

**CONTRACTORS' ALL RISKS INSURANCE: SPECIFIC  
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 : .....  
.....  
.....
- 2.2 Trading As : .....
- 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 yes, 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 Contract Value at time of award .....

(Attach copy of Contract Cost Breakdown)

**Note:** The insured Contract Value 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. INSURANCE REQUIREMENTS (VAT Inclusive Values to be provided) (continued)**

4.2 Full Description of Works (Attach copy of Scope of Works, if necessary)

.....  
 .....  
 .....

4.3 Work to 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 Area  Remote Area

**Close Proximity to:**

Rivers, dams, any known watercourse  Yes  No  
 Highway, motorway, airport etc.  Yes  No

4.7 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 advise the following:

4.8.1.1 Commencement Date? .....

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

.....  
 .....

4.8.1.3 What are the reasons for taking insurance out now?

.....  
 .....

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

4.8.1.4 Have there been any delays that have resulted in the contract works not being completed by the originally intended completion date?

.....  
.....

4.8.1.5 Details and Value of work still to be completed.

.....  
.....

4.8.1.6 Has any part of the contract works been handed over and if so, what is the monetary value thereof, noting that the Insurer would not be on risk for works handed over?

.....  
.....

4.8.1.7 Has there been any loss event or are there any conditions on site which may give rise to loss or damage of which we need to be aware? If so, we may require an NCD (No Claims Declaration) to be signed?

.....  
.....

4.8.1.8 Provide the latest payment certificate.

4.8.1.9 Provide the latest Works Programme (Gantt Chart).

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

4.10 Testing and Commissioning Period ..... (e.g. 7 / 30 / 60 days)

**5. DEFAULT 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                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.2 Removal of Debris                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.3 Removal of Debris – No Damage              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.4 Claims Preparation Costs                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.5 Inland Transit                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.6 Offsite Storage                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.7 Site Central Storage                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.8 Electrical Cabling, Wiring and Accessories | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.9 Fire Brigade                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |
| 5.10 Professional Fees                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Limit | ..... |

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

- 6.1 Third Party Liability  Yes  No Limit .....
- 6.2 Use of Explosives  Yes  No
- 6.3 Comment on density of pedestrian and vehicular traffic in the immediate vicinity of the site e.g. busy shopping mall or isolated area  
.....  
.....
- 6.4 Standard Extensions / Limitations - If any additional extensions are required, please contact Mirabilis as to what others are available.
- 6.4.1 Damage to Underground Services  Yes  No Limit .....
- 6.4.2 Spread of Fire  Yes  No Limit .....
- 6.4.3 Legal Defence Costs  Yes  No Limit .....
- 6.4.4 Arrest Assault Discharge and Defamation  Yes  No Limit .....
- 6.4.5 Emergency Medical Expenses  Yes  No Limit .....
- 6.5 Is Vibration, Removal or Weakening of Support Cover Required?  Yes  No Limit .....

*If YES, the following additional information is required and is to be supplied separately:*

- \* Vibration, Removal or Weakening of Support Questionnaire – please request
- \* Engineer's and Geotechnical Report
- \* Drawings (Plans, Cross Sections, Temporary Support Structure)
- \* Photographic Dilapidation / Crack Survey
- \* Quote may be subject to a site survey

**7. SASRIA**

- 7.1 Required  Yes  No
- 7.2 Security Costs – Post Loss  Yes  No Limit .....
- 7.3 Security Costs – Imminent Danger  Yes  No Limit .....
- 7.4 Increased Limit due to extensions to be included  Yes  No Limit .....

*(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 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**

.....