

# CONSORT TECHNICAL UNDERWRITERS

TRUSTED ENGINEERING INSURANCE

Loss of Profit
Following Machinery Breakdown

Proposal Form



	Broker	/ Agent Info	rmation		
Broker Name:			FAIS No:		
Branch Name:					
Consort Agency Number:					
Broker Contact Person:					
Tel No:	Fax	«No:	E-mail Add	Iress:	
	Prop	poser Inform	ation		
Proposer's Name:					
Type of Business:					
Postal Address:		Phy	sical Address:		
	Postal Code:			Postal Code:	
Contact Person:					
Tel No:		Fax No:		Cell No:	
E-mail Address:					
Proposer's VAT Number:		Proposer's Comp Number:	oany Registeration		
Holding Company Details:					
Financial Year End:		Commencem	ent Date of Business:		

# Loss of Profits Insurance Details

Basis of Insurance:			
Annual Gross Profit:			
	Additional basis		
	O Difference Basis		
Additional Increase in Cost of Working:			
Claims Preparation Cost:			
Has the client ever suffered	a Loss of Profit following a Machinery Breakdown?	○Yes	○No
If yes, please specify for whi	ich items:		
Item:			
Details:			
Date:			
Time Taken to Repair / Duration of Downtime:			
Loss of Profit:			
Please provide a description of the production including a basic flow diagram and indicate whether any bottlenecks exist:			

## Machinery Insurance Details

#### N.B. Loss potential - These factors must be reported for each item

- i) Alternative means of working: Proportion of production maintained
- ii) Repair time estimate following major damage
- iii) Delayed resumption of production factors e.g. solidification, phased restarting
- iv) Observations, i.e. prototype, prolonged working hours, unattended plant, extraneous perils e.g. impact from mobile plant (Cranes, locos, etc.)

Item No.	Machinery as per Machinery Breakdown	% MP	i) Work Performed and ii) Factors Relating to Loss Potential (see above)	Indemnity F	eriod
Where app	olicable, are stocks of finished	or partly finished	d good held?	○Yes	○No
For what p	period of time would these main	ntain production	n§		
		Gene	eral 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 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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<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