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King Price Insurance Company Ltd
Reg no. 2009/012496/06 FSP no. 43862
Executive Directors: G Galloway, RJP Finch, JH Huyser
Non-Executive Directors: G Radley, PH Faure, SJH van der Walt
Independent Non-Executive Directors: LL van der Nest, NJ Viviers, G Geldenhuys



Questionnaire

Contractors all risks

| Insured's information | |
|--|--|
| Name | |
| Phone no. | |
| Email | |
| Postal address | |
| Main contractor's name | |
| Sub-contractors' names | |
| Principal/employer's name | |
| • Please only complete the sections that are relevant. | |

| Open annual contract policy | |
|--|--|
| Estimated annual turnover (Please include the total cost of materials, free-issue materials, labour, P&Gs, any other contractual income and VAT.) | |
| | |
| Type of contracts (For example: Alterations, extensions, construction.) | |
| | |
| Value of the largest contract to be worked on/awarded in the coming 12 months | |
| | |
| In which area will this will take place | |

| | |
|---|--|
| Work to be done by sub-contractors | |
| | |
| Surrounding area under custody control/part of contract works | |
| | |
| Limit of cover required | |
| Policy start date | |
| Maintenance period required | |
| Sasria | |

| | |
|---|--|
| One-off/specific contracts policy | |
| Contract value (Please attached a copy of the cost breakdown.) | |
| | |
| Contract title/full description | |
| | |
| In which area will this will take place | |
| Close to river/dam/known watercourse | |
| Close to highway/airport | |
| Work to be done by sub-contractors | |
| | |
| Surrounding area under custody control/part of contract works | |
| | |

| | |
|-------------------------------------|--|
| Limit of cover required | |
| Contract period/period of insurance | |
| Policy start date | |
| Maintenance period required | |
| Sasria | |

| | |
|--|--|
| Public liability | |
| Limit of cover required | |
| Use of explosives | |
| Removal of lateral support Yes No If yes, a separate quote is required: | |

| | |
|-----------------------------|--|
| Previous insurance | |
| Name of insurer | |
| Previous claims information | |
| Supporting business | |

Signature of the insured

Date