



FDM ENGINEERING
 UNDERWRITERS (PTY) LTD
 2004/009147/07
 Authorised Financial Services Provider - FSP No: 20816

Contractors & Liability Insurance General Questionnaire

A. Broker Details

Broker name			
Contact person			
Landline		Mobile	
Email address			

B. Insured Details

Name of insured					
Postal address				City	
Province		Postal code		Country	
Landline			Mobile		
Insured registration number					
VAT no					
Contractor name					
Name of principle / employer					

C. Open Annual Contract Policy

Note: The turnover figure must include the total cost of materials, labour, free issue materials P&G's and other contractual income + V.A.T for the year.

Estimate annual turnover (NB)	R	
The Value of the largest contract to be worked on/awarded during the next 12 months	R	
Description of the type of contracts entered into		
Surrounding Property, limit of indemnity required	R	
(Property under custody control, not being part of contract works)		
What work will be done by sub-contractors		

Site location The contract site details	<input type="checkbox"/> Level	<input type="checkbox"/> Sloping	<input type="checkbox"/> Rocky	<input type="checkbox"/> Sandy	<input type="checkbox"/> Clay	<input type="checkbox"/> Built up areas	<input type="checkbox"/> Remote area
Close proximity to	<input type="checkbox"/> Rivers, dams, known watercourse			<input type="checkbox"/> Highways, motorways, airports etc			
Security precautions Give details							
Contract period / period of insurance	From				To		
Maintenance period required							
Inception date of policy				Maintenance period required			
Strike riot insurance (SASRIA)						<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Once Off/Specific Contracts Policy

Note: The Contract value must include the total cost of materials, labour, free issue materials P & G's and any other contractual income + V.A.T. (Attach copy of contract cost breakdown)

Contract value	R						
Description of the type of contract entered into							
What work will be done by sub contractors							
Site location The contract site details	<input type="checkbox"/> Level	<input type="checkbox"/> Sloping	<input type="checkbox"/> Rocky	<input type="checkbox"/> Sandy	<input type="checkbox"/> Clay	<input type="checkbox"/> Built up areas	<input type="checkbox"/> Remote area
Close proximity to	<input type="checkbox"/> Rivers, dams, known watercourse			<input type="checkbox"/> Highways, motorways, airports etc			
Security precautions Give details							
Contract period / period of insurance	From				To		
Maintenance period required							
Surrounding Property, limit of indemnity required	R						
(Property under custody control, not being part of contract works)							
Strike riot insurance (SASRIA)						<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. Contractors Public Liability

Limit of Indemnity required	R						
Public liability	Use of explosives				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Site security	Adequately fenced off	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Access control to site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comment on the density of pedestrian and vehicle traffic in the immediate vicinity of the site. (EG : Shopping mall or Isolated Area)							
Removal of support (Lateral support)	R (If required please refer)						

F. Previous Insurance

Name of previous insurance

Claims Experience / Details

G. General Comments

Note: Self - propelled plant, tools and equipment are not covered under this policy and should be insured separately i.e. (Business all risk (B.A.R) / Plant all risk (P.A.R) Policies

G. Declaration

a) Do not sign any blank or partially completed application/proposal form

b) Complete all sections in full & in black ink

c) Retain all documents handed to you.

d) Make notes of what has been said to you

e) Do not be pressurized by anyone to purchase the product

f) Incorrect information or non - disclosure of any material fact, by you, will have an affect on claims

We hereby declare the foregoing particulars to be true in every respect

Form Completed by

Date

Signature of insured

Date

DISCLOSURE

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 STATEMENT

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 as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.