

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

Proposer's Name:

ID number (if Sole Trader):

Trading Name (if different from above)

Physical Address:

Postal Code:

Practice/Trading Address/es if different from the above:

Company Reg No:

VAT No:

Date Company Established / Services Commenced: / /

As currently constituted

Date Company Established / Services Commenced: / /

As initially established:

Contact Name:

Contact number:

Email:

Website:

Company Legal Constitution: Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

THE POWER OF KNOWLEDGE

2 | INSURANCE HISTORY

1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please state:

Insurers: _____

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 For the type of Insurance now being proposed, has any Insurer ever:

i) Required an increased premium or imposed special terms?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Refused to accept or renew any insurance for the body corporate

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Cancelled the insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If any answer is Yes to any of the above 3 questions, please provide full details

3 | REQUIRED COVER

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4 | PREVIOUS LOSSES/ EXISTING CIRCUMSTANCES

1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Otherwise affect the consideration of this proposal for insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please provide details:

2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please identify details (including loss date, amount claimed and a brief description):

3 What steps have been taken to prevent a recurrence?

4 Have you ever engaged in a similar activity under a different name?

Yes	
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No	
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If YES, then please provide full information.

5 | ACTIVITIES OF PROPOSER

Please state the discipline(s) in which the Proposer is engaged

6 | NAMES AND QUALIFICATION OF DIRECTORS/PARTNERS & KEY PERSONNEL

1

Name in full	Position	Qualifications	Date Qualified

2 Are you a member of any professional organisation, or registered with any self regulating body?

Yes	
-----	--

No	
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If YES, please state:

i) Which
ii) Period of membership/ registration

3 Has membership or registration with such organisation/body ever been suspended, withdrawn, amended or declined or had any special conditions attached?

Yes	
-----	--

No	
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If YES, then please provide full information

7 | STAFF COMPLIMENT

1 Fully Qualified and Trained Paramedics

Name in full	Qualifications	Previous Experience

2 Volunteer and/or Trainee Paramedics

Name in full	Qualifications (if any)	Previous Experience (if any)

3 Qualified Nursing Staff

Name in full	Qualifications	Previous Experience

4 i) Number of ambulances in operation _____

ii) Are these ambulances all fully equipped to handle any/all emergencies?

Yes No *Please Specify:*

iii) Number of crewmembers per ambulance per category:

- Fully trained/ qualified paramedics _____
- Volunteer/ trainee paramedics _____
- Qualified nursing staff _____

iv) The minimum qualification of ambulance crewmembers: _____

v) Number of rapid response vehicles in operation: _____

vi) Number of crewmembers per vehicle per category:

- Fully trained/ qualified paramedics _____
- Volunteer/ trainee paramedics _____
- Qualified nursing staff _____

vii) The minimum qualification of rapid response vehicle crewmembers _____

viii)

Please state:	Ambulances	Rapid Response Vehicles
The approximate number of emergency calls per month		
The approximate number of routine trips to hospital, etc. per month		
The radius of operations		

ix) Number of shifts and hours worked per shift of crewmembers, per category:

Please state:	Ambulances and Rapid Response Vehicles	
	No. of Shifts	Hours per shift
Fully trained/qualified paramedics		
Trainee/volunteer paramedics		
Qualified nursing staff		

x) Is an air ambulance repatriation service maintained?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>Please state:</i>
The territories in which you expect to operate:				
The number of repatriations per annum:				

8 | FINANCIAL INFORMATION

1 When was your immediate past financial year end: _____

Please state:	Last Year	Current Year Estimate	Forthcoming financial year
Gross Revenue from Fees	R	R	R
Gross Revenue from any other source (provide brief details on a separate page)	R	R	R
Total Revenue:	R	R	R

9 | ADDITIONAL INFORMATION

1 Is there any further information that should be made known to the Underwriters in order that they may form a proper estimate of the risk? Yes No

If Yes, please attach relevant brochures or publications, copies of contract conditions or advise on a separate page.

DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

NAME	CAPACITY
SIGNATURE OF THE PROPOSER	DATE DD/MM/YYYY

BROKER DETAILS

Broker:	
Contact Person:	Tel:
Email:	Fax number: