



CGIB (Pty) Ltd

An Authorised Financial Service Provider

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FSB Number : 45121

Questionnaire and Proposal for Contractors' Plant and Equipment 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)

- a) Full Name of Contractor _____
- b) Nature of Business _____
- c) VAT Registration Number _____
- d) Company Registration Number _____
- e) Year when the business was started _____
- f) Postal Address _____

- g) Physical address _____

- h) Telephone Number _____
- i) Fax Number _____
- j) Mobile Number _____
- k) Email Address _____
- l) Website _____
- m) Managing Director/ Member of Company _____
- n) Contact Person for Insurance _____
- o) Contact Person's Telephone Number _____

3 Insurance History

a) Has there been any previous insurance

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

b) If Yes with which Company?

c) Claims History?

4 Insurance

a) Plant to be insured on:

<input type="checkbox"/>	Market Value (MV)
<input type="checkbox"/>	New Replacement Value (NRV)

b) Total Value of Plant:

R _____

c) Description of plant

1. _____

Value: R _____

2. _____

Value: R _____

3. _____

Value: R _____

4. _____

Value: R _____

5. _____

Value: R _____

6. _____

Value: R _____

7. _____

Value: R _____

8. _____
 Value: R _____

9. _____
 Value: R _____

10. _____
 Value: R _____

11. _____
 Value: R _____

12. _____
 Value: R _____

13. _____
 Value: R _____

14. _____
 Value: R _____

(If Number of Items Exceed Given Space Please Provide us With Detailed List of Plant)

d) Hire-In-plant

Estimated Annual Fee for Hire-In-Charges:

Value: R _____

Highest Value of Hire-In-Plant:

Value: R _____

Establish Contract Hire Conditions. Insurance to be based on CPHA (Contractors Plant Hire Association) Conditions.

5 Additional Information

a) Geographical Scope of Site

b) Method of Transport

<input type="checkbox"/>	Road
<input type="checkbox"/>	Rail
<input type="checkbox"/>	Air

If by Road please specify: (e.g. – Truck, Low bed etc.)

c) Are the Plant and/or Machinery regularly exposed to any special conditions? (e.g. Fire, Explosion, Flood, Inundation etc.)

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

If Yes please specify:

d) Is Windscreen / Glass cover required?

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

If Yes please specify:

e) Is On-Site Public Liability cover required?

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

If Yes please specify:

f) Is Own Damage cover on Public Roads Required?

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

If Yes please specify:

g) Is Public Liability cover on Public Roads Required?

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

If Yes please specify:

h) Any Additional Comments of Special Requirements?

6 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.

7 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)