

**CONTRACTORS' ALL RISKS INSURANCE: ANNUAL
QUESTIONNAIRE**

IMPORTANT INFORMATION:

- Whilst we can provide a quote without a Mirabilis Agency Code, if it is accepted, we would not be able to issue a policy until one has been created.
- 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 clarification of any uncertainties on the proposal form (Questionnaire).
- 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

POLICY HOLDER PROTECTION RULES (PPR)

Is the Insured (the policyholder) a Natural Person; or Legal Entity (CC or (Pty) Ltd)

If 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 Brokerage :
- 1.1.1 FAIS no :
- 1.1.2 Contact Person :
- 1.1.3 Contact No. :
- 1.1.4 Fax No. :
- 1.1.5 Email Address :
- 1.2 Mirabilis Agency Code :

2. INSURED / COMPANY DETAILS

All information forming part of Point 2 is mandatory.

- 2.1 Name of Insured / Company Name :
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- 2.2 Trading As :
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- 2.3 Vat Number :

2.4 Company Registration No. :

2.5 Identity Number :

If the Insured is a Natural Person and the Policy Holder Protection Rules (PPR) apply

2. INSURED / COMPANY DETAILS (continued) *All information forming part of Point 2 is mandatory.*

2.6 Physical / Registered Address :

2.7 Postal Address :

2.8 Contact Person :

2.8.1 Contact No. :

2.8.2 Fax No. :

2.8.3 Email Address :

2.9 Industry / Business Description (e.g. Building Contractor, Civil Works or Specialist – i.e. Plumber, Electrician or Other; please specify) :

3. INSURANCE HISTORY

3.1 Is the client currently insured in respect of an Annual Contractors' All Risks Insurance? Yes No

3.2 If Yes, please provide:
Name of Insurer(s) :
Duration of Insurance at Insurer :

3.3 If not, have they had this insurance previously? Yes No
If no, was the insurance cancelled / or not renewed by the previous Insurer? Yes No

3.4 Please provide details of all claims incurred in the past 3 years :

3.5 Supporting Business within the Santam Group :

4. INSURANCE REQUIREMENTS (VAT Inclusive Values to be provided)

4.1 Estimated Annual Turnover - Value to be confirmed below

4.1.1 Where the Insured is the Principal or the Main Contractor (*The Insured is contractually responsible to insure the Contracts*)

Estimated Annual Turnover

4.1.2 Where the Insured is a Sub-Contractor (*The principal or Main Contractor is 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 (materials not supplied by the contractor but which must be insured) and any other Contractual Income including VAT*

4.2 Description of the type of contracts entered into (Erection, Alterations and Extensions to Buildings / Dwellings etc.)

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4.3 Will this include any thatch, timber or other non-standard construction Yes No

If yes, please advise:

Type

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?

Value

4.6 In which areas / countries will the Contracts be taking place?

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4.7 What work will be done by Sub-Contractors?

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4.8 Duration of the longest contract to be worked upon in Months

4.9 Inception Date required

4.10 Maintenance Period (e.g. 3 / 6 / 12 / 24 Months based on the Contract Conditions)

5. EXTENSIONS / LIMITATIONS (VAT Inclusive Values to be provided)

If any additional extensions are required, please contact Mirabilis as to what others are available.

- 5.1 Surrounding Property Yes No Limit
- 5.2 Removal of Debris Yes No Limit
- 5.3 Removal of Debris – No Damage Yes No Limit
- 5.4 Claims Preparation Costs Yes No Limit
- 5.5 Inland Transit Yes No Limit
- 5.6 Offsite Storage Yes No Limit
- 5.7 Site Central Storage Yes No Limit
- 5.8 Electrical Cabling, Wiring and Accessories Yes No Limit
- 5.9 Fire Brigade Yes No Limit
- 5.10 Professional Fees Yes No Limit

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

- 6.1 Liability Yes No 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

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6.4 Standard Extensions / Limitations - *For any additional extensions that are required, please contact Mirabilis*

- 6.4.1 Damage to Underground Services Yes No Limit
- 6.4.2 Spread of Fire Yes No Limit
- 6.4.3 Legal Defence Cost(s) Yes No Limit
- 6.4.4 Arrest Assault Discharge and
Defamation Yes No Limit
- 6.4.5 Emergency Medical Expenses Yes No 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 be
included Yes No Limit

(List of extensions required and their limits to be provided separately)

8. PAYMENT OPTION(S)

- Monthly Payment via Debit Order
- 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 whatsoever 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