



CGIB (Pty) Ltd

An Authorised Financial Service Provider

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FSB Number : 45121

Questionnaire and Proposal for Contractors Annual Public Liability

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 Describe in detail the nature of your business:

When was the Company established?

What is the main area of operations?

Names and Qualifications of Principal Directors / Partners

Full Name	Designation	Qualifications

4 If you act as the Principle Contractor, indicate the percentage of Annual Turnover derived from this function:

_____ %

If you act as the Sub-Contractor, indicate the percentage of Annual Turnover derived from this function

_____ %

If any turnover is derived from the sale and supply of products, indicate the Turnover derived:

R _____

5 If any aspect of the business involves design, then please provide full details of design undertaken and names and qualifications of such staff members:

If an outside party does the design on your behalf, are full rights of recourse retained?

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

6 What is the average Contract Period?

How many months is the average Maintenance Defect Period?

8 Please provide the Company's total gross turnover for each of the last 3 completed financial years:

Year ending	Turnover
/ /	
/ /	
/ /	
Estimated turnover for the forthcoming year	

9 Please indicate the largest contracts undertaken in the last 3 years:

Details of contract	Value of contract

10 Please provide all information regarding claims paid and outstanding, as well as details of all complaints, which have not yet developed into claims.

11 Has the entity to be insured previously been insured?

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

If "Yes", was the insurance on a "claims made in the period of insurance" basis or "losses occurring in the period of insurance" basis.

Limit of Indemnity of such previous insurance.

R

If "Claims Made" basis, please state present Retroactive Date:

Has any Proposal for insurance ever been declined?

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

**Did any previous Insurer ever require:
Increased Premiums or terms?**

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

Special restrictions or conditions?

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

Has any previous Insurer terminated or refused to renew any insurance? If the answer to either of the above is "YES", please give full details:

12 Please attach the following documents:

Normal Trading Conditions
Publicity or Technical Brochure/s

13 Indicate the Territorial Limits required, and the allocation of turnover to each country:

14 Please provide any other information which may be relevant to Insurers understanding of the insurance being proposed eg. any unusual or significant liability risk factors

Please state Limit of Indemnity required:

R _____

Please state any alternative Limits of Indemnity required for quotes:

R _____

R _____

15 Cover Extensions (Only granted if required to be Insured)

Blasting and / or use of Explosives

Names and Qualifications of employees who are licensed blasters

Type of blasting undertaken:

a) Surface Blasting Yes
 No

b) Blasting within confines of existing structure Yes
 No

c) Blasting by means of implosion Yes
 No

If "Yes" to c) above, the following information is required:

i) Number of such contracts any one year and history of past two years implosions

ii) Who is responsible for the method design?

The Insurance for this extension will be warranted to the effect that a survey of existing defects in structures within 500 meters of the blast site be conducted and recorded and authenticated by the owners and / or tenants of such structures.

How are the explosives transported to site?

Are explosives and detonators transported in the same vehicle?

Yes
 No

Do you operate an explosive magazine?

Yes
 No

Number of magazines

Location

Limit of Indemnity Required

16 Cover Extensions (Only granted if required to be Insured)

Removal of and / or interference with support to adjoining property due to your negligence in following Engineers / Architects written instructions.

Do you undertake any design of lateral support such as piling, underpinning, shoring and / or propping up of adjoining properties?

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

If "Yes", we require the names and qualifications of staff who carry out the work:

The insurance for this extension will be warranted to the effect that a survey of existing defects in structures within 500 meters of the location of removal of or interference with support be conducted and recorded and authenticated by the owner and / or tenant of such structure.

Limit of Indemnity Required

R _____

17 Cover Extensions (Only granted if required to be Insured)

Demolition Risks – if undertaken, kindly advise method

a) By hand

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

_____ % Percentage

b) Pneumatic Means

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

_____ % Percentage

c) Other – kindly specify

Limit of Indemnity Required

R _____

NB. The insurance provided excludes demolition by means of swingball and / or drop hammer

18 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.

19 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)