



CONTRACTORS ALL RISK
GENERAL QUESTIONNAIRE

A. BROKER DETAILS

Name of Broker Company :

Fax Number : Telephone No. :

Email Address :

Contact Person :

Santam/CEU Agency Number :

FAIS number :
(No Quotations will be given
Without this number)

B. GENERAL

Name of Insured :

Postal Address :
:
:

Vat Number :

Telephone No. :

Name of Main Contractor :

Name of Principal/Employer :

Name of Sub Contractors :

NOTE: Complete either Section C or Section D and Sections E and F

C. OPEN ANNUAL CONTRACT POLICY

C1. Estimated Annual Turnover : R

Note: The Turnover Figure must include the Total Cost of Materials, Labour, Free Issue Materials P & G's and any other Contractual Income + V.A.T.

C2. Description of the type of Contracts entered into.

(Erection, Alterations, Extensions to Buildings/Dwellings etc.)

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C3. The Value of the Largest Contract to be Worked

On/Awarded during the next 12 months : R

C4. In which areas will the Contracts take Place

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C5. What work will be done by Sub Contractors

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:
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:
:
:

C6. Surrounding Property / Property under Custody Control (Not being Part of Contract Works)

Limit of Indemnity Required : R

C7. Inception Date of Policy

:

C8. Maintenance Period Required

:

C9. SASRIA

: Yes/No

D. ONE OFF / SPECIFIC CONTRACTS POLICY

D1. Contract Value

(Attach copy of Contract Cost Breakdown)

: R

D2. Contract Title / Full Description of Contract

:

D9. SASRIA : Yes/No

E. CONTRACTORS PUBLIC LIABILITY

E1. Limit of Indemnity Required : R

E2. Public Liability:

Use of Explosives Yes No

Site Security

* Adequately Fenced Off Yes No

* Access Control to Site Yes No

Comment on Density of pedestrian and vehicle traffic in the immediate vicinity of the site
e.g. Busy shopping Mall or isolated Area

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E3. Removal of Support (Lateral Support)

If required please refer to CEU for Separate Quotation :

F. PREVIOUS INSURANCE

F1. Name of Previous Insurer :

F2. Claims Experience / Details :

F3. Supporting Business :

G. GENERAL COMMENTS

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