

## Questionnaire and Proposal for Principal's Advance Loss of Profits Insurance following Contract / Erection Works Policy

Supplementary to the questionnaire for material damage cover which forms an integral part of this questionnaire

### 1. Broker Details

Name of Broker Company \_\_\_\_\_  
 Mirabilis Agency Code \_\_\_\_\_ FAIS no. \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Tel no \_\_\_\_\_ Fax no. \_\_\_\_\_

### 2. Proposer (principal to be insured):

Name and address \_\_\_\_\_  
 \_\_\_\_\_  
 Kind of business \_\_\_\_\_  
 \_\_\_\_\_  
 Is the insured a natural or juristic person with a turnover of less than ZAR 2 000 000.00      Yes       No

### 3. Brief Description Of:

Construction works to be carried out  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any existing plant or surrounding property in the proposer's possession or care, custody or control on or adjacent to above site/s  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The project is                      extension or renovation of existing works            a new venture        
 Can damage to existing              Yes                            No     

Structures and/or surrounding property, caused by the works, delay completion of the project to be insured? If so, please specify  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Can damage to existing              Yes                            No     

Structures and/or surrounding property / plant, caused by the works, lead to business interruptions / loss of profits, and are these to be insured? If so, please specify  
 \_\_\_\_\_  
 \_\_\_\_\_

### MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

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 FAX NO: +27 11 880 6857  
 VAT NO: 4440102095

**4. Brief Description Of:**

The intended business or service activities, making special mention of bottlenecks

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Has the method of production                      Yes                            No        
or services been previously employed by the proposer? If so, for how many years?

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**5. Intended Normal**

**Working hours**                      Hours: \_\_\_\_\_ Per day In shifts? 

Y	N
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 \_\_\_\_\_ Per week                      \_\_\_\_\_ Per Year

**6. Anticipated Gross Profit** (annual turnover less costs of supplies of goods, raw materials, electricity, water, gas, etc.) for the first year of operation (monthly figures)

Indemnity period required \_\_\_\_\_ Gross profit of required period \_\_\_\_\_  
(months)

**In the event that a specific date of completion is not met**

is any one-off loss likely to arise                      Yes                            No     

If so, please specify                      Date: \_\_\_\_\_                      Amount \_\_\_\_\_

Reason

**Are seasonal events** likely                      Yes                            No     

to affect the gross profit? If so, please give details

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**7. Desired Time Excess**

(minimum one week per 6 months of \_\_\_\_\_  
construction period)

**Maximum indemnity period**

required to be insured (months) \_\_\_\_\_

Only in respect of power generation equipment at the project to be insured supplying power to this project and is only to be answered if electricity can be drawn from the public power network in the event of damage to the power generation equipment at the project to be insured

**8. Is the additional expenditure of** Yes  No

External power supply to be insured? \_\_\_\_\_

Power requirements of the plant (kW, kWh p.a.) \_\_\_\_\_

Percentage of the requirements met by the plant's own power generation equipment \_\_\_\_\_

Costs of kWh of power drawn from own plant \_\_\_\_\_ external plant \_\_\_\_\_

To what extent (kW) may electricity be drawn from an external source? \_\_\_\_\_

What is the maximum demand charge per kW and within which period is it due? \_\_\_\_\_

Annual maximum demand charges \_\_\_\_\_

**9. Time-related information:**

Date of inception of works cover \_\_\_\_\_ actual works \_\_\_\_\_

Testing period (if any) From \_\_\_\_\_ To \_\_\_\_\_

Anticipated date of completion (handover following testing / commissioning period) \_\_\_\_\_

Scheduled date of commencement of insured business \_\_\_\_\_

Date after completion (and testing / commissioning period) full production to be reached? \_\_\_\_\_

Is it possible to reduce that period? Yes  No

If so, how? \_\_\_\_\_

Any allowance for delays due to accidents or otherwise? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach detailed time schedule (incl. date of arrival on site, site installation, main works, occupation, handover, etc.)

**10. Details of any penalty agreements in connection with the contract works**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. General Remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We hereby declare that the statements made by us in this Questionnaire and Proposal 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 claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_