



# CLAIMS SERVICE PROVIDER APPLICATION FORM

Selection of service providers onto Envirosure Underwriting Managers (Pty) Ltd's panel of approved suppliers shall be solely at the discretion of Envirosure Underwriting Managers (Pty) Ltd ("Envirosure"). Successful applicants will be required to enter into a service level agreement with Envirosure. At no point shall Envirosure be under any obligation to make use of the services of any applicant, even if they are selected onto the panel of approved suppliers. Envirosure shall have the sole right to remove any supplier from the panel with immediate effect, with or without notice.

|   |                             |            |
|---|-----------------------------|------------|
| Kindly complete and submit with all supporting documents attached to Envirosure's Procurement Department:<br>procurement@envirosure.co.za |                             |            |
| <i>For Office Use Only</i>  | <b>Service Provider No.</b> | <b>ENV</b> |

## A. COMPANY DETAILS

|                                  |  |  |                    |  |                     |  |  |  |
|----------------------------------|--|--|--------------------|--|---------------------|--|--|--|
| <b>Registered Company Name</b>   |  |  |                    |  |                     |  |  |  |
| <b>Trading Name:</b>             |  |  |                    |  |                     |  |  |  |
| <b>Company Reg Number:</b>       |  |  | <b>VAT Number:</b> |  |                     |  |  |  |
| <b>Postal Address:</b>           |  |  |                    |  |                     |  |  |  |
| <b>Area:</b>                     |  |  |                    |  | <b>City:</b>        |  |  |  |
|                                  |  |  |                    |  | <b>Postal Code:</b> |  |  |  |
| <b>Physical Trading Address:</b> |  |  |                    |  |                     |  |  |  |
| <b>Area:</b>                     |  |  |                    |  | <b>City:</b>        |  |  |  |
|                                  |  |  |                    |  | <b>Postal Code:</b> |  |  |  |

## B. CONTACT DETAILS

|   |  |  |                       |  |  |  |  |
|---|--|--|-----------------------|--|--|--|--|
| <b>Holding Company Name:<br/><i>If applicable</i></b> |  |  |                       |  |  |  |  |
| <b>Holding Company Reg Number:</b>                    |  |  |                       |  |  |  |  |
| <b>Holding Company Contact Number:</b>                |  |  |                       |  |  |  |  |
| <b>Main Office Contact Person (Full Name):</b>        |  |  |                       |  |  |  |  |
| <b>Office Tel Number:</b>                             |  |  | <b>Email Address:</b> |  |  |  |  |
| <b>Payments Contact Person (Full Name):</b>           |  |  |                       |  |  |  |  |
| <b>Office Tel Number:</b>                             |  |  | <b>Email Address:</b> |  |  |  |  |

## C. BANKING DETAILS

|                        |  |                |  |  |  |                     |  |  |  |
|------------------------|--|----------------|--|--|--|---------------------|--|--|--|
| <b>Name of Bank:</b>   |  |                |  |  |  |                     |  |  |  |
| <b>Branch Number:</b>  |  |                |  |  |  |                     |  |  |  |
| <b>Account Name:</b>   |  |                |  |  |  |                     |  |  |  |
| <b>Account Number:</b> |  |                |  |  |  |                     |  |  |  |
| <b>Account Type:</b>   |  | <b>Current</b> |  |  |  | <b>Savings</b>      |  |  |  |
|                        |  |                |  |  |  | <b>Transmission</b> |  |  |  |

## D. BEE INFORMATION

|  |  |  |  |            |                                |           |  |  |
|--|--|--|--|------------|--------------------------------|-----------|--|--|
| <b>EME (Exempted Micro Enterprise with a turnover less than R10 million per annum)</b>         |  |  |  | <b>Yes</b> |                                | <b>No</b> |  |  |
| <b>QSE (Qualifying Small Enterprise with a turnover between R10 and R50 million per annum)</b> |  |  |  | <b>Yes</b> |                                | <b>No</b> |  |  |
| <b>Generic (Enterprise with a turnover of over R50 million per annum)</b>                      |  |  |  | <b>Yes</b> |                                | <b>No</b> |  |  |
| <b>Black Ownership:</b>  |  |  |  | %          | <b>Female Black Ownership:</b> |           |  |  |
|  |  |  |  | %          |                                |           |  |  |

## E. STAFF INFORMATION

|                                   |  |                                     |  |
|-----------------------------------|--|-------------------------------------|--|
| No. of Permanently Employed Staff |  | No. of Emergency Response Staff     |  |
| No. of Qualified Staff            |  | No. of Accredited SAESI Technicians |  |

## F. NOMINATED SUB-CONTRACTORS

Please list all nominated sub-contractors:

|  |
|--|
|  |
|  |
|  |
|  |

*All nominated sub-contractors are to complete the application form. Only approved nominated sub-contractors will be authorised by EnviroSure.*

## G. RESPONSE DETAILS

Please select the areas that you have a response presence in:

|                                      | Owned | Yes | No | Subcontracted        | Yes | No |
|--------------------------------------|-------|-----|----|----------------------|-----|----|
| Eastern Cape                         | Owned | Yes | No | Subcontracted        | Yes | No |
| Free State                           | Owned | Yes | No | Subcontracted        | Yes | No |
| Gauteng                              | Owned | Yes | No | Subcontracted        | Yes | No |
| KwaZulu Natal                        | Owned | Yes | No | Subcontracted        | Yes | No |
| Limpopo                              | Owned | Yes | No | Subcontracted        | Yes | No |
| Mpumalanga                           | Owned | Yes | No | Subcontracted        | Yes | No |
| Northern Cape                        | Owned | Yes | No | Subcontracted        | Yes | No |
| North West                           | Owned | Yes | No | Subcontracted        | Yes | No |
| Western Cape                         | Owned | Yes | No | Subcontracted        | Yes | No |
| No. of Response Vehicles in Fleet    | Owned |     |    | Rented/Subcontracted |     |    |
| Location of Vehicles when not in use |       |     |    |                      |     |    |

## H. OTHER

|  |     |  |    |  |
|--|-----|--|----|--|
| Have you previously ever been removed from an Insurance Company panel? | Yes |  | No |  |
| If yes, please elaborate:  |     |  |    |  |
|  |     |  |    |  |
|  |     |  |    |  |

## I. REQUIRED SUPPORTING DOCUMENTS

|  |   |
|--|---|
| VAT 103 Registration Certificate   | Tax Clearance Certificate                                 |
| Cancelled Cheque / Bank Account Confirmation letter<br><i>Not older than 3 months</i>  | COID Letter of Good Standing                              |
| Copy of CIPRO / CIPC document  | Certified Copies of Directors I.D.                        |
| B-BBEE Certificate or EME/QSE Affidavit  | OHSAS 18001 Certificate                                   |
| ISO 9001 Certificate   | ISO 14001 Certificate                                     |
| Geographical coverage  | National Footprint: Contact Details for Each Owned Branch |
| A Minimum of 3 References from Insurance Companies                                     |   |
| Confirmation of Professional Indemnity Insurance Cover – Please specify amount         |   |
| Confirmation of Pollution Insurance Cover – Please specify amount                      |   |
| Memberships with relevant associations within your service industry                    |   |
| Company Overview for all applicants not associated to the emergency response providers |   |

## J. DECLARATION & AUTHORISED SIGNATURE

I/We hereby declare that all statements made herein are true and correct and that there are no other material facts that should be disclosed and provide consent to EnviroSure to conduct any background checks, which may include Credit History and Criminal Records

|                           |  |                    |  |           |  |
|---------------------------|--|--------------------|--|-----------|--|
| <b>Signed on this day</b> |  | <b>Day of</b>      |  | <b>20</b> |  |
| <b>Name</b>               |  | <b>Designation</b> |  |           |  |
| <b>Signature</b>          |  |                    |  |           |  |