



CGIB (Pty) Ltd

An Authorised Financial Service Provider

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**Questionnaire and Proposal for Principal's Advance Loss of Profits Insurance
following Contractor/ Erection Works policy**

Supplementary to the questionnaire for material damage cover which forms an integral part of this questionnaire.

1 Broker details

Name of Broker Company	CGIB (Pty) Ltd
FAIS Number	45121
Contact Person	David Agrella
Telephone Number	087 701 0001
Fax Number	086 513 0670

2 Proposer (principal to be insured)

Full Name of Contractor	_____
Nature of Business	_____
VAT Registration Number	_____
Company Registration Number	_____
Year when the business was started	_____
Postal Address	_____ _____ _____
Physical address	_____ _____ _____
Telephone Number	_____
Fax Number	_____
Mobile Number	_____
Email Address	_____
Website	_____
Managing Director/ Member of Company	_____
Contact Person for Insurance	_____
Contact Person's Telephone Number	_____

3 Brief description of Construction works to be carried out.

Any existing plant or surrounding property in the proposer's possession or care, custody or control on or adjacent to above site/s?

This project is:

- An extension or renovation of existing works
- A new venture

Can cause damage to existing structures and/or surrounding property, caused by the works, delay completion of the project to be insured? If so, please specify.

- Yes
- No

Can cause damage to existing structures and/or surrounding property/ plant, caused by the works, lead to business interruptions/ loss of profits and are these to be insured? If so, please specify.

- Yes
- No

4 Brief description of the intended business or service activities, making special mention of bottlenecks.

Has the method of production or service been previously employed by the proposer?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If so, for how many years?

5 Intended normal working hours.

Hours per day: _____

Hours per week: _____

Hours per year: _____

In shifts?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

6 Anticipated gross profit (Annual turnover less costs of supplied goods, raw materials, electricity, water ect.) for the first year of operation (monthly figures).

Indemnity period required (months).

Gross profit of required period.

In the event that a specific date of completion is not met is any one-off loss likely to arise?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If so, please specify,

Date: _____

Amount: _____

Reason: _____

Are any seasonal events likely? If so, please give details.

7 Desired time excess (minimum one week per 6 months of construction period).

Maximum indemnity period required to be insured (months).

Only in respect of power generation equipment at the project to be insured supplying power to this project and is only to be answered if electricity can be drawn from the public power network in the event of damage to the power generation equipment at the project to be insured.

8 Is the additional expenditure of external power supply to be insured?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Power requirements of the plant (kW, kWh p.a.)

Percentage of the requirements met by the plant's own power generation equipment.

Costs of kWh of power drawn from:

Own plant: _____

External plant: _____

To what extent (kW) may electricity be drawn from an external source?

What is the maximum demand charge per kW and within which period is it due?

Annual maximum demand charges?

9 Time related information.

Date of inception of,

Works cover: _____

Actual works: _____

Testing period (If any)

From: _____

To: _____

Anticipated date of completion (handover following testing / commissioning period).

Scheduled date of commencement of insured business.

Date after completion (and testing / commissioning period) full production to be reached?

Is it possible to reduce that period?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If so, how?

Any allowance for delays due to accidents or otherwise?

Please attach detailed time schedule (incl. date of arrival on site, site installation, main works, occupation, handover, etc.).

10 Details of any penalty agreements in connection with the contract works

11 General Remarks

12 Protection of Personal Information

The Parties acknowledge that for the purposes of performing under this application it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of the information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance under this application and any related reinsurance contract.

13 Declaration By Applicant

I/We hereby declare that the details and information furnished in this application, to the best of my knowledge, fairly represents the true state of affairs of the company/business and I/we authorise the verification of any aspect of this application. I/We have not concealed any material facts relevant to this application and this questionnaire will form the basis upon which any guarantee, surety, bond or insurance may be issued.

Name _____

Designation _____

Signature _____ Date _____

(Please initial all pages)