

# CARRIER'S CARGO QUESTIONNAIRE



Insured Trading Name			
Insured VAT Number		Company Registration Number	
Description of business			
Physical address		Postal address	
Insured's E-mail Address		Insured's Telephone number	

## Cargo / Goods / Subject matter

Description of goods to be carried:

Cargo/Goods Description and type of packing	What % does it represent of ALL goods transported by you	Average Value	Maximum Value	State most common collection and delivery points	Any special risk management applicable to these goods / any comments

## Goods vehicles used

LIST ALL VEHICLES UTILISED FOR TRANSPORTING CARGO ( add separate sheet with information if space provided is insufficient)

Registration Number	Make	Type	Year	Cargo Capacity	Structurally Fully Enclosed	Open/Tarpaulin Covered

Are registration numbers and company telephone numbers / LOGO painted on vehicle cabs and on rear doors/ roof tops?

Are immobilizers fitted? YES NO

If yes, give full details

Are alarm systems fitted? YES NO

If yes, give full details

Are two-way radios fitted? YES NO

Do drivers / Crew have cellular phones with international roaming ability?

Are Tachographs fitted? YES NO

Is a satellite tracking and recovery system in use? If so, give details (for each vehicle if not common to all vehicles)

If sub-contracting is done, are the same risk management as stated above in place / demanded in respect of sub-contractor's vehicles YES NO

## Gross haulage fee income per annum

Please advise gross haulage fees

Actual Annual Gross Haulage Fee (Gross Revenue) for Current Year R

Actual Annual Gross Haulage Fee for Previous Year 1 R

Actual Annual Gross Haulage Fee for Previous Year 2 R

Actual Annual Gross Haulage Fee for Previous Year 3	R
What are your estimates for the next 12 months?	R
Gross Haulage Fee from own vehicles	R
Gross Haulage Fee from sub-contractors	R
Fixed costs	R
Running costs	R

*Annual Carry / Cargo Values - How is value determined?*

Actual Annual Cargo Value for Current Year	R
Actual Annual Cargo Value for Previous Year 1	R
Actual Annual Cargo Value for Previous Year 2	R
Actual Annual Cargo Value for Previous Year 3	R
Estimated Annual Carry for next 12 months	R

**Insurances required**

***As cargo transported by you does not belong to you, you are a 3rd party carrier / bailee who CANNOT ARRANGE insurance on behalf of the actual cargo owner UNLESS you are a registered FSB Representative. See FSB information letter dated 22.07.2011 and 18.05.2012 respectively.***

Are you a register FSP Service Provider / registered FSP Representative? If yes, please provide full details of the License and/or Representative	YES	NO
If above answer is YES, Do you require insurance on behalf of clients who specifically request insurance?	YES	NO

If yes, please provide names of existing clients

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Do you obtain values for insurance from clients in writing for each consignment?	YES	NO
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What documentation is used to prove the request for insurance and value for insurance?

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When values are not advised in writing for each consignment, do you have standing instructions from certain clients to insure all consignments?	YES	NO
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If you are not a FSP service provide, then the insurance cover will be in terms of a "Carrier's Cargo Liability" for the cargo whilst in the carrier's care custody and control in transit

Please provide a list of all regular clients (if any) for whom you transport:

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*What claims deductibles / excesses are required for:*

Hi-jacking/Armed Robbery/Theft of Entire Load	R
Other claims	R
Do you transport <b>ALL</b> loads in terms of your Standard Trading Conditions or are there any separate transport contracts ?	YES      NO

*If yes, please attach a copy of your **Standard Trading Conditions** and a copy of your **Waybill/Consignment Note** as well as any **contracts***

Do you sub-contract?	YES      NO
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If yes, please name the Sub-Contractors. (Please include extras on separate sheet if applicable)

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Average number of loads carried per month?			
Average number carried by own trucks?		Average number carried by sub-contractors?	
Do you accept sub-contracts?	YES	NO	
If yes, do you ensure that you sub-contract only in terms of your own Standard Trading Conditions	YES	NO	
Do you ensure that Carriers Cargo Liability insurance is held by the Principal Carrier	YES	NO	
For a Limit of Indemnity not less than that under your own insurance	YES	NO	
Which includes you as a sub-contractor	YES	NO	
Which does not exclude the type of goods and journey sub-contracted to you	YES	NO	
What Limit of Indemnity for your Liability is required for any one claim or occurrence?	R		
For any one period of insurance	R		

*What claims deductibles / excesses are required iro the liability sections?*

Hi-jacking/Armed Robbery/Theft of Entire Load	R
Other claims	R

## Driver / Crew details

How many drivers are employed?		How many crew are employed?	
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What pre-employment investigations are carried out for drivers, crews, dispatch clerks and all staff with access to orders and deliveries?

How many people are in the cab for each transit

What training programs exist for drivers?

How regularly are drivers sent on training programs?

What is your Company's practice regarding prevention of hijacking?

What other emergency procedures are in place and are they rehearsed at regular intervals?

If sub-contracting is done, are the same risk management in respect of drivers / crew demanded from the sub-contractors

## Routing / Journeys/ Geographical Limits

Geographical limits required?

If cross border, state % of loads which are transported across RSA borders

Under what circumstances are the South African Police contacted prior to deliveries to establish safe conditions?

Are delivery times set for day-time business hours?	YES	NO
Are crews rotated without warning?	YES	NO
Are supervisors appointed to ride with crews without warning?	YES	NO
On long trips are drivers changed at irregular intervals?	YES	NO
Are routes and schedules distributed to crews at the last minute?	YES	NO
What instructions are in place for truck and driver at overnight stops?	YES	NO

Are escort vehicle services utilised? YES NO

If so give details

What instructions are in force regarding unscheduled stops?

Are routes regularly varied?	YES	NO
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**Previous losses / Claims experience**

List details of all losses/damages to cargo over the last five (5) years, whether or not covered by an insurance policy, and include full details of any hi-jackings/armed robberies (add separate list if space provided is not sufficient)

Date of Loss	Cause of loss details & details of type of Cargo	Gross amount of Claim

**Current Insurer**

Name of current Insurer		Current policy Number	
Did the current Insurer or any other previous Insurer ever given notice of cancellation?			

If yes, please provide full details of the reason for cancellation

**Material Facts / Additional Comments**

State / Give full details of any material fact / information which might influence the Insurer's decision regarding acceptance of the risk and/or the terms to be offered for the insurance

**Declaration**

Has any Insurer ever: (if yes to any of the questions below, please provide / attach full details)

Declined to insure you	Yes	No	
Canceled your insurance	Yes	No	
Refused to renew your insurance	Yes	No	
Imposed special terms	Yes	No	

I/We declare that the information and answers given in this form are true to the best of our knowledge and that I/ we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Full name	
Position / designation	
Signature of above authorised representative and company rubber stamp	
Date	