

Contractors & Liability Insurance General Questionnaire

Fill in application form

A. Broker Details

Name Of Broker

Contact Person

Tel Number

Fax Number

B. Insured Details

Name

Postal Address

City

Province

zip/Postal code

Country

Insured Vat Number:

Insured Registration Number

Tel Number

Name of Main Contractor

Name of Principal/Employer

C. Open Annual Contract Policy

Note: Complete either Section C or Section D

Note: The turnover figure must include the total cost of materials, labour, free issue materials P&G's and other contractual income + V.A.T for the year.

Estimate annual Turnover (NB) :

Description of the type of contracts entered into.

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The Value of the largest contract to be worked on/awarded during the next 12 months : R

Surrounding Property, limit of indemnity required : R

(Property under custody control, not being part of contract works)

Inception date of policy :

Maintenance period required :

Strike riot insurance (SASRIA) : Yes No

D. Once Off/Specific Contracts Policy

Note: The Contract value must include the total cost of materials, labour, free issue materials P & G's and any other contractual income + V.A.T.

(Attach copy of contract cost breakdown)

Contract Value R

Contract Title / Full Description :

What work will be done by sub contractors :

Site Location

The Contract Site Details : Level Sloping Rocky Sandy
 Clay Built up areas Remote Area

Close Proximity to:

Rivers, Dams, Any Known watercourse : Yes No

Highway motorways, airport ect : Yes No

Security Precautions. Give Details :

Contract Period / Period of Insurance : From To

Maintenance period required :

Surrounding Property, limit of indemnity required: R

(Property under custody control, not being part of contract works)

Strike riot insurance (SASRIA) : Yes No

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E. Contractors Public Liability

Limit of Indemnity required : R

Public Liability

Use of explosives : Yes No

Site Security

Adequately fenced off : Yes No

Access control to site : Yes No

Comment on the density of pedestrian and vehicle traffic in the immediate vicinity of the site.

(EG : Shopping mall or Isolated Area)

Removal of support (Lateral support) : R

(If required please refer)

F. Previous Insurance

Name of previous insurer :

Claims Experience / Details :



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Authorised Financial Services Provider - FSP NO: 20816

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G. General Comments

[Empty space for General Comments]

Note: Self - propelled plant, tools and equipment are not covered under this policy and should be insured separately i.e. (Business all risk (B.A.R) / Plant all risk (P.A.R) Policies.

H. Declaration Warning

- a) Do not sign any blank or partially completed application/proposal form.
- b) Complete all sections in full & in black ink.
- c) Retain all documents handed to you.
- d) Make notes of what has been said to you.
- e) Do not be pressurized by anyone to purchase the product.
- f) Incorrect information or non - disclosure of any material fact, by you, will have an affect on claims.

We hereby declare the foregoing particulars to be true in every respect

Form Completed by

Date

Signature of Insured:

Date