



CGIB (Pty) Ltd

An Authorised Financial Service Provider

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FSB Number : 45121

Questionnaire and Proposal for Contractors' All Risk Insurance

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	_____

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

3 Open Annual Contracts policy

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 + VAT

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

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

In which areas will the Contracts take Place:

What work will be done by Sub Contractors

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

Limit of Indemnity Required _____

Contract Period Limit Required _____

Inception Date of Policy _____

Maintenance Period _____

4 One Off / Specific Contracts Policy

Contract Value _____
(Attach copy of Contract Cost Breakdown)

Contract Title / Full Description of Contract

What work will be done by Sub Contractors?

Site Location

The Contract Site Details (Mark with X)

<input type="checkbox"/>	Level	<input type="checkbox"/>	Sandy
<input type="checkbox"/>	Sloping	<input type="checkbox"/>	Rocky
<input type="checkbox"/>	Built up Area	<input type="checkbox"/>	Clay
<input type="checkbox"/>	Remote Area		

Close proximity to:

Rivers, dams, known watercourse
Highway, motorway, airport etc

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

Security Precautions. Give Details

Contract Period / Period of Insurance

From

To

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

Limit of Indemnity Required:

5 SASRIA (Mark with X)

Required

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

6 Contractors Public Liability

Limit of Indemnity Required

Public Liability

Use of explosives

Yes

* 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

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

7 Previous Insurance

Name of Previous Insurer

Claims Experience / Details

Supporting Business

8 General Comments

9 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.

10 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 _____

Date _____

Signature _____

(Please initial all pages)