



## TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

**Marine Insurance Specialists**

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

### MARINE CONSEQUENTIAL LOSS / PROJECT DELAY PROPOSAL FORM ANNUAL POLICY

| SECTION A: INSURED'S DETAILS  |     |  |    |  |
|---|-----|--|----|--|
| NAME/S OF ASSURED/S TO APPEAR ON POLICY:  |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| NAME/S OF MAIN CONTRACTORS:   |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| NAME/S OF SUPPLIERS AND COUNTRY/IES FROM WHICH THE PLANT/MATERIALS WILL ORIGINATE:                            |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| SITUATION OF PROPOSED/EXISTING FACTORY:   |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| NATURE OF THE PROPOSED/NEW EXTENSION TO EXISTING PROJECT:   |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| SECTION B: RISK DETAILS   |     |  |    |  |
| Is cover required in respect of:  |     |  |    |  |
| (a) New imported machinery/plant  | YES |  | NO |  |
| (b) Secondhand imported machinery/plant   | YES |  | NO |  |
| (c) New locally purchased machinery/plant   | YES |  | NO |  |
| (d) Secondhand locally purchased machinery/plant  | YES |  | NO |  |
| Q. Will development be carried out in more than one phase? If so, give details of phases to full development: |     |  |    |  |
| A.  |     |  |    |  |
| Q. Please give target date(s) for commencement of commercial production (by phases if relevant):              |     |  |    |  |
| A.  |     |  |    |  |
| Q. Which phase(s) does this proposed insurance cover?   |     |  |    |  |
|   |     |  |    |  |



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### SECTION B: RISK DETAILS CONTINUED

#### DETAILS OF PLANT AND MACHINERY

Q. Please attach or give a full inventory of major/key items to be imported/purchased including FOB value of each item:

A.

Q. Please confirm the terms of Purchase (FOB, CIF, etc.):

A.

Q. What is the commencement date of manufacture? (if custom built)

A.

Q. What is the completion date of manufacture? (if custom built)

A.

Q. Please provide details of packing and by whom:

A.

Q. Is machinery or any part particularly susceptible to damage?

A.

Q. Could repairs be carried out locally?

A.

Q. If overseas repairs necessary give maximum time to repair:

A.

Q. Are replacement parts readily available? If not, indicate approximate lead times:

A.

Q. If total loss, state maximum time for replacement:

A.



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### SECTION B: RISK DETAILS CONTINUED

#### DETAILS OF PLANT AND MACHINERY

Q. If replacement not available, state percentage effect on total forecast production of each key item:

A.

Q. Is any standby plant available?

A.

Q. Please provide any other relevant data:

A.

#### SHIPPING PROGRAM

Q. What are the anticipated dispatch dates from Factory/Suppliers?

A.

Q. What method of transit will be used between factory/ies and embarkation port/s?

A.

Q. Please confirm embarkation port/s:

A.

Q. Will Conference or non-conference vessels be used? (Please confirm approximate proportion of each):

A.

Q. Please confirm the anticipated sailing date/s:

First:

Last:

Q. Please stipulate the port of arrival:

A.

Q. Will the machinery/goods be in intermediate storage and if so for what period?

A.

Q. What method of transit will be used from arrival port to factory site?

A.



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### SECTION B: RISK DETAILS CONTINUED

#### SHIPPING PROGRAM

Q. Please confirm the anticipated date/s of arrival at factory:

First:

Last:

Q. Will there be immediate survey on arrival?

A.

Q. Location of storage upon arrival (covered or open):

A.

Q. Maximum period of storage:

A.

#### DETAIL OF RAW MATERIALS ETC.

Q. Please give details of raw materials etc., in respect of which cover is required:

A.

#### DETAILS OF MATERIAL DAMAGE INSURANCES

Q. Project delay will normally only be available in tandem with material damage cover. Please give details of Marine cover arranged/to be arranged and with whom:

A.

#### DETAILS OF ADVANCE PROFITS COVER REQUIRED

Q. Please confirm indemnity period required (e.g. 6, 12 or 18 months):

A.

Q. What are your estimated Gross Profit i.e. net profit plus standing charges during indemnity period? (Give details):

A.

Q. What will be your increased Cost of Working?

A.

Q. Please confirm accruing interest following production delays:

A.



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### SECTION B: RISK DETAILS CONTINUED

#### DETAILS OF ADVANCE PROFITS COVER REQUIRED

Q. What are the penalties following production delays?

A.

Q. Auditors Fees:

A.

Q. What is the total sum insured or daily indemnity required?

A.

Q. What are the perils to be insured? (e.g. All Risks, restriction):

A.

Q. What would an acceptable Time Excess be? (Normally 30 days but can be increased for premium advantage):

A.

Q. Please provide any other information material to the insurance being applied for (If none, please state "No other material information"):

A.

### SECTION C: DECLARATION AND CONSENT

#### DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that 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 insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

#### GENERAL POPI CONSENT CLAUSE

By providing the information on your proposal/ request for insurance, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a quote be issued and accepted following the completion of this proposal form,

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE:

DATE:

Thank you for taking the time to complete this proposal form.