

**PROPOSAL FORM**  
**ERECTION ALL RISK (EAR) INSURANCE**

**Please Note**

1. Please answer **ALL** questions in full. If there are insufficient spaces on the form, please continue on the company letterhead.
2. The latest audited Financial Statements / Annual Report / Interim Report **MUST** be attached.
3. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue an erection all risk policy, all of the information, which the company provides, will become part of and shall form the basis of any policy issued to the Company by Skybridge Reinsurance Brokers.

**PROPOSER INFORMATION**

**Company Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
**Postal Address** \_\_\_\_\_  
 \_\_\_\_\_  
**Contact Person** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Fax Number** \_\_\_\_\_  
**Cell Number** \_\_\_\_\_  
**E-Mail Address** \_\_\_\_\_  
**Website** \_\_\_\_\_  
**Type Of Organisation** \_\_\_\_\_  
**VAT Number** \_\_\_\_\_  
**Date Established** \_\_\_\_\_  
**Number of employees** \_\_\_\_\_  
**Annual Gross Margin** \_\_\_\_\_  
**Annual Turnover** \_\_\_\_\_

**BROKER/AGENT INFORMATION**

**Broker Name:** \_\_\_\_\_  
**FAIS No.:** \_\_\_\_\_  
**Branch Name:** \_\_\_\_\_  
**Consort Agency**  
**Number:** \_\_\_\_\_  
**Broker Contact Person:** \_\_\_\_\_  
**Tel No.:** \_\_\_\_\_  
**Fax No.:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**Type of Contracts Undertaken:**

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**List Main Geographical Areas of Operation:**

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

|                         |  |
|-------------------------|--|
| 2015/2016               |  |
| 2016/2017               |  |
| 2017/2018               |  |
| 2018/2019               |  |
| 2019/2020<br>(estimate) |  |

Percentage Turnover as Contractor:

|  |
|--|
|  |
|  |
|  |
|  |

Percentage Turnover as Subcontractor:

|  |
|--|
|  |
|  |
|  |
|  |

Average Contract Value:

Average Contract Period (months):

Maintenance Period (months):

Maximum Contract Value:

Maximum Contract Period (months):

If any work is subcontracted, please list them below.

| Subcontractor | Type of work |
|---------------|--------------|
|               |              |
|               |              |

**Contract Conditions Utilised:**

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**On Site Security Measure:**

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**Extensions of Cover Required**

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

**Removal of Debris:**

**Inland Transit**

**Temporary Off-Sites Storage:**

**Escalation:**

**SASRIA:**

Limits of Indemnity

|   |
|---|
|   |
|   |
|   |
|   |
| % |

Yes  No

**Public Liability**

Limit of Indemnity

Is any blasting undertaken?

Yes  No

If yes, please provide details of Qualification and years of experience of Master Blaster:

.....

.....

.....

Removal of Support (Lateral Support)

Yes  No

**\* If required please COMPLETE separate Removal of Lateral Proposal Form and provide Engineers report.**

**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 proposals?  Yes  No

Refused to renew your policy?  Yes  No

Cancelled any policy?  Yes  No

Imposed special terms?  Yes  No

If so, please provide details:

.....  
 .....

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

**PLEASE ATTACH:**

- Insurance and indemnity sections of the contract
- Site plan and maps
- Cross sectional drawings/Technical graphics
- Gantt charts/Project time schedule/Works program
- Project details (full project description or specifications)
- Bill of quantity (BOQ)
- Health, Safety and Environment (HSE) program
- Methodology

**DECLARATION**

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

**Full name:**

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**Capacity:**

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**Signature:**

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**Date:**

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