

**CONTRACTORS ALL RISK  
 QUESTIONNAIRE**

**1. INSURED**

Name of Insured : .....

.....

Insured VAT No. : .....

Insured Company Reg. No. : .....

Postal Address : .....

: .....

: .....

: .....

Insured Telephone No. : .....

Insured Cell No. : .....

Insured email address : .....

Name of Main Contractor : .....

Name of Principal/Employer : .....

Name of Sub Contractors : .....

**BROKER**

Name of Broker : .....

Broker Telephone No. : .....

**NOTE: Complete Relevant Sections Only**

**2. OPEN ANNUAL CONTRACT POLICY**

2.1 Estimated Annual Turnover : R .....

**NB.** 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.

2.2 Description of the type of Contracts entered into.  
 (Erection, Alterations, Extensions to Buildings/Dwellings etc.)  
 .....  
 .....  
 .....

2.3 The Value of the Largest Contract to be  
 Worked On/Awarded during the next 12 months : R .....

In which areas will the Contracts take Place : .....  
 : .....

2.4 What work will be done by Sub Contractors : .....

2.5 Surrounding Property under Custody Control (Not being Part of Contract Works)

Limit of Indemnity Required : R .....

2.6 Inception Date of Policy : .....

2.7 Maintenance Period Required : .....

2.8 SASRIA : Yes/No

**3. ONCE OFF / SPECIFIC CONTRACTS POLICY**

- 3.1 Contract Value : R .....
- (Attach copy of Contract Cost Breakdown)
- Contract Title / Full Description of Contract : .....
- : .....
- : .....
- 3.2 What work will be done by Sub Contractors : .....
- : .....
- : .....
- 3.3 Site Location : .....
- : .....
- : .....

**Close Proximity to:**

- Rivers, dams known watercourse  Yes  No
- Highway motorways airport etc.  Yes  No

- 3.4 Contract Period / Period of Insurance : ..... To .....
- 3.5 Maintenance Period Required : .....
- 3.6 Surrounding Property / Property Under Custody Control (Not being Part of Contract Works)
- Limit of Indemnity Required : R .....
- 3.7 SASRIA Yes/No

**4. CONTRACTORS PUBLIC LIABILITY**

4.1 Limit of Indemnity Required : R .....

4.2 Public Liability:

Use of Explosives

 Yes

 No

E3. Removal of Support (Lateral Support)

If required please refer to C & G for Separate : .....  
 Quotation

**5. PREVIOUS INSURANCE**

F1. Name of Previous Insurer : .....

F2. Claims Experience / Details : .....

F3. Supporting Business : .....

**SIGNED BY INSURED** \_\_\_\_\_

**DATE** \_\_\_\_\_