



ZURICH®

# Application for Zurich Commercial Insurance Policy

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.

## 1 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  SASRIA

Period of insurance:

From  DD  MM  YEAR  To  DD  MM  YEAR

## 2 Important notes

Please print in BLOCK LETTERS.

- Please answer all questions in full.
- Blue blocks are for Zurich office use only.
- 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.

## 3 General information

Name of proposer

Postal address

Post code

Telephone Alt number/Fax

Nature of trade or business (full details required)

- How long has your business been established?
- Are you currently insured, if so who is your insurer?
- Has any insurer ever
  - declined any proposal?
  - refused to renew any policy?
  - cancelled any policy?
- Have you or any member of your firm ever made a compromise with creditors or been declared insolvent?
- Do you keep a complete set of books showing a true and accurate record of business transacted?
- 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

**4 Risk address**

1. Physical address

Post code

Construction: Walls  Roof

2. Physical address

Post code

Construction: Walls  Roof

Occupation

Risk class

Town class

Occupation

Risk class

Town class

Code

**5 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:**

Earthquake Yes  No  **Rate**

Leakage Yes  No  **Rate**

Malicious Damage Yes  No  **Rate**

Special perils Yes  No  **Rate**

Leakage sum insured R

**Specified items:**

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

Main location sum insured R  EML Percentage  %

**Extensions and clauses:**

Disposal of salvage Yes  No  **Rate**

Escalator clause Yes  No  Sum insured R  Escalation  %

Conversion factor  **Rate**

**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

**6 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

Please indicate sums insured required for:

Please indicate sums insured required for:

**6 Business interruption continued**

**Add incr cost of working** Yes  No

Sum insured R

Rate

**Wages** (week basis) R

Number of weeks

**Fines and penalties** Yes  No

Sum insured R

**Additional claims preparation costs** Sum insured R  Rate/Premium

**Extensions and clauses**

Specified Suppliers\* Yes  No

Sum insured R

Rate

Unspecified Suppliers\* Yes  No

Dependency %  Sum insured R

Prevention of Access Yes  No

Sum insured R

Customers\*\* Yes  No

Sum insured R

**Public utilities**

Insured perils Yes  No

Ext. cover Yes  No

Sum insured R

**\*Details of Suppliers/Sub Contractors**

Name	General Location	Dependency %

**\*\*Details of Customers**

Name	General Location	Dependency %

Main location sum insured R  EML Percentage  %

**Accidental Damage Extension**

Cover required Yes  No

Conversion factor  100% Sum insured R

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

**7 Accounts receivable**

**Outstanding debit balances** Sum insured R  Rate

**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

Yes  No

Do you require transit cover? Yes  No

Main location sum insured R  EML Percentage  %

**Additional claims preparation costs** Sum insured R  Rate/Premium  %

**8 Buildings combined**

**Buildings sum insured** R  **Liability** Sub-section D  R1 000 000

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

**Additional claims preparation costs** Sum Insured R  Rate Premium

**Escalation**

Sum Insured R  Escalation %  % Rate  x Conversion

Main location sum insured R  EML Percentage  %





**11 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 R  Rate/Premium

**12 Theft**

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

Premises 2 Yes  No  Sum insured  R

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

**Additional claims preparation costs** Sum insured R  Rate/Premium

**Specified items**

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

**13 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 R Flat/Premium

**Special limit**

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

**Specified items**

	Description	Limit of Indemnity	Flat Premium
1		R	
2		R	
3		R	
4		R	
5		R	
6		R	
7		R	
8		R	
9		R	
10		R	
11		R	
12		R	
13		R	

**Additional claims preparation costs** Sum insured R Rate/Premium

**Personal accident assault** Yes  No  If required, please provide the following:

Capital sum R Weekly sum R Medical expenses  
 No of employees Premium

**14 Glass**

Premises	Sum insured	Excess	Premises	Sum insured	Excess
1	R		2		

**Extensions and clauses**

Special Reinstatement Yes  No

**Additional claims preparation costs** Sum insured R Rate/Premium

**15 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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**Additional claims preparation costs** Sum insured R  Rate/Premium

**16 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"/>		
	R <input type="text"/>		
	R <input type="text"/>		
	R <input type="text"/>		







**22 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 (✓) 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
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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



**24 SASRIA continued**

**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

Sum Ins.  R  R

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


**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"/>	<input type="text"/>
		R <input type="text"/>	<input type="text"/>
		R <input type="text"/>	<input type="text"/>
		R <input type="text"/>	<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	<input type="text"/>	x R15,00 = R <input type="text"/>
2	Goods Vehicles	<input type="text"/>	x R30,00 = R <input type="text"/>
3	Taxis - seating 13 to 19	<input type="text"/>	x R30,00 = R <input type="text"/>
		<b>Total value of all vehicles</b>	<b>Premium</b>
4	Car/vehicle ferrying companies and/or Auto carrying companies and Motor Traders	R <input type="text"/>	x 0,006% = R <input type="text"/>
5	Buses	R <input type="text"/>	x 0,250% = R <input type="text"/>

**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.

**25 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