



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

Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies





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 No

- Access Control to Site Yes No

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 No

Highway motorways airport etc. Yes No

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

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

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

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

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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