LEGENDSURE

Submit by email

Contractors All Risk and Liability Proposal – Once-off Speci ic

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

A. BROKER DETAILS

Broker Name

Contact Person

Tel Fax

Email

B. INSURED

Name of Insured

Postal Address

VAT No Company Registration Tel

Main Contractor

Principal / Employer

C. ONE OFF / SPECIFIC CONTRACT

Contract Value R

» **The sum insured must be the total cost of the contract, i.e. the permanent and temporary works and all materials, including free issue material, labour costs etc.: Indicate if VAT incl.**

» **Definition of Free Issue Material: Material supplied by the purchaser/principal for incorporation into the contract works without charge to the contractor**

Full Description of Contract / Scope of Works

Site Location: (Address)

Main Contractor

Cost Breakdown/Bill of Quantities

Security Precautions (Give Details)

Method Statement

Contract Period From to

Maintenance Period Required months

EXTENSIONS AND CLAUSES

Section 1: Contract Works

Extension	Required (Yes / No)	Limit
Surrounding Property Damage (In respect of each and every occurrence) » Note: Surrounding Property Extension refers to the existing Owner's/Principle/Employer's property not part of the Contract Works but in the care, custody and control of the Contractor. NOT a Third Party's property	Yes ○ No ○	R
Will weakening or removal of existing support be required?	Yes ○ No ○	
Removal of Debris (No damage to works)	Yes ○ No ○	R
Claims Preparation Costs	Yes ○ No ○	R

SASRIA

Yes ○ No ○

D. CONTRACTORS PUBLIC LIABILITY

Limit of Liability Required R

EXTENSIONS AND CLAUSES

Section 2: Contract Works

Extension	Required (Yes / No)	Limit
Legal Defence Costs	Yes ○ No ○	R
Arrest / Assault / Defamation	Yes ○ No ○	R

Use of Explosives or Chemical Expansion Yes ○ No ○

If YES Please give details and advise of any third-party property and/or persons nearby)

SITE SECURITY

Adequately Fenced Off? Yes ○ No ○

Access control to Site? Yes ○ No ○

If NO please comment on the security measures being implemented at the Site

Comment on Density of pedestrian and vehicle traffic in the immediate vicinity of the site, e.g. Mall

REMOVAL OF LATERAL SUPPORT

» Additional Questionnaire to be completed

Should this cover be requested then the following information would be required:

1. Description of the Removal of Support work
2. Engineers report, Method statement
3. Depending on the risk a Geotechnical Report may be required
4. Limit of Indemnity Required R

E. PREVIOUS INSURANCE

Name of Insurer

Claims Experience / Details

F. 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 or Plant All Risk policies.

POPI CONSENT AND DECLARATION

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Date Signed by insured