

QUESTIONNAIRE FOR CONTRACTORS' ALL RISKS INSURANCE: ANNUAL POLICY

IMPORTANT INFORMATION:

- All Values to be Inclusive of 15% VAT unless stated otherwise.
- Please fill the form in BLOCK LETTERS
- Please answer all the questions completely. If a particular question is not applicable to the Insured please mark that question as not applicable "N/A".
- Please attach extra sheets wherever the space is insufficient to provide the required underwriting information.
- Kindly contact the Broker for any doubts or clarifications on the proposal form.
- If the Insured conducts work/projects outside of the Republic of South Africa, please advise Mirabilis as a separate policy may need to be issued to comply with the in-country legislation.

NOTE: The insurance does not commence until Mirabilis has confirmed as such in writing.

THE INSURED INTERESTS

Is the Insured the Contractor Sub-Contractor Principal

POLICYHOLDER PROTECTION RULES

Is the Insured (the policyholder) a natural person or legal entity (CC or (Pty) Ltd)

If the Insured is a legal entity, is the turnover equal to or less than ZAR 2,000,000 (VAT Excl.) Yes No

1. BROKER DETAILS

1.1 Name of Broker Company _____
 1.2 Mirabilis Agency Code _____ FAIS no: _____
 1.3 Contact Person _____
 1.4 Contact Details:
 Tel no: _____ Fax no: _____
 Email: _____

2. INSURED / COMPANY DETAILS

All information forming part of Point 2 is mandatory

2.1 Name of Insured / Company Name _____
 2.2 Trading As _____
 2.3 Physical / Registered Address _____
 2.4 Postal Address _____
 2.5 Contact Name _____
 2.6 Contact Numbers _____
 2.7 Fax Number _____
 2.8 E-mail _____
 2.9 Industry (e.g. Builder Contractor, Civil Works or Specialist – i.e. Plumber, Electrician or Other; Please specify) _____
 2.10 Vat Number _____
 2.11 Company Registration No. _____
 2.12 Identity Number if the Insured is a natural person and the PPR apply _____

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
 TEL NO: 0861 100 100 | +27 11 880 8200
 REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
 FAX NO: +27 11 880 6857
 VAT NO: 4440102095

DIRECTORS: CB MEYER (CHIEF EXECUTIVE), SA GRAHAM (EXECUTIVE), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

CAR Proposal Form – Annual / Marketing / V 2022 04

3. INSURANCE HISTORY

3.1 Has the Insured had any previous insurance in respect of Contractors All Risks Yes No

3.2 If Yes please provide:

3.2.1 Name of Insurer(s) _____

3.2.2 Period(s) of Insurance _____

3.2.3 Policy Number(s) _____

3.3 Claims History? (all claims incurred in the past 3 years) _____

3.4 Supporting Business with Mirabilis _____

4. OPEN ANNUAL CONTRACT DETAILS (VAT Inclusive Values to be provided)

4.1 Estimated Annual Turnover *Value to be confirmed underneath*

4.1.1 Where the Insured is the Principal or the Main Contractor (*The Insured is contractually responsible to insure the Contract Works*) Estimated Annual Turnover _____

4.1.2 Where the Insured is a Sub-Contractor (*The principal or Main Contractors are contractually responsible for insurance and thus in this instance, cover is provided on a contingency basis (DIC – Difference in Conditions)*) Estimated Annual Turnover _____

Note: The Turnover Figure must include the Total Cost of Materials, Labour, Free Issue Materials and any other Contractual Income

4.2 Description of the type of contracts entered into (Erection, Alterations and Extensions to Buildings / Dwellings etc.) _____

4.3 Is there thatch, timber or any other non-standard construction? Yes No
If yes, please advise type and value _____

4.4 Site Security - Adequately Fenced Off Yes No

- Access Control to Site Yes No

4.5 The value of the largest contract to be worked on / awarded during the next 12 months _____

4.6 In which areas / countries will the Contracts be taking place? _____

4.7 What work will be done by Sub Contractors? _____

4.8 Duration of the longest contract to be worked upon in Months _____

4.9 Inception Date required _____

4.10 Maximum Maintenance Period required in Months _____

5. STANDARD EXTENSIONS / LIMITATIONS (VAT Inclusive Values to be provided)

For any additional extensions that are required, please contact Mirabilis

	Yes	No	Limit	
5.1 Surrounding Property	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.2 Removal of Debris / Removal of Debris – No Damage	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.3 Claims Preparation Costs	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.4 Inland Transit	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.5 Offsite Storage	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.6 Site Central Storage	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.7 Electrical Cabling, Wiring and Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.8 Fire Brigade	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____
5.9 Professional Fees	<input type="checkbox"/>	<input type="checkbox"/>	Limit	_____

6. CONTRACTORS' THIRD PARTY LIABILITY (VAT Inclusive Values to be provided)

6.1 Liability Limit _____

6.2 Use of Explosives

Yes

No

6.3 Standard Extensions / Limitations - For any additional extensions that are required, please contact Mirabilis

6.3.1 Damage to Underground Services

Yes

No

Limit

6.3.2 Spread of Fire

Yes

No

Limit

6.3.3 Legal Defence Cost(s)

Yes

No

Limit

6.3.4 Arrest Assault Discharge and Defamation

Yes

No

Limit

6.3.5 Emergency Medical Expenses

Yes

No

Limit

7. SASRIA

7.1 Required

Yes

No

7.2 Security Cost(s) – Post Loss

Yes

No

Limit

7.3 Security Cost(s) – Imminent Danger

Yes

No

Limit

7.4 Increased Limit due to extensions to apply

(List of extensions and their limits to be provided separately)

7.5 Top 5 Risk Addresses

- * _____
- * _____
- * _____
- * _____
- * _____

8. PAYMENT OPTION(S)

Monthly Payment

Annual Payment

Quarterly Payment

9. OTHER

Any other important information that may be material to the Insurer in assessing the risk

DECLARATION:

We hereby declare that the statements made by us in this Questionnaire are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

Please note that by signing this application, you acknowledge having read, understood and agreed to the contents of the [POPIA Disclosure](#), and confirm that the information provided to Mirabilis via your appointed intermediary for the purposes outlined, is done with your voluntary, specific and informed consent.

Insured's Signature _____

Date _____