



ERECTION ALL RISK (EAR) INSURANCE PROPOSAL FORM

Please Note

1. Please answer **ALL** questions in full. If there is 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 MUKFIN 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 Mukoma Financial Services.

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:

List Main Geographical

Areas of Operation:

Percentage Turnover as Contractor:		Percentage Turnover as Subcontractor:	
Average Contract Value:		Maximum Contract Value:	
Average Contract Period (months):		Maximum Contract Period (months):	
Maintenance Period (months):			

Subcontractor	Type of work

a	w	a	y
			%

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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:

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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:

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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:

Capacity:

Signature:

Date:



mukFIN
There is always a way