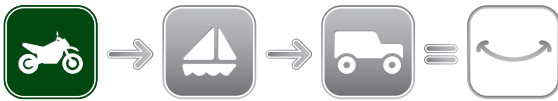




Underwritten by Hollard Insurance Company Limited
Cross Country is an Authorized Financial Services Provider 39547
Registration number: CK 2008/013847/07 | VAT Number: 4020252203
Cross Country Insurance Consultants (Pty) Ltd



Take us with you

Proposal Form

You should not sign this form, unless you have confirmed the accuracy of all information supplied on the proposal form.

AGENT NAME OR BROKER: \_\_\_\_\_

BROKER REPRESENTATIVE OR KEY INDIVIDUAL: \_\_\_\_\_ Policy Fee: \_\_\_\_\_

INCEPTION DATE OF INSURANCE: \_\_\_\_\_

THE INSURED

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_ Insured's ID No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

Tel. No. (H): \_\_\_\_\_ Tel. No. (W): \_\_\_\_\_ Cell No: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If the motorcycle is registered in a Company name, please complete the following:

Company Name: \_\_\_\_\_ Company Registration No: \_\_\_\_\_

BANK DETAILS

Account Holder: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account Type: (tick whichever applicable) - NO CREDIT CARDS

CHEQUE

TRANSMISSION

SAVINGS

Account Holders Signature: \_\_\_\_\_

I hereby authorize the Insurers to draw against the above account (or any other institution to which I may transfer my account) the amount necessary for the payment of the monthly premiums and adjustments due to Hollard Insurance Company Limited in respect of the Insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution, the policy will be cancelled and of no effect from midnight on the last day of that month for which Hollard Insurance Company Limited has received premium (subject to the period of grace the Insurers wish to offer).

GENERAL

Do you have or had any Judgements against you?  Yes  No

If yes, please specify full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insured to disclose details of all previous losses in the past 5 years: \_\_\_\_\_

\_\_\_\_\_

Insured to disclose details of all previous claims in the past 5 years: \_\_\_\_\_

ALL RISK ITEMS TO BE INSURED (IF ANY)

Description: 1) \_\_\_\_\_ Sum insured \_\_\_\_\_

2) \_\_\_\_\_ Sum insured \_\_\_\_\_

3) \_\_\_\_\_ Sum insured \_\_\_\_\_

4) \_\_\_\_\_ Sum insured \_\_\_\_\_

5) \_\_\_\_\_ Sum insured \_\_\_\_\_

**DETAILS OF THE MOTORCYCLES TO BE INSURED**

	<b>Motorcycle 1</b>	<b>Motorcycle 2</b>
Make and Model	_____	_____
Type of Motorcycle (Off Road, Dual Purpose or Quad)	_____	_____
Year of Manufacture	_____	_____
Retail Value	_____	_____
Financial Institution and Account Number	_____	_____
Vin Number	_____	_____
Engine Number	_____	_____
Is the Motorcycle registered as	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used
Details of Modifications and/or Accessories (if any, please attach separate list with retail values)	_____	_____
Usual Overnight Address	_____	_____
Overnight Parking	<input type="checkbox"/> Locked Garage <input type="checkbox"/> Carport Other _____	<input type="checkbox"/> Locked Garage <input type="checkbox"/> Carport Other _____
Principal Driver	_____	_____
Principal Driver ID Number	_____	_____
Principal Driver Date of Birth	_____	_____
Has the Principle Driver had a drivers licence for 2 years or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Offroad Dirtbike utilized for racing purposes ?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how often? _____	
Have you incurred any claims/losses whilst utilizing any offroad dirtbike for racing purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give full details _____		
Is the Motorcycle fitted with a tracking device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

All Motorcycles must be NATIS registered, otherwise cover cannot be granted. A copy of the NATIS document must be submitted within 30 days of inception of cover.

A tracking device is compulsory in Quad bikes with retail values of R40 000 and above, and Dual Purpose bikes with retail values of R80 000 and above. The tracking device must be installed within 14 days of inception of cover and a copy of the certificate submitted to Us, failing which, NO theft cover will prevail until such proof is received

**DETAILS OF TRAILER TO BE INSURED (IF ANY)**

Year: \_\_\_\_\_ Make and Model: \_\_\_\_\_

Registration No: \_\_\_\_\_ VIN No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Where is the trailer kept when not in use? \_\_\_\_\_

**WARRANTY**

I hereby warrant that the above particulars and statements are true, correct and complete and contain all information known to me affecting the risks to be insured and that this and any other statement made by Me or on my behalf for the purpose of the proposed Insurance shall be the basis of and incorporated in the contract between Me and Hollard Insurance Company Limited and shall be promissory. Should there be any material changes in the above risk, We are to be notified immediately.

I hereby declare that the Vehicle to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance and continuance thereof. I further agree to accept the Insurance on the terms and conditions set forth in the Policy.

I hereby consent that an enquiry can be done at inception of the policy or within the duration of the policy, with any registered credit bureau on my credit and insurance profile in order to assess and underwrite the risk fairly.

Insured Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

