



QUESTIONNAIRE FOR CONTRACTORS' ALL RISKS INSURANCE: SPECIFIC 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: THE PAVILION BUILDING, WANDERERS OFFICE PARK, 52 CORLETT DRIVE, ILLOVO, 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)

underwritten by





2. INSURED / COMPANY DETAILS (continued)

2.13. Main Contractor _____

2.14. Principal / Employer _____

2.15. Sub - Contractors _____

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. SPECIFIC CONTRACT DETAILS (VAT Inclusive Values to be provided)

4.1. Contract Value at time of award _____
(Attach copy of Contract Cost Breakdown)
Note: The Figure must include the Total Cost of Materials, Labour, Free Issue Materials and any other Contractual Income

4.2. Full Description of Works (Attach copy of Scope of Works)

4.3. What work will be done by Sub Contractors?

4.4. Address of Contract Site _____

4.5. Site Security

- Adequately Fenced Off	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- Access Control to Site	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4.6. The Contract Site Details

Level	<input type="checkbox"/>	Sloping	<input type="checkbox"/>	Rock	<input type="checkbox"/>
Sandy	<input type="checkbox"/>	Clay	<input type="checkbox"/>		
Built up Areas	<input type="checkbox"/>	Remote Area	<input type="checkbox"/>		

Close Proximity to:

Rivers, dams known watercourse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Highway motorways airport etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4.7. Is there thatch, timber or any other non-standard construction? Yes No

If yes, please advise type and value _____

4. SPECIFIC CONTRACT DETAILS (continued)

4.8. Contract Start and End Date

Including Testing period and
excluding Maintenance period

From _____ To _____

4.9. Maintenance Period

_____ (e.g. 3 / 6 / 12 Months based on the Contract Conditions)

4.10. Testing and Commissioning
Period

_____ (e.g. 7 / 30 / 60 days)

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

For any additional extensions that are required, please contact Mirabilis

5.1. Surrounding Property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.2. Removal of Debris / Removal of Debris – No Damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.3. Claims Preparation Costs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.4. Inland Transit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.5. Offsite Storage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.6. Site Central Storage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.7. Electrical Cabling, Wiring and Accessories	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.8. Fire Brigade	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.9. Professional Fees	Yes	<input type="checkbox"/>	No	<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. Comment on density of pedestrian and vehicle traffic in the immediate vicinity of the site e.g. busy shopping mall or isolated area

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

6.4.1 Damage to Underground Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.4.2 Spread of Fire	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.4.3 Legal Defence Cost(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.4.4 Arrest Assault Discharge and Defamation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.4.5 Emergency Medical Expenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.5. Is Vibration, Removal or Weakening of Support Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____

If YES, Additional Information Required (Please supply separately)

- * Engineer's and Geotechnical Report
- * Drawings (Plan, Cross Sections, Temporary Support Structure)
- * Photographic Dilapidation / Crack Survey
- * Quote may be subject to a site survey
- * Proposal Form

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)

8. 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

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