

## Contractors' All Risks | **Specific Projects** Proposal Form

### Client Information

<b>Company Name:</b>	
<b>Principal:</b>	
<b>Type of Business:</b>	
<b>Company Physical Address:</b>	
<b>Responsible Person:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Website Address:</b>	
<b>VAT Number:</b>	
<b>Company Registration Number:</b>	

### Contract Information

<b>Contract Value (incl free issues materials)</b>			
<b>Detailed description of work/s:</b>			
<b>Contract Location/s:</b>			
<b>Start Date:</b>		<b>End Date:</b>	
<b>Maintenance Period (Months)</b>			

## Contractors All Risk

## Location Site Details

Site Details:		
1. Is the site fenced off?	Yes	No
2. Is the site access controlled?	Yes	No
Is the site in close proximity to;		
1. Built-up areas?	Yes	No
2. Highway, Motorway, Airports?	Yes	No
3. Dams, Known Watercourses, Rivers?	Yes	No
4. Informal Settlements?	Yes	No
5. Any other known risks?	Yes	No

## Extensions, Limits & Endorsements

Extension, Limit, Endorsement	Sum Insured/ Limit of Indemnity		Would you like this increased? If so, please provide value.
Claims Preparation Costs	R50,000		
Removal of Debris	R150,000		
Removal of Debris – No Damage	R150,000		
Surrounding Property	R150,000		
Inland Transit	R150,000		
On Site Storage	R150,000		
Off Site Storage	R150,000		
Electrical Cable Wiring Fixtures & Fittings & Copper	R100,000		
Escalation	20%		
SASRIA	Yes	No	



**Additional extensions, limits & endorsements can be provided, please speak to the marketer / underwriter**

## Third-Party Liability

Limit of Indemnity:			
Underground Services:			
Is blasting taking place?	Yes	No	If yes, please provide crack survey and blasting procedure



**Extensions can be provided, please speak to the marketer / underwriter**

## Contractors All Risk

## DISCLOSURE NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS

In terms of the Financial Advisory and Intermediary Services Act 37 of 2002

ABOUT YOUR INSURER		
<b>Name:</b>	Guardrisk Insurance Company Limited ("Guardrisk") Reg No. 1992/001639/06	
<b>Physical Address:</b>	The Marc, Tower 2, 129 Rivonia Road, Sandown, Sandton, 2196	
<b>Telephone Number:</b>	+27 11 669 1000	
<b>Legal Status</b>	Guardrisk is an Authorised Financial Services Provider in terms of the FAIS Act. FAIS registration number is: 75	
<b>FAIS Registration:</b>	In terms of the FSP license, Guardrisk is authorised to give advice and render financial services for product <b>CATEGORY I:</b> <b>Short-term Insurance: Personal Lines</b> <b>Short-term Insurance: Commercial Lines</b>	
<b>PI and FG Cover</b>	Guardrisk has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.	
<b>Compliance Officer:</b>	The Compliance Officer: <b>Tel:</b> +27-11-669-1104, <b>e-mail:</b> <a href="mailto:compliance@guardrisk.co.za">compliance@guardrisk.co.za</a>	
<b>Complaints:</b>	You can access our Complaints Resolution Policy at : <a href="http://www.guardrisk.co.za">www.guardrisk.co.za</a> or <b>e-mail:</b> <a href="mailto:complaints@guardrisk.co.za">complaints@guardrisk.co.za</a>	
<b>Conflict of Interest:</b>	You can access our Conflict of Interest Management Policy at : <a href="http://www.guardrisk.co.za">www.guardrisk.co.za</a>	
OTHER MATTERS OF IMPORTANCE		
<b>Information:</b>	Your failure to provide correct or full information relating to your insurance or any claim may influence decisions made by Guardrisk in respect of such insurance or claim.	
<b>Understanding:</b>	Ensure you understand what benefits and exclusions are applicable to your contract of insurance and that you are acquainted with what is not covered, what is restricted and if there are any special contract clauses.	
<b>Premiums:</b>	In terms of premium obligations towards the Insurer, it is also important that you are fully aware of the obligations that you assume as policyholder. These are indicated in the Insurance Contract	
<b>Premium payments:</b>	The manner of payment of premiums will differ according to the type of policy. The due date of premiums and the consequences of non-payment of such premiums are important and all of these are set out in the conditions of the Insurance Contract.	
<b>Claims Procedure:</b>	All claims enquiries should be addressed to:	
	<b>Name</b>	
	<b>Physical address</b>	The Marc, Tower 2, 129 Rivonia Road, Sandton
	<b>Postal address</b>	PO Box 786015, Sandton, 2146
	<b>Telephone number</b>	
<b>Important:</b>	<b>i</b>	You will be informed of any material changes to the information about the intermediary, insurer and or underwriter provided above.
	<b>ii</b>	If any of the information reflected above was given to you orally, this disclosure notice serves to provide you with the information in writing. Should you not be satisfied with the policy, you are entitled a period up to 30 days within which you may cancel your policy in writing at no cost. Cover will cease upon cancellation of the policy.
	<b>iii</b>	If we fail to resolve your complaint satisfactorily, you may submit your complaint to the Ombudsman of Short-Term Insurance.
	<b>iv</b>	You will always be given a reason for the repudiation of your claim.
	<b>v</b>	If the insurer wishes to cancel your policy, this will be done in writing, to your last known address.
	<b>vi</b>	You will always be entitled to a copy of your policy at no extra charge.
WARNING		
<b>i</b>	Do not sign any blank or partially completed application form.	
<b>ii</b>	Complete all forms in ink.	
<b>iii</b>	Keep notes of what is said to you and all documents handed to you.	
<b>iv</b>	Don't be pressurized to buy the product.	
<b>v</b>	Failure to provide correct or full relevant information may influence an insurer on any claims arising from your	

	contract of insurance.
<b>WAIVER OF RIGHTS</b>	
The General Code of Conduct stipulates that no Financial Services Provider may request or induce in any manner a Insured to waive any right or benefit conferred on the Insured by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a Insured. Any such waiver is null and void.	
<b>ABOUT YOUR INTERMEDIARY/BROKER</b>	
As a short-term insurance policyholder, or prospective policyholder, your insurance Broker has to provide you with the following information of their Company:	
<b>i</b>	The name, physical address and postal address and telephone number.
<b>ii</b>	The legal status.
<b>iii</b>	Whether or not the broker is in possession of Professional Indemnity Insurance Cover and an Intermediary Guarantee Facility is in place (as applicable).
<b>iv</b>	Details of how to institute a claim.
<b>v</b>	The Rand amount or percentage of fees and commission payable.
<b>vi</b>	Written mandate to act on behalf of insurer.
<b>PARTICULARS OF THE SHORT-TERM OMBUDSMAN</b>	
<b>Postal Address:</b>	PO Box 32334, Braamfontein, 2017
<b>Telephone Number:</b>	+27 11 726 8900
<b>Facsimile Number:</b>	+27 11 726 5501
<b>E-mail:</b>	<a href="mailto:info@osti.co.za">info@osti.co.za</a>
<b>PARTICULARS OF THE REGISTRAR OF SHORT-TERM INSURANCE</b>	
<b>Postal Address:</b>	PO Box 35655, Menlo Park, 0102
<b>Telephone Number:</b>	+27 12 428 8000
<b>Facsimile Number:</b>	+27 12 347 0221
<b>PARTICULARS OF THE FAIS OMBUDSMAN</b>	
<b>Postal Address:</b>	PO Box 74571, Lynnwood Ridge, 0040
<b>Telephone Number:</b>	+27 12 762 5000
<b>Facsimile Number:</b>	+27 12 348 3447
<b>E-mail:</b>	<a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>

**(This notice does not form part of the Insurance Policy or any other document) As a short-term insurance policyholder, or prospective policyholder, you have the right to the above information.**

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