

CONSORT TECHNICAL UNDERWRITERS

TRUSTED ENGINEERING INSURANCE

Removal of Lateral Support 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.

GENERAL INFORMATION	
PROPOSER INFORMATION	
CONTRACT INFORMATION	
DISCLOSURE	
POPI CLAUSE	

Please select the following					
CURRENCY SELECTOR: Rands	R	\bigcirc	VAT:	Included	\bigcirc
US Dollars	\$	\bigcirc		Excluded	\circ
Euros	€	\bigcirc		Zero Rated	\circ

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 Registeration Number:	
Holding Company Details:		
Financial Year End:	Commencement Date of Business:	
* Annual Turnover:		

* For PPR Purposes

	Contract	Informat	ion
Physical Address of Contract Site:			
	Postal Code:		
Contract Title:			
Full description of proposed contracting construction of retaining wall / trenching		e removal of s	upport (e.g. excavation for a basement /
Please attach drawings if possbile to the this form and list the filenames here:	e-mail following		
Period of Contract:			
1) Total Period:			
2) Period for which Lateral Support R	isk will be Exposed:		
Proximity of Contract Site to Existing Prop	perty:		
1) Existing Buildings:			
2) Roads:			
3) Pavements / Walkway:			
Has the location of all services been ide	ntified:		
1) Water Mains:		○NO	
2) Electrical Cabling:	YES	○NO	
3) Sewerage Piping:	○YES	○NO	

Please attach the following report / summary of investigation in respect of the following:

	rile Name
Geological investigation	
2. EIA report (if applicable)	
3. Engineers report & method statement	
4. Pre-existing defects / crack survey report	
5. Site layout indicating location of existing services	
6. Site plan (cross section) indicating depth, length of excavations	
Contract Value and Limit of Indemnity:	
Value of Main Contract:	
Value of Lateral Support Contract:	
Limit of Indemnity Required for Lateral Support:	

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:	
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United Kingdom Office:

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^{*} 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.