

Questionnaire and Proposal for Contractors' All Risks Insurance

1. Broker Details

Name of Broker Company _____
 Mirabilis Agency Code _____ FAIS no: _____
 Contact Person _____
 Contact Details: Tel no: _____ Fax no: _____
 Email: _____

2. Insured Details

Name of Insured: _____
 Postal Address: _____

 Vat Number: _____
 Telephone No: _____
 Main Contractor: _____
 Principal/Employer: _____
 Sub Contractors: _____

NOTE: Complete either Section 3 or 4 and Sections 5, 6, 7 and 8

3. Open Annual Contracts Policy

3.1 Estimated Annual Turnover _____

Note: The Turnover Figure must include the Total Cost of Materials, Labour, Free Issue Materials P & G's and any other Contractual Income + V.A.T

3.2 Description of the type of Contracts entered into
 (Erection, Alterations, Extensions to Buildings/Dwellings etc.)

3.3 The Value of the Largest Contract to be Worked / On/Awarded during the next 12 months

3.4 In which areas will the Contracts take Place:

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
 TEL NO: 0861 100 100 or +27 11 880 8200
 REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
 FAX NO: +27 11 880 6857
 VAT NO: 4440102095

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

3. Open Annual Contracts Policy (Continued)

3.5 What work will be done by Sub Contractors

3.6 Surrounding Property / Property under Custody Control
(Not being Part of Contract Works)

Limit of Indemnity Required _____

Contract Period Limit Required _____

3.7 Inception Date of Policy _____

3.8 Maintenance Period _____

4. One Off / Specific Contracts Policy

4.1 Contract Value _____

(Attach copy of Contract Cost Breakdown)

4.2 Contract Title / Full Description of Contract

4.3 What work will be done by Sub Contractors

4.4 Site Location _____

4.5 The Contract Site Details (Mark with X)

Level	<input type="checkbox"/>	Sloping	<input type="checkbox"/>	Rocky	<input type="checkbox"/>
Sandy	<input type="checkbox"/>	Clay	<input type="checkbox"/>		
Built up Areas	<input type="checkbox"/>	Remote Area	<input type="checkbox"/>		
Close Proximity to					
Rivers, dams known watercourse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Highway motorways airport etc	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

4.6 Security Precautions. Give Details

4.7 Contract Period / Period of Insurance From: _____ To: _____

4.8 Surrounding Property / Property Under Custody Control (Not being Part of Contract Works)

Limit of Indemnity Required: _____

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
TEL NO: 0861 100 100 or +27 11 880 8200
REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
FAX NO: +27 11 880 6857
VAT NO: 4440102095

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

5. SASRIA (Mark with X)

Required

Yes

No

6. Contractors Public Liability

6.1 Limit of Indemnity Required

6.2 Public Liability

Use of Explosives

Yes

Site Security:

* Adequately Fenced Off

Yes

* Access Control to Site

Yes

Comment on Density of pedestrian and vehicle traffic in the immediate vicinity of the site e.g. Busy shopping Mall or isolated Area

6.3 Removal of Support (Lateral Support) ** If required please provide Engineers Report **

7. Previous Insurance

7.1 Name of Previous Insurer

7.2 Claims Experience / Details

7.3 Supporting Business

8. General Comments

We hereby declare that the statements made by us in this Questionnaire and Proposal 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

Date: _____ Signature: _____

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
TEL NO: 0861 100 100 or +27 11 880 8200
REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
FAX NO: +27 11 880 6857
VAT NO: 4440102095

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

PAYMENT AUTHORITY DECLARATION

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name of Insured:			
Address of Insured:			
		Code:	

Details of my/our bank account are as follows :

Bank Name	
Branch Name	
Branch Code	
Account Number	

My/our cancelled cheque is attached for identification purposes.

TO : MIRABILIS ENGINEERING UNDERWRITING MANAGERS

I/we hereby request and authorise you to draw against my/our account with the abovementioned Bank (or any other Bank or Branch to which I/we may transfer my/our account) in any manner agreed on between yourselves and the Bank, the amount necessary for payment of premium. Stamp duty and handling charges due under the policy/policies to be

issued by you, commencing on _____ 20 ____ and continuing on the __ day of every month thereafter.

All such withdrawals from my/our Bank account by you shall be treated as though they had been signed by me/us personally.

Either I/we or you may at any time cancel these arrangements in terms of the Policy but it is understood that such cancellation will have no effect on any withdrawals already made by you in accordance with this request and authority.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our Bank, whichever it is or will be.

I/we declare that the proposal information provided to you by me/us or Agent/Broker forming the basis of the Contract of insurance between us is true and that no material facts have been withheld.

Signed at _____ on this _____ day of _____ 20____

Signature of Insured's authorised representative: _____

Capacity: _____

Witness: _____

(The Insured Company's stamp must also appear here)

Mirabilis Engineering Underwriting Managers (Pty) Ltd USE ONLY:

Policy Number: _____ **Issued:** _____

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
 TEL NO: 0861 100 100 or +27 11 880 8200
 REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
 FAX NO: +27 11 880 6857
 VAT NO: 4440102095

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)