



**3. Open Annual Contracts Policy (Continued)**

3.3 The Value of the Largest Contract to be Worked / On/Awarded during the next 12 months

\_\_\_\_\_

3.4 In which areas will the Contracts take Place:

\_\_\_\_\_

3.5 What work will be done by Sub Contractors

\_\_\_\_\_  
\_\_\_\_\_

3.6 Surrounding Property / Property under Custody Control

(Not being Part of Contract Works)

Limit of Indemnity Required \_\_\_\_\_

Contract Period Limit Required \_\_\_\_\_

3.7 Inception Date of Policy \_\_\_\_\_

3.8 Maintenance Period \_\_\_\_\_

**4. One Off / Specific Contracts Policy**

4.1 Contract Value \_\_\_\_\_

(Attach copy of Contract Cost Breakdown)

4.2 Contract Title / Full Description of Contract

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.3 What work will be done by Sub Contractors

\_\_\_\_\_  
\_\_\_\_\_

4.4 Site Location \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4.5 The Contract Site Details (Mark with X)

Level	Sloping	Rocky	
Sandy	Clay		
Built up Areas	Remote Area		
Close Proximity to			
Rivers, dams known watercourse		Yes	No
Highway motorways airport etc		Yes	No

**One Off / Specific Contracts Policy (Continued)**

4.6 Security Precautions. Give Details

\_\_\_\_\_  
\_\_\_\_\_

4.7 Contract Period / Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_

4.8 Surrounding Property / Property Under Custody Control (Not being Part of Contract Works)

Limit of Indemnity Required: \_\_\_\_\_

**5. SASRIA (Mark with X)**

Required                      Yes                      No

**6. Contractors Public Liability**

6.1 Limit of Indemnity Required

6.2 Public Liability              Use of Explosives              Yes              No

Site Security:

\* Adequately Fenced Off              Yes              No

\* Access Control to Site              Yes              No

Comment on Density of pedestrian and vehicle traffic in the immediate vicinity of the site e.g. Busy shopping Mall or isolated Area

\_\_\_\_\_  
\_\_\_\_\_

6.3 Removal of Support (Lateral Support) \*\* If required please provide Engineers Report \*\*

\_\_\_\_\_  
\_\_\_\_\_

**7. Previous Insurance**

7.1 Name of Previous Insurer \_\_\_\_\_

7.2 Claims Experience / Details \_\_\_\_\_

7.3 Supporting Business \_\_\_\_\_

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**8. General Comments**

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We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence

Date; \_\_\_\_\_ Signature: \_\_\_\_\_

