are elected, list persons to be insured in space provided below. If more space is required, attach separate page.

Details to be shown in space provided below.

Name of person	Date of birth	Benefits No of units (Refer below)	Name of person	Date of birth	Benefits No of units (Refer below)

Selected benefits (Select the amount of cover you require for each individual benefit available)

Applicable to persons over 15 and under 75 years of age

Units	Death & Permanent Total Disability (PTD)	Med Expenses
1	R250,000	R10,000
2	R500,000	R20,000
3	R750,000	R30,000
4	R1,000,000	R40,000
5	R1,250,000	R50,000
6	R1,500,000	R60,000
7	R1,750,000	R70,000
8	R2,000,000	R80,000

SASRIA

Please indicate if you require SASRIA (South African Special Risks Insurance Association) cover by completing the relevant section(s) below:

Material damage

Section	Sum insured	Rate
Fire	R	<input type="text"/>
Buildings combined/Body corporate	R	<input type="text"/>
Office contents	R	<input type="text"/>
Business All Risks	R	<input type="text"/>
Electronic equipment	R	<input type="text"/>
Glass	R	<input type="text"/>
Money	Underlying premium R	<input type="text"/>
Goods in transit		<input type="text"/>
		<input type="text"/>

Standing charges/Working Expenses

Tick (✓) whichever is applicable. Note: Full list of standing charges or working expenses are required.

Standing charges **OR** Working Expenses Liability Period
 Standing charges **OR** Working Expenses Liability Period
 Sum Ins.

List of Standing charges **OR** Uninsured working expenses _____

SASRIA continued

Motor

If the number of vehicles to be covered is 4 or less, please provide the following information:

Make and model	Registration No.	Value	Premium
		R	<input type="text"/>
		R	<input type="text"/>
		R	<input type="text"/>
		R	<input type="text"/>

If the number of vehicles to be insured is 5 or more, please provide the number of vehicles to be covered within each category:

Category	Description	No. of vehicles	Total Premium
1	Cars and Taxis seating up to 12		x R15,00 = R
2	Goods Vehicles		x R30,00 = R
3	Taxis - seating 13 to 19		x R30,00 = R

Category	Description	Total value of all vehicles	Premium	Total Premium
4	Car/vehicle ferrying companies and/or Auto carrying companies and Motor Traders	R	x 0,006%	= R
5	Buses	R	x 0,250%	= R

Consent to information sharing (this clause applies to Domestic Business only)

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

Declaration

I/We declare that all particulars and answers in this proposal and application are true and complete in every respect, and that no material fact has been suppressed or withheld. I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves, such person shall be deemed to have been my/our Agent for the purpose. I/We agree that this declaration and the details given shall be the basis of the contract between myself/ourselves and Zurich Insurance Company South Africa Limited (referred to as the Company). I/We further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay premium thereunder. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property for which insurance is proposed.

Signature of Insured

Date