



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Project Delay / Delay in Start-Up Insurance
(In Respect of Principal Controlled Projects)

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.

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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: 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:

Contract Information

Physical Address of
Contract Site:

Postal Code:

Period of Contract:

From Date of Commencement on Site:

To Date of Completion and Start of Commercial Production:

Sum Insured:

Annual Gross Profit / Revenue / Rent:

Standing Charges:

Increase in Cost of Working:

Addition Increase in Cost of Working:

Indemnity Period:

months

Time deductible:

days

Special Features of the Contract (imported materials, machinery, etc.):

Alternative Means of Production (e.g. spare capacity on existing plant, access to production at other branches, assistance by friendly competitors, existing stockpile, alternative power supply e.g. Eskom):

Estimated Maximum Repair / Replacement Period in Event of Loss or Damage:

months

Names of Contractors (each listed on a seperate line):

General Comments

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 purpose of performing this contract it will ne necessary to process the insured's private information including making tat information available to others 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 Sout 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

