

AGRICULTURE GOODS IN TRANSIT – DECLARATION

Insured _____

Policy no./Broker ref. no. _____

(a) Total value of property conveyed during past period _____ to _____

	Own	Customer
(i) Rail	R _____	R _____
(ii) Air	R _____	R _____
(iii) Own vehicles	R _____	R _____
(iv) Road transport contractors	R _____	R _____

(b) Estimated value of property to be conveyed during next year _____ to _____

(i) Rail	R _____	R _____
(ii) Air	R _____	R _____
(iii) Own vehicles	R _____	R _____
(iv) Road transport contractors	R _____	R _____

(c) Maximum value of any one load of own property _____ to _____

(i) Rail transport	R _____	R _____
(ii) Air transport	R _____	R _____
(iii) Own vehicles	R _____	R _____
(iv) Road transport contractors	R _____	R _____

(d) Total value of inter-branch transfers over period _____ to _____

Period transported	R _____	R _____
Estimate period to be transported	R _____	R _____

(e) Total value of samples taken to clients _____

Frequency of samples taken to clients	_____	_____
Number of representatives transporting samples	_____	_____

PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

I/We declare that to the best of my/our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

Signature
Insured/Duly authorised person

Date