

# CONSORT TECHNICAL UNDERWRITERS

TRUSTED ENGINEERING INSURANCE

Contractors All Risks (CAR) 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	DDOVED	/ AGENT INFORMAT	$\square \cap \square$
	DRUKEK	/ AGENI INFORMAL	

- 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	$\circ$	VAT:	Included	C
	US Dollars	\$	$\circ$		Excluded	С
	Euros	€	$\bigcirc$		Zero Rated	$\subset$

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	В	Broker / Agent	t Information	
Broker Name:			FAIS No:	
Branch Name:				
Consort Agency Number:				
Broker Contact Person:				
Tel No:		Fax No:	E-mail A	ddress:
		Proposer In	formation	
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	s Company Registration	Number:
Holding Company Details:				
Financial Year End:		Comm	nencement Date of Busi	ness:
* Annual Turnover:				

\* For PPR Purposes

	Contract Information	
Type of Contracts Undertaken:		
List Main Geographical Areas of Operation:		
Please provide contracting turn	nover for the past four years together with c	projection of the forthcoming period
	RSA Only	Other Territories
2018 / 2019		
2019 / 2020		
2020 / 2021		
2021 / 2022		
2022 / 2023 (estimate)		
Percentage Turnover as Contractor:		over as Subcontractor: %
	ercentage of turnover applicable to each	or the following
Buildings		
Single Story		%
Double Story		%
Thatch		%
Civils		
Earthworks		%
Roads		%
Bridges		%
Sewer / Water		%
Other (Please enter own description)		
		%
Average Contract Value:	Maximum Co	ontract Value:
Average Contract Period (months):	Maximum Contract Period (months):	Maintenance Period (months):

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If a	iny work is s	sub-contracted, please list them b	pelow	
Sub Contractor		ту	pe of Work	
Contract Conditions Utilised:				
On Site Security Measure:				
Limits of Indemnity		ons of Cover Require		
Surrounding Property / Property under 1. contract works):	er care Cus	tody & Control (not being part of		
2. Removal of Debris:				
3. Inland Transit:				
4. Temporary Off-Site Storage:				
5. Escalation:				9
6. SASRIA:				○Yes ○No
		Public Liability		
		RSA Only	Othe	er Territories
Limit of Indemnity:				
Is any blasting undertaken?	○Yes	○No		
If yes, please provide details of Qualification and years of experience of Master Blaster:				
Removal of Support (Lateral Support)	Yes	○No		

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<sup>\*</sup> If required please COMPLETE seperate Removal of Lateral Proposal Form and provide Engineers report

# Previous Insurance

Please give details of all losses (actual or potential) during the past three years					
Date of Loss	Description of Loss	Gross E	)amage		
* Please attach a full list o	of occurences				
Are you insured or ever b	een insured against any of the risk now proposed?	)Yes	○No		
If yes, provide details:					
Company:					
Policy Number:					
Has any company / insui	rer ever:				
Declined any prop	osal? (	Yes	○No		
Refused to renew y	vour policy?	Yes	○No		
Cancelled any pol	icy?	Yes	○No		
Imposed special te	erms?	Yes	○No		
<b>If so</b> , please provide details:					

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### **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:	
Date:	Name of authorised signature:	
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**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)

### Cape Town Office:

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<sup>\*</sup> 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