

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: _____

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: 4130230354

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

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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	_____

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3. INSURANCE HISTORY	
3.1 Has the Insured had any previous insurance in respect of Contractors All Risks	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	

<input type="checkbox"/>	<input type="checkbox"/>		
=	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> </table>		

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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 _____

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

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

6.1 Liability Limit

	Yes	No	
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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	

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7. SASRIA

7.1 Required

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____

7.2 Security Cost(s) – Post Loss

7.3 Security Cost(s) – Imminent Danger

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

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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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