



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Plant All Risks (PAR) Insurance

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

PROPOSER INFORMATION

CONTRACT INFORMATION

DRIVER / OPERATOR INFORMATION

PLANT INFORMATION

PUBLIC LIABILITY

PREVIOUS INSURANCE

DISCLOSURE

POPI CLAUSE

Please select the following

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:	<input style="width: 95%;" type="text"/>	FAIS No:	<input style="width: 95%;" type="text"/>
Branch Name:	<input style="width: 95%;" type="text"/>		
Consort Agency Number:	<input style="width: 95%;" type="text"/>		
Broker Contact Person:	<input style="width: 95%;" type="text"/>		
Tel No:	<input style="width: 15%;" type="text"/>	Fax No:	<input style="width: 15%;" type="text"/>
E-mail Address:	<input style="width: 95%;" type="text"/>		

Proposer Information

Proposer's Name:	<input style="width: 95%;" type="text"/>		
Type of Business:	<input style="width: 95%;" type="text"/>		
Postal Address:	<input style="width: 95%;" type="text"/>	Physical Address:	<input style="width: 95%;" type="text"/>
Postal Code:	<input style="width: 15%;" type="text"/>	Postal Code:	<input style="width: 15%;" type="text"/>
Contact Person:	<input style="width: 95%;" type="text"/>		
Tel No:	<input style="width: 15%;" type="text"/>	Fax No:	<input style="width: 15%;" type="text"/>
Cell No:	<input style="width: 95%;" type="text"/>		
E-mail Address:	<input style="width: 95%;" type="text"/>		
Proposer's VAT Number:	<input style="width: 15%;" type="text"/>	Proposer's Company Registration Number:	<input style="width: 15%;" type="text"/>
Holding Company Details:	<input style="width: 95%;" type="text"/>		
Financial Year End:	<input style="width: 15%;" type="text"/>	Commencement Date of Business:	<input style="width: 15%;" type="text"/>
* Annual Turnover:	<input style="width: 95%;" type="text"/>		

*** For PPR Purposes**

Driver / Operator Information

Will the plant be operated by:

Owner Only: Yes No

Specific Operators: Yes No

General Operators: Yes No

Casual / Part-time Operators: Yes No

Are operators previous employment records, including accident records checked? Yes No

Are operators subjected to full medical examinations prior to and during employment? Yes No

Main Geographical Areas of Operation:

Detail any precautions in place to avoid losses arising out of theft, hi-jack or accident:

Are anti-theft tracking devices fitted? Yes No

Is any plant fitted with tachographics / telematics or other management devices? Yes No

How is the plant protected when not in use?

Whilst on Site:

Whilst at Proposer's Premises:

What is the accumulation of risk during Christmas or Easter? **(R)**

Do you require SASRIA? Yes No

Will the insured plant be hired out? Yes No

If yes, please provide details:

Will the insured plant be hired in? Yes No

If yes, please provide details:

Estimated Annual Hire Fees:

Limit of Indemnity Required **(R)**:

Please indicate the type of plant hired-in:

Mobile Cranes: Yes No

Mobile Construction Plant: Yes No

Non-mobile Plant / Equipment: Yes No

Claims Experience / details for the past 3 years			
Date of Loss	Plant	Description of Loss	Gross Damage

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

Public Liability

Limit of Indemnity:

Is Third Party Road Risk Cover required?

Yes No

Previous Insurance

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

Disclosure

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

