



# CONSORT

## TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Erection All Risks (EAR) Insurance  
(Specific / One-off Contracts)

Proposal Form



## Contents

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

Broker / Agent Information	Page 2
Proposer Information	Page 2
Contract Information	Page 3
Extensions of Cover Required	Page 3
Public Liability	Page 3
Previous Insurance	Page 4
Declaration	Page 5
POPI Clause	Page 5

## Selectors

Please select the CURRENCY and VAT selectors:

<b>Currency Selector:</b>	Rands	R	<input type="radio"/>	<b>VAT Selector:</b>	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

Description of Contract:

Situation / Location of Contract:

Work done by Subcontractors:

**Contract Period:**

Commencement Date:

Completion Date:

Maintenance Period (Months):

Testing Period (Months):

Contract Fee (including free issue materials and VAT):

## Extensions of Cover Required

	Limits of Indemnity
Surrounding Property / Property under Care Custody & Control (not being part of Contract Works) :	<input style="width: 100%; height: 25px;" type="text"/>
Removal of Debris:	<input style="width: 100%; height: 25px;" type="text"/>
Inland Transit:	<input style="width: 100%; height: 25px;" type="text"/>
Temporary Off-site Storage:	<input style="width: 100%; height: 25px;" type="text"/>
Escalation:	<input style="width: 80px; height: 25px;" type="text"/> %
SASRIA:	<input type="radio"/> Yes <input type="radio"/> No

## Public Liability

	RSA Only	Other Territories
Limit of Indemnity:	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" 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

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:  Signature:  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.**

### United Kingdom Office:

10 Tennyson Close  
Horsham  
West Sussex  
RH12 5PN  
Tel: +44 7467 492 586

### Johannesburg (Head Office):

Unit 30, Consort House,  
Waterford Office Park, Waterford Drive, Fourways, 2055  
Tel: (+27) 11 658 1156  
Postal Address: P O Box 520, Banbury, 2164  
Reg: 1999/003909/07

[www.consort.co.za](http://www.consort.co.za)

### Cape Town Office:

1st Floor Willowbridge Centre  
39 Carl Cronje Drive  
Tygervalley  
7536  
Tel: (+27) 21 974 6198

**DIRECTORS:** P.A. CHARLTON C.N. CHARLTON A.J. CHARLTON G.P. CHARLTON C. BARKER D. LABURN

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

