



Transport Contractors Questionnaire / Proposal Form

General Information

1. Present Insurer's Details (if not OMSIC)

Insurance Company	
Policy Number	
Renewal Date	

2. Has OMSIC or any other Insurance Company ever declined your request for insurance, cancelled a policy or section of a policy of yours, imposed any special conditions or restrictions, or declined to renew any insurance policy of yours? **Yes / No**

If "Yes", please provide details in the space below:

3. Claims / loss experience in the past 3 years:

Date of Loss	Type of Vehicle (e.g. LDV, Truck &c)	Details of the claim / loss	Gross value of the claim / loss	First amount payable applied

Information regarding the business

4. How long have you been in the business of transport contracting?

5. What percentage of your annual income is derived from transporting goods and products for third parties?

6. Description of goods / produce carried:

Description of goods	% of the goods carried	Is it your own produce? (Yes / No)
Frozen foods (e.g. fish or meat), milk products &c		
Foodstuff		
Fresh produce (e.g. fruit or vegetables)		
Liquor, tobacco &c		
Explosives, arms or ammunition		
Hazardous chemicals (e.g. fuel, thinners, acid, &c)		
Non-hazardous chemicals (please specify below)		
Gas or gas products		
Fertiliser		
Building materials		
Sand, stone, bricks, coal, iron ore, &c		
Scrap metal		
Steel products		
Spare parts		
Heavy equipment		
Electrical appliances		
Furniture (retail)		
Household goods & personal effects in transit		
Livestock, pedigreed animals, &c		
Agricultural implements		
Other (please specify below)		

Additional details of goods carried:

7. What is the maximum value of any one load?

8. What is the estimated value of all goods carried per annum?

9. Have you ever been fined or convicted for overloading or unbalanced loading of your vehicles?

10. Please give details of the operational area of your business:

Operation	% of total kilometres travelled	Description of areas, routes and vehicles travelling in these areas / distances
Short distance (up to 250 km)		
Moderate distance (up to 500 km)		
Long distance (in excess of 500 km)		

11. Do your operations take your vehicles outside of Namibia?

Yes / No

If “**Yes**”, please provide details of countries, routes taken, description of goods and frequency of trips:

Information about Drivers

12. Travel times

12.1. Do drivers travel between 22h00 and 05h00?

Yes / No

If “**No**”, which night time hours are drivers prohibited from driving?

- 12.2. If drivers do not stop, please provide details of precautions taken (e.g. co-drivers):

- 12.3. If drivers do stop, please provide details of rest- and stopping areas:

13. Drivers

- 13.1. How many drivers does your business employ?

- 13.2. Please describe the selection process when employing new drivers:

- 13.3. Do potential new and existing drivers go for periodic full medical examinations to ensure that they are fit and healthy to drive? Should include eye-, hearing- and blood tests (e.g. hypertension & diabetes).

- 13.4. How many drivers have less than 2 years' experience?

- 13.5. If any drivers have less than 2 years' experience, how is their experience managed?

- 13.6. Do you have training programmes to maintain and improve drivers' experience?

Yes / No

If "Yes", please describe:

- 13.7. Do you have an incentive programme which rewards a good driving record and penalises poor or careless driving?

Yes / No

If "Yes", please describe:

13.8. Are drivers assigned to one vehicle only or are they qualified to drive multiple types of vehicles?

13.9. Are co-drivers assigned on long distances?

Yes / No

14. Drivers' Licences

14.1. Do all drivers have Namibian driver's licences?

Yes / No

14.2. Is there a system in place to ensure that drivers' licenses remain current and for drivers to inform you of endorsements, suspensions or cancellations or if charged or convicted of negligent or reckless driving?

Yes / No

14.3. Do all drivers have professional driving permits and is there a system in place to ensure their timely renewal?

Yes / No

Information about the motor vehicles

15. Size of the fleet for the last 3 years

Year	Number of Vehicles	Fleet value in NAD

16. Fleet management systems

16.1. Are your vehicles fitted with a fleet management system which has the ability to monitor performance, handling &c whilst the vehicle is in transit? **Yes / No**
If "Yes", please describe:

16.2. If the answer to **16.1.** was "Yes", how is data checked and monitored, and does the data form part of your incentive structure? (**13.7.** above):

17. Stolen vehicle recovery solutions:

- 17.1. Are your vehicles fitted with tracking and recovery devices?
If "Yes", please provide the following details:

Yes / No

Details of vehicle	Registration number	Service provider for tracking & recovery device	Is this a self-activating (early warning) system?

Declaration

I confirm that the particulars in this questionnaire / proposal form are true and complete and that I have not withheld any material information, nor am I aware (after due enquiry) of any incidents that could lead to a claim other than those listed in 3. above.

Date: _____ **Authorised Signatory:** _____

Designation: _____