

TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

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

Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: info@trimarine.co.za



STEVEDORES LEGAL LIABILITY PROPOSAL FORM - ANNUAL POLICY

SECTION A: INSURED'S DETAILS	
COMPANY/CLIENT NAME:	
COMPANY VAT NUMBER:	
COMPANY REGISTRATION NUMBER:	
REGISTERED ADDRESS:	
LOCATION(S):	
INSURANCE BROKER:	
SECTION B: RISK DETAILS	
Do you operate in your own yard? If not, please provide details of who owns the yard:	
Please specify the types of vessels using the facility(ies):	
Please provide an estimated number of vessels per annum:	
Please confirm the average size of vessels: (Typical examples would assist)	
Please confirm the types of cargo loaded and unloaded:	
Please advise the annual tonnage handled split between:	
(a)	General Cargo:
(b)	Bulk Cargo:
(c)	Specialised cargo (please specify):
What are your methods of handling bulk cargo? (If any)	
Do you own your own cranes/equipment? If not please advise who the owners are:	
Please provide the experience of the key personnel:	
What limit of Liability is required?	
What deductible is required?	
What are the gross receipts derived from Stevedoring Operations?	

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What is the gross payroll of Stevedores?	
Is bodily injury to Third Parties required?	
Please confirm the attachment date for insurance:	
SECTION C: CLAIMS HISTORY	
Have you had insurance before, and if so, have you had any claims? (Require 5 years' claims experience please)	
Has any insurer previously refused, cancelled or imposed special terms? If YES, please provide details:	
SECTION D: DECLARATION AND CONSENT	
DECLARATION	
<p>I/We declare that the information and answers given in this form are true to the best of my/our knowledge and belief and that I/We have not mis-stated or suppressed any material facts that might influence the assessment of the risk. I/We also understand that the completion of this form does not bind insurers or mean I/We will accept this insurance but, if terms are agreed, it will form part of the contract.</p>	
GENERAL POPI CONSENT CLAUSE	
<p>By submitting this proposal, I/We consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.</p>	
<p>I/We consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.</p>	
<p>I/We understand that I/We may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.</p>	
<p>Where direct marketing is applicable, I/We understand it will only be sent if I/We provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.</p>	
NAME OF SIGNATORY:	
SIGNATURE:	DATE:

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