

## CONTRACTORS ALL RISK & PUBLIC LIABILITY

### PROPOSAL FORM

#### IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

#### A. BROKER'S DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-Mail	

#### B. INSURED'S DETAILS

Name of the Company	
Trading Name	
Registration Number	
VAT Number	
Physical Address	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

**C. EMPLOYER / PRINCIPAL DETAILS**

Name	
Contact Person	
Telephone Number	
E-Mail	

**COMPLETE EITHER SECTION "D" OR "E + F"**

**D. ANNUAL POLICY**

Estimated Annual Turnover	R
<b>Note:</b> The Turnover Figure must include the total costs of Materials, Labour, Free Issue Materials and any other Contractual Income + VAT	
Description of type of Contracts	
Maximum Contract Value	R
Areas where Contracts will occur	
What work will be done by Sub-Contractors	
<b>Property under Custody Control / Surrounding Property (not being part of the Contract Works):</b>	
Limit of Indemnity Required	R
Inception Date of Policy	
Renewal Date	
Maintenance Period Required	
SASRIA	Yes <input type="checkbox"/> No <input type="checkbox"/>

**E. ONE-OFF / SPECIFIC CONTRACT**

Full Description of Contract:
What work will be done by Sub-Contractors:

Site Location:			
Security Precautions – Provide Details:			
Contract Period From:		Contract Period To:	
Maintenance Period Required			
Surrounding Property / Property under Custody & Control Limit of Liability Required:			
SASRIA	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## F. CONTRACTORS PUBLIC LIABILITY

Limit of Liability Required	R
Use of Explosives	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details and advise of any third-party property and/or persons nearby:	
Site Security	
Adequately Fenced off	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment on Density of pedestrian & vehicle traffic in immediate vicinity of the site, e.g. Shopping Mall	
Removal of Support (Lateral Support) (if required please refer to engineering department for separate quote):	

## G. PREVIOUS INSURANCE

Name of insurer	
Have you had any claims in the last 3 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Provide Details	


## H. GENERAL COMMENTS

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## DECLARATION

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I declare that, to the best of my knowledge, the statements set forth herein are true. It is agreed that this form shall be the basis of the Contract should a Policy be issued.	
Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	