

CONTRACTORS ALL RISK PROPOSAL & QUESTIONNAIRE



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

| A. BROKER DETAILS (Block capitals please) | | | |
|---|--|---------------|--|
| Broker Company Name | | | |
| Branch | | FSP No: | |
| Broker Contact Person | | | |
| Tel. Number | | Fax. Number | |
| Cell Number | | Email Address | |

| B. CLIENT DETAILS (Block capitals please) | | | |
|---|--------------------------|---------------|-------|
| Name of Insured | | | |
| Type of Business | | | |
| Physical address: | | | Code: |
| Postal address: | | | Code: |
| Proposer Contact Person | "Insured Contact Person" | | |
| Tel. Number | | Fax. Number | |
| Cell Number | | Email Address | |
| Company Registration No. | | Vat Number | |
| Main Contractor | | | |
| May we perform a credit rating check, to assist with rating for underwriting and claims? | | | YES |
| | | | NO |

| PREMIUM PAYMENT DETAILS / DEBIT ORDER AUTHORITY | | | | | | | | |
|---|--|---------|--|--------|---|-------------|--------------------------|-----------|
| Name of Policyholder | | | | | | | | |
| Policy Number (if existing policy) | Not yet issued / Quote status | | | | | | | |
| Company Reg. Number (if applicable) | | | | | | | | |
| Vat Reg. Number (if applicable) | | | | | | | | |
| Bank Account Holder – Name in full | | | | | | | | |
| Name of Financial Institute / Bank | | | | | | | | |
| Bank Account Number | | | | | | | | |
| Bank Branch code / Type of Account | | | | | | | | |
| PREMIUM TO BE DEBITED | R | | | | | | | |
| Payment method premium collection | <input type="checkbox"/> | MONTHLY | <input type="checkbox"/> | ANNUAL | <input type="checkbox"/> | HALF YEARLY | <input type="checkbox"/> | QUARTERLY |
| Date of Monthly Debit Order | <input type="checkbox"/> 1 st | | <input type="checkbox"/> 7 th | | <input type="checkbox"/> 15 th | | | |
| The Debit order reference will reflect on the bank statement with the prefix "FRONTLINE" followed by the policy number as a suffix, once issued on our system (example "FRONTLINE****12345****"). | | | | | | | | |

DECLARATION

I hereby authorise Frontline Underwriting Managers (Pty) Ltd to present their debit order in respect of the accepted Non-Life Insurance premium (including VAT) to the above account.
 I confirm that the Financial Service Provider (known as the Broker), will be act on my behalf.
 All information, so obtained, must be treated as confidential by the Financial Service Provider and may not be made public in any way without written consent in compliance with the POPI Act.
 Premium will be deducted as per accepted proposal / quote.
 I acknowledge that premium might change subject to amendments to the policy as per prior consent.
 Should the debit order detail change, resubmission of our DEBIT AUTHORITY form is necessary to remain compliant.

| | |
|------------------------------------|-------------------|
| Bank Account Holder Name / Surname | |
| Date of Signature | |
| Bank Account Holder Signature | |
| Policy Holder Signature | |
| Policy Holder Name and Surname | NAME AND SURNAME: |

COMPULSORY PROOF OF BANKING DETAILS REQUIRED (To be dated within current 3 months)

- Bank stamped bank statement reflecting clear account holder name and number, OR
- Letter from Financial Institute confirming banking details

COMPULSORY DOCUMENTATION

- Copy of your ID Document
- Copy of your Registration Document if paid-up with a Finance House

COVER REQUIRED

| CLASS | TICK APPLICABLE BOX | ANNUAL PREMIUM | | |
|---------------------------------------|---|----------------|----|---------|
| 1. ANNUAL POLICY _____ | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | |
| 2. ONCE-OFF / SPECIFIC CONTRACT _____ | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | |
| 3. CONTRACTORS PUBLIC LIABILITY _____ | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | YES | NO | R _____ |
| YES | NO | | | |

Total Annual Premium (payable in advance) R _____
 Brokers Fee R _____
SASRIA (Riot) Annual R _____

TOTAL ANNUAL PREMIUM R _____

To calculate Monthly premium divide Annual premium by 12

Monthly Premium R _____
 Brokers Fee R _____
SASRIA (Riot) Annual R _____ ÷ 12

TOTAL MONTHLY PREMIUM R _____

COMPLETE EITHER SECTION C OR D AS WELL AS SECTION E

| C. ANNUAL POLICY (Block capitals please) | | | |
|--|--|---------------------------|----|
| Estimated Annual Turnover: | | | |
| Note: The Turnover figure must include the total costs of Materials, Labour, Free Issue Materials and any other Contractual Income + VAT. | | | |
| Description of type of Contracts: | | | |
| | | | |
| | | | |
| Maximum Contract Value: | | | |
| | | | |
| Areas where Contracts will occur: | | | |
| | | | |
| | | | |
| What work will be done by Sub-Contractors: | | | |
| | | | |
| | | | |
| Property under Custody Control / Surrounding Property (not being part of the Contract Works): | | | |
| Limit of Indemnity Required: | | Inception Date of Policy: | |
| Maintenance Period Required: | | Renewal Date: | |
| SASRIA | | YES | NO |

| D. ONCE-OFF / SPECIFIC CONTRACT (Block capitals please) | | | |
|--|---|---|--------|
| Contract Value: | | | |
| Note: 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.) | | | |
| Full Description of Contract: | | | |
| | | | |
| | | | |
| What work will be done by Sub-Contractors: | | | |
| | | | |
| | | | |
| Site Location: | | | |
| Security Precautions – Give details | | | |
| | | | |
| | | | |
| Contract Period (DD/MM/YYYY): | / | / | TO / / |

| | |
|--|--|
| Maintenance Period Required: | |
| Surrounding Property / Property under Custody & Control Limit of Liability Required: | |
| | |
| | |
| | |

| E. CONTRACTORS PUBLIC LIABILITY (Block capitals please) | | | | |
|--|-----|--|----|--|
| Limit of Liability Required: | | | | |
| Use of explosives | YES | | NO | |
| Please give details and advise of any third-party property and/or persons nearby: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Site Security– Give details | | | | |
| | | | | |
| Note: Comment on density of pedestrian and vehicle traffic in the immediate vicinity of the site e.g. Shopping Mall | | | | |
| Is site adequately fenced-off? | YES | | NO | |

| F. PREVIOUS INSURANCE (Block capitals please) | | | |
|---|---------------|------------------|----------------|
| Name of Insurer: | | | |
| Policy Number: | | | |
| Claims experience and details: | | | |
| DETAILS OF LOSS: | DATE OF LOSS: | NAME OF INSURER: | COST (Approx): |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this form together with any other information supplied by me/us from the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF: _____

SIGNATURE
DESIGNATION: _____

DATE

NAME IN PRINT: _____

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal.

PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information.

In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>