

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: 4130230354

DIRECTORS: CB MEYER (CHIEF EXECUTIVE), SA GRAHAM (EXECUTIVE), G BEAVER (NON-EXECUTIVE CHAIRMAN), ML OLIVIER (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 No

- Access Control to Site Yes No

4.6 The Contract Site Details

Level Sloping Rocky

Sandy Clay

Built up Areas Remote Area

Close Proximity to:

Rivers, dams known watercourse Yes No

Highway motorways airport etc. Yes No

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4. SPECIFIC CONTRACT DETAILS (continued)

4.7 Is there thatch, timber or any other non-standard construction

Yes No

If yes, please advise type and value _____

4.8 Period of Insurance required including Testing Period but excluding Maintenance Period

From _____ To _____

4.8.1 Has this contract already commenced?

Yes No

If yes, please confirm the below:

4.8.1.1 Has this been insured until now and if not, why was insurance not effected prior to works commencing?

4.8.1.2 What are the reasons for taking insurance out now

4.8.1.3 Have there been any delays that have the delays which have resulted in the contract works not being completed within the original period of insurance, if this is the case.

4.8.1.4 Details and Value of work still to be completed.

4.8.1.5 Has any part of the contract works has been completed and handed over and if so, what is the monetary value thereof. (i.e. Insurer would not be on risk for works handed over)

4.8.1.6 Has there been any loss event or are there conditions on site which may give rise to loss or damage of which we need to be aware? An NCD (No Claims Declaration) may need to be signed.

4.8.1.7 Provide the latest payment certificate

4.8.1.8 Provide the latest Works Programme (Gantt Chart)

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)*

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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	_____
5.2 Removal of Debris	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.3 Removal of Debris – No Damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.4 Claims Preparation Costs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.5 Inland Transit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.6 Offsite Storage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.7 Site Central Storage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.8 Electrical Cabling, Wiring and Accessories	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.9 Fire Brigade	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
5.10 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 Standard Extensions / Limitations - For any additional extensions that are required, please contact Mirabilis

6.3.1 Damage to Underground Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.3.2 Spread of Fire	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.3.3 Legal Defence Cost(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.3.4 Arrest Assault Discharge and Defamation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Limit	_____
6.3.5 Emergency Medical Expenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	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

* _____

* _____

* _____

* _____

* _____

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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 _____

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