



## PROPOSAL FORM

### CONTRACTORS ANNUAL PUBLIC LIABILITY

This Proposal Form, together with the information provided, has been compiled in such a manner as to provide the Underwriters with as much information as possible with regard to the evaluation of the risk and the insurance requirements of the Proposer as named herein. Completion of the Form does not bind the Proposer or the Underwriters to complete the insurance transaction.

To assist Underwriters in assessing liability for rating purposes, The Proposer is requested to answer all questions. Should there be insufficient space provided herein, please provide balance of information on additional pages.

**PLEASE NOTE THAT NO QUOTATION CAN BE PROVIDED UNLESS ALL QUESTIONS HAVE BEEN ANSWERED AND THIS PROPOSAL SIGNED, DATED AND INITIALLED ON ALL PAGES**

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**F.A.I.S Compliance Details**  
FSP Licence Number: 28  
Compliance Practice: Intelligent Compliance and Education (Pty) Limited  
FSB Practice No. 554  
Compliance Officer: Peter Veal

Member of  
SAUMA





## Contractors Annual Public Liability Proposal Form

1. Name of Entity to be Insured: \_\_\_\_\_  
(Including Subsidiary  
Companies) \_\_\_\_\_
  
2. Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Telephone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_
  
5. Company Registration Number: \_\_\_\_\_ VAT No: \_\_\_\_\_
  
6. Website Address: \_\_\_\_\_
  
7. Detailed Description  
of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. When Established: \_\_\_\_\_

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9. Names and Qualifications of Principal Directors / or Partners

NAME	DESIGNATION	QUALIFICATION

10. What is the main area of operations: \_\_\_\_\_

\_\_\_\_\_

11. If you act as the Principle Contractor, kindly indicate the percentage of Annual Turnover derived from this function:

\_\_\_\_\_

12. If you act as the Sub-Contractor, kindly indicate the percentage of Annual Turnover derived from this function:

\_\_\_\_\_

13. If any turnover is derived from the sale and supply of products, kindly indicate the Turnover derived:

\_\_\_\_\_

14. If any aspect of the business involves design, then please provide full details of design undertaken and Names and qualifications of such staff members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. If an outside party does the design on your behalf, are full rights of recourse retained?

\_\_\_\_\_

16. What is the average Contract Period?

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17. How many months is the average Maintenance Defect Period?

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18. Kindly indicate the latest turnover figures below:

YEARS	PERIOD		TURNOVER
	FROM	TO	
Year 1			
Year 2			
Year 3			
Estimated Turnover for the forthcoming year:			

19. Kindly indicate the largest contracts undertaken in the last 3 years:

DETAILS OF THE CONTRACT	VALUE OF CONTRACT

...4



20. Please provide all information regarding claims paid and outstanding, as well as details of all complaints, which have not yet developed into claims.

Four horizontal lines for providing information regarding claims and complaints.

21. Has the Entity to be Insured previously been Insured? Yes  No

If YES, was the insurance on a "claims made in the period of insurance" basis or "losses occurring in the Period of insurance"?

Horizontal line for providing details of insurance basis.

Limit of Indemnity of such previous insurance. \_\_\_\_\_

a) If "Claims Made" basis, please state present Retroactive Date: \_\_\_\_\_

b) Has any Proposal for insurance ever been declined? Yes  No

c) Did any previous Insurer ever require:

i) Increased Premiums or terms? Yes  No

ii) Special restrictions or conditions? Yes  No

d) Has any previous Insurer terminated or refused to renew any insurance? Yes  No

If the answer to either of the above is YES, please give full details:

Four horizontal lines for providing full details if applicable.

22. Please attach the following documents:

- a) Normal Trading Conditions
- b) Publicity or Technical Brochure/s

23. Kindly indicate the Territorial Limits required, and the allocation of turnover to each country:

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24. Please provide any other information which may be relevant to Insurers understanding of the insurance being proposed eg. Any unusual or significant liability risk factors

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25. Please state Limit of Indemnity required: R\_\_\_\_\_

26. Please state any alternative Limits of Indemnity required for quotes:

R\_\_\_\_\_

R\_\_\_\_\_

**Cover Extensions (Only granted if required to be Insured)**

1. Blasting and / or use of Explosives

1.1 Names and Qualifications of employees who are licensed blasters

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1.2 Type of blasting undertaken

1.1.2	Surface Blasting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1.2.2	Blasting within confines of existing structure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1.2.3	Blasting by means of implosion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If YES to 1.2.3 above, the following information is required:

a) Number of such contracts any one year and history of past two years implosions

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b) Who is responsible for the method design?

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1.3 The Insurance for this extension will be warranted to the effect that a survey of existing defects in structures within 500 meters of the blast site be conducted and recorded and authenticated by the owners and / or tenants of such structures.

1.4.1. How are the explosives transported to site?

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1.4.2 Are explosives and detonators transported in the same vehicle? Yes  No

1.5 Do you operate an explosive magazine? Yes  No

Number of magazines 

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Location 

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1.6 Limit Of Indemnity Required 

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...7

2. Removal of and / or interference with support to adjoining property due to your negligence in following Engineers / Architects written instructions.

2.1 Do you undertake any design of lateral support such as piling, underpinning, shoring and / or propping up of adjoining properties?

Yes  No

If yes, we require the names and qualifications of staff who carry out the work:

\_\_\_\_\_  
 \_\_\_\_\_

The insurance for this extension will be warranted to the effect that a survey of existing defects in structures within 500 meters of the location of removal of or interference with support be conducted and recorded and authenticated by the owner and / or tenant of such structure.

Limit Of Indemnity Required \_\_\_\_\_

3. Demolition Risks – if undertaken, kindly advise method

a) By hand Yes  No  Percentage \_\_\_\_\_

b) Pneumatic Means Yes  No  Percentage \_\_\_\_\_

c) Other – kindly specify \_\_\_\_\_  
 \_\_\_\_\_

d) Limit Of Indemnity Required \_\_\_\_\_

NB. The insurance provided excludes demolition by means of swingball and / or drop hammer



**DECLARATION**

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers. I/We agree that this Proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.

I/we undertake to inform the Underwriting Managers of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Authorised Signatory on behalf of Entity to be Insured \_\_\_\_\_

Capacity \_\_\_\_\_