

QUESTIONNAIRE FOR CONTRACTORS PLANT AND EQUIPMENT INSURANCE

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)

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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. Insurance

4.1 Cover required for Plant:

Owned Plant Hired in Plant Owned Plant Hired Out

4.2 Method of Inland Transit

Road Rail Under its Own Power

4.3 **OWN PLANT** - Please complete attached **Schedule of Plant** or provide separately, a list of all plant items to be quoted upon, with the list reflecting the following information per item:

4.3.1 Full Description of Plant

4.3.2 Year

4.3.3 Basis of Valuation

4.3.4 Item Value

4.3.5 Extensions to apply per item

Market Value (MV) / New Replacement Value (NRV)

i.e. - Windscreen Cover (Reduced deductible),
 - Contractors Plant Liability & Limit required
 - Road Risk – Own Damage
 - Road Risk – Third Party Liability & Limit required

} *Only if Registered for Public Road Use under the Road Traffic Act*

4.3.6 Identification details i.e. Vin / Engine / Serial Number/s and Registration number if registered for Road Use

4.4 REPLACEMENT HIRE CHARGES

4.4.1 Limit of Indemnity (*Hire cost for replacement item*) _____

4.4.2 Indemnity Period (*Maximum period for replacement item*) _____

4.5 HIRED-IN PLANT

4.5.1 Estimated Annual Hired-In Fees: _____

4.5.2 Highest Value of Hired-In Plant: _____

The Hire Contract must be based on CPHA (Contractors Plant Hire Association) or equivalent.

4.6 CONTINUING HIRE IN CHARGES

4.6.1 Limit of Indemnity (*Cost of hiring replacement item*) _____

4.6.2 Indemnity Period (*Maximum period for replacement item*) _____

4.7 Is the Plant regularly exposed to any factors that may affect the underwriting? (e.g. Fire, Explosion, Flood, Inundation etc.)

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5. EXTENSIONS / LIMITATIONS
**** Extensions may have a limit per event included in the Policy wording. If alternative limits are required, please indicate here.**

5.1 Additional Cost(s) (R20 000 per event) ** Yes No Limit _____

5.2 Recovery Cost(s) (R20 000 per event) ** Yes No Limit _____

5.3 Expediting Cost(s) (R20 000 per event) ** Yes No Limit _____

5.4 Currency Fluctuations (10%) ** Yes No % _____

5.5 Own Damage on Public Roads (Road Risk Own Damage) **(Refer to Plant Schedule on last page of document)**

5.6 Third Party Liability on Public Roads Yes No Limit _____

5.7 Strike, Riot and Civil Commotion Yes No

5.8 Underground Plant and Equipment **(Refer to Plant Schedule on last page of this document)**

5.9 Legal Defence Cost(s) Yes No Limit _____

5.10 Goods on the Hook (Included by endorsement per risk only as and when requested)

5.11 Multiple or Tandem Lifts (Included by endorsement per risk only as and when requested)

6. SASRIA

6.1 Required Yes No

6.2 Security Cost(s) – Post Loss Yes No Limit _____

6.3 Security Cost(s) – Imminent Danger Yes No Limit _____

6.4 Increased Limit due to extensions to apply
(List of extensions and their limits to be provided separately) _____

6.5 Top 5 Risk Addresses

* _____

* _____

* _____

* _____

* _____

7. PAYMENT OPTION(S)

Monthly Payment Annual Payment Quarterly Payment

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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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SCHEDULE OF PLANT:

BASIS OF VALUATION - Market Value (MV) / New Replacement Value (NRV)

(The Value must take into account where applicable: the make, the model, year of manufacture, total number of hours operated, capacity, condition, all freight costs to site, erection costs, customs duties, taxes and dues, and any other factor, which determines the Value of the Property Insured.)

No.	Full Description of Plant	Year of Manufacture	Used Underground (Yes / No)	Item Value (Inclusive of 15% VAT) (MV / NRV) to be noted next to value	Windscreen Cover – Reduced Deductible (Yes / No)	Contractors Plant Liability (Enter Limit of Liability if required)	Road Risk – Own Damage (Yes / No)	Road Risk – Third Party Liability (Enter Limit of Liability if required)	Identification Details Specify either Vin / Engine / Serial Number/s. Registration number is required if Road Risk is required
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12									
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Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies

