



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Erection All Risks (EAR) 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. BROKER / AGENT INFORMATION
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	<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 type="text"/>	FAIS No:	<input type="text"/>
Branch Name:	<input type="text"/>		
Consort Agency Number:	<input type="text"/>		
Broker Contact Person:	<input type="text"/>		
Tel No:	<input type="text"/>	Fax No:	<input type="text"/>
E-mail Address:	<input type="text"/>		

Proposer Information

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

*** For PPR Purposes**

Contract Information

Type of Contracts Undertaken:

List Main Geographical Areas of Operation:

Please provide contracting turnover for the past four years together with a projection of the forthcoming period

	RSA Only	Other Territories
2019 / 2020	<input type="text"/>	<input type="text"/>
2020 / 2021	<input type="text"/>	<input type="text"/>
2021 / 2022	<input type="text"/>	<input type="text"/>
2022 / 2023	<input type="text"/>	<input type="text"/>
2023 / 2024 (estimate)	<input type="text"/>	<input type="text"/>

Percentage Turnover as Contractor: %

Percentage Turnover as Subcontractor: %

Average Contract Value:

Maximum Contract Value:

Average Contract Period (months): Maximum Contract Period (months): Maintenance Period (months):

If any work is sub-contracted, please list them below

Sub Contractor	Type of Work
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contract Conditions Utilised:

On Site Security Measure:

Extensions of Cover Required

Limits of Indemnity

1. Surrounding Property / Property under care Custody & Control (not being part of contract works):

2. Removal of Debris:

3. Inland Transit:

4. Temporary Off-Site Storage:

5. Escalation:

 %

6. SASRIA:

☐ Yes ☐ No

Public Liability

Limit of Indemnity:

RSA Only	Other Territories
<input type="text"/>	<input type="text"/>

Previous Insurance

Please give details of all losses (actual or potential) during the past three years

Date of Loss	Description of Loss	Gross Damage

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

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

If so, please provide details:

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:

* 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

United Kingdom Office:

10 Tennyson Close
Horsham
West Sussex
RH12 5PN
Tel: (+44) 7467 492 586

Johannesburg (Head Office):

Unit 30, Consort House,
Waterford Office Park, Waterford Drive, Fourways, 2055
Tel: (+27) 11 658 1156
Postal Address: P O Box 520, Banbury, 2164
Reg: 1999/003909/07

www.consort.co.za

Cape Town Office:

1st Floor Willowbridge Centre
39 Carl Cronje Drive
Tygervally
7536
Tel: (+27) 21 974 6198

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)

