

CONFIRMATION OF CONTRACTOR GOODS IN TRANSIT INSURANCE COVER

Please have the following completed, stamped and signed by your Insurers/Insurance Brokers:

INSURED COMPANY: _____

TRADING AS: _____

INSURED COMPANY REGISTRATION NUMBER: _____

INSURANCE COMPANY (UNDERWRITERS): _____

POLICY NUMBER: _____

RENEWAL DATE: _____

BASIS OF COVER: (Tick the applicable option/s)

- All Risk (if not tick the applicable below)
- Fire
- Theft
- Collision and overturning
- Theft as a result of
- Highjack
- Water damage
- Carriers Liability

LIMIT ANY ONE CARRY: _____

LIABILITY LIMIT (if in force): _____

TERRITORIAL LIMITS: _____

EXCESSES: _____

We hereby confirm that cover is currently in force on the basis set out above and have noted the Interests of Afgri Logistics and the Sizanani.com clients in the policy. In the event of cancellation or cessation of cover under the above policy for any reason whatsoever or any material amendment in the policy we agree to advise Sizanani as soon as we become aware of it on the following contact numbers:

Contact Person: Christo Rothmann
 Telephone Number: (011) 450 2578
 Fax Number: (011) 455 3198

Note: This original document must be delivered to the following address within 7 days from the date the fax is sent, only then can the contractor policy termination date be reset for 4 months.

Delivery / Postal Address:

**PO Box 2693
 Bedfordview
 2008**

BROKERS	COMPLETE THIS INFO
Broker name	
Contact person	
Tel No	
Fax No	
Email	

DATE

Stamped and signed on behalf of Insurance Company

(Name in print)