



PROPOSAL FORM

CONTRACTORS ANNUAL PUBLIC LIABILITY

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM

1. The Proposal, together with other information requested by or provided to the Insurers, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. "Not Applicable" and "N/A" are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.



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11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.
12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood.



1. Name of entity to be insured: _____
 (including subsidiary _____
 Companies) _____

2. Postal Address: _____

3. Physical Address: _____

4. Telephone Number: _____ Fax No: _____

5. Company Registration Number: _____ VAT No: _____

6. Website Address: _____

7. Describe in detail the nature of your business?

8. When Established: _____

9. Names and Qualifications of Principal Directors / Partners

Name	Designation	Qualifications

10. What is the main area of operations?

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

 %

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

 %

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

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

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

Yes ☐ No ☐

16. What is the average Contract Period? _____

17. How many months is the average Maintenance Defect Period? _____

18. Kindly indicate the latest turnover figures below:

Years	Period		Turnover
	From	To	
Year 1			
Year 2			
Year 3			
Estimated Turnover for the forthcoming year:			

19. Kindly indicate the largest contracts undertaken in the last 3 years:

Details of the Contracts	Value of Contracts



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

21. Has the entity to be insured previously been insured?

Yes ☐ 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.

a) Limit of Indemnity of such previous insurance. R

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

c) Has any Proposal for insurance ever been declined? Yes ☐ No ☐

d) Did any previous Insurer ever require:

i) Increased Premiums or terms? Yes ☐ No ☐

ii) Special restrictions or conditions? Yes ☐ No ☐

e) 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:

22. Please attach the following documents:

- a) Normal Trading Conditions
- b) Publicity or Technical Brochure/s

23. Kindly indicate the Territorial Limits required, and the allocation of turnover to each country:



24. 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

25. Please state Limit of Indemnity required: R_____

26. Please state any alternative Limits of Indemnity required for quotes:

R_____

R_____

Cover Extensions (Only granted if required to be Insured)

1. Blasting and / or use of Explosives

- 1.1 Names and Qualifications of employees who are licensed blasters

- 1.2 Type of blasting undertaken

- | | | |
|---|------------------------------|-----------------------------|
| a) Surface Blasting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Blasting within confines of existing structure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Blasting by means of implosion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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.

- 1.3. How are the explosives transported to site?

1.4 Are explosives and detonators transported in the same vehicle? Yes ☐ No ☐

1.5 Do you operate an explosive magazine? Yes ☐ No ☐

Number of magazines _____

Location _____

1.6 Limit of Indemnity Required R_____

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

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

2.2 Limit of Indemnity Required R_____

3. Demolition Risks – if undertaken, kindly advise method

a) By hand Yes ☐ No ☐ Percentage ☐

b) Pneumatic Means Yes ☐ No ☐ Percentage ☐

c) Other – kindly specify _____

d) Limit of Indemnity Required R_____

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

DECLARATION



I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

I/We agree that this Proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.

I/we undertake to inform the Insurer/underwriters of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signed at _____ on this _____ day of _____

Authorised Signatory on behalf of Entity to be Insured

Capacity