



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Erection All Risks (EAR) Insurance
(Annually Renewable Contracts)

Proposal Form



Contents

Please note that ALL FIELDS are mandatory in respect of sections required. Incomplete fields / sections may compromise Underwriters ability to present terms, conditions and / or quotation.

1. BROKER / AGENT INFORMATION
2. PROPOSER INFORMATION
3. CONTRACT INFORMATION
4. EXTENSIONS OF COVER REQUIRED
5. PUBLIC LIABILITY
6. PREVIOUS INSURANCE
7. DECLARATION & POPI CLAUSE

Currency & VAT

CURRENCY SELECTOR: Rands	R	<input type="radio"/>	VAT:	Included	<input type="radio"/>
US Dollars	\$	<input type="radio"/>		Excluded	<input type="radio"/>
Euros	€	<input type="radio"/>		Zero Rated	<input type="radio"/>

Broker / Agent Information

Broker Name:

FAIS No:

Branch Name:

Consort Agency Number:

Broker Contact Person:

Tel No:

Fax No:

E-mail Address:

Proposer Information

Proposer's Name:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Contact Person:

Tel No:

Fax No:

Cell No:

E-mail Address:

Proposer's VAT Number:

Proposer's Company Registration Number:

Holding Company Details:

Financial Year End:

Commencement Date of Business:

* Annual Turnover:

*** For PPR Purposes**

Contract Information

Type of Contracts Undertaken:

List Main Geographical Areas of Operation:

Please provide contracting turnover for the past four years together with a projection of the forthcoming period

	RSA Only	Other Territories
2018 / 2019	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2019 / 2020	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2020 / 2021	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2021 / 2022	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2022 / 2023 (estimate)	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Percentage Turnover as Contractor: %

Percentage Turnover as Subcontractor: %

Average Contract Value:

Maximum Contract Value:

Average Contract Period (months):

Maximum Contract Period (months):

Maintenance Period (months):

If any work is sub-contracted, please list them below

Sub Contractor	Type of Work
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Contract Conditions Utilised:

On Site Security Measure:

Extensions of Cover Required

Limits of Indemnity

1. Surrounding Property / Property under care Custody & Control (not being part of contract works):

2. Removal of Debris:

3. Inland Transit:

4. Temporary Off-Site Storage:

5. Escalation:

 %

6. SASRIA:

Yes No

Public Liability

	RSA Only	Other Territories
Limit of Indemnity:	<input type="text"/>	<input type="text"/>

Previous Insurance

Please give details of all losses (actual or potential) during the past three years

Date of Loss	Description of Loss	Gross Damage

*** Please attach a full list of occurrences**

Are you insured or ever been insured against any of the risk now proposed? Yes No

If yes, provide details:

Company:

Policy Number:

Has any company / insurer ever:

Declined any proposal? Yes No

Refused to renew your policy? Yes No

Cancelled any policy? Yes No

Imposed special terms? Yes No

If so, please provide details:

Declaration

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

POPI Clause

The Parties acknowledge that for the purposes of performing this contract 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 that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

Date:

Name of authorised signature:

* Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service

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Consort Technical Underwriting Managers (Pty) Ltd is an Authorised Financial Service Provider (FSP No 2273)

