**CONTRACTORS ALL RISK & LIABILITY**

**GENERAL QUESTIONNAIRE**

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| --- | --- | --- | --- |
| **A.** | **GENERAL** |  |  |
|  |  |  |  |
|  | Name of Insured | : | ………………………………………………………………………….. |
|  | | | |
|  | Postal Address | : | ……………………………………………………………… |
|  |  | : | ……………………………………………………………… |
|  |  | : | ……………………………………………………………… |
|  | Insured’s VAT Number  Insured’s Registration No. | :  : | ……………………………………..  …………………………………….. |
|  | | | |
|  | Telephone No. | : | ……………………………………………… |
|  | | | |
|  | Name of Main Contractor | : | ……………………………………………… |
|  | | | |
|  | Name of Principal/Employer | : | ………………………………………………………………………….. |
|  | | | |
|  | Name of Sub Contractors | : | ………………………………………………………………………….. |
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| **B.** | **OPEN ANNUAL CONTRACT POLICY** | | | |
|  | | | | |
|  | B1. | Estimated Annual Turnover | : | R ……………………………………… |
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|  | **Note:** 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. | | | |

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|  | B2. | Description of the type of Contracts entered into and a split in turnover relating to the different types of contacts (E.g. Civils/buildings) | | | | | | | | | | | |
|  |  | (Erection, Alterations, Extensions to Buildings/Dwellings etc.) | | | | | | | | | | | |
|  |  | ……………………………………………………………………………………………………… | | | | | | | | | | | |
|  |  | ……………………………………………………………………………………………………… | | | | | | | | | | | |
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|  | B3. | The Value of the Largest Contract to be | | |  | |  | | | | | | |
|  |  | Worked On/Awarded during the next 12 months | | | : | | R ……………………………………… | | | | | | |
|  | | | | | | | | | | | | | |
|  | B4. | In which areas will the Contracts take Place | | : | | ………………………………………… | | | | | | | |
|  |  |  | | : | | ………………………………………… | | | | | | | |
|  | | | | | | | | | | | | | |
|  | B5. | What work will be done by Sub Contractors | | : | | ………………………………………… | | | | | | | |
|  |  |  | | : | | ………………………………………… | | | | | | | |
|  |  |  | | : | | ………………………………………… | | | | | | | |
|  |  |  | | : | | ………………………………………… | | | | | | | |
|  | | | | | | | | | | | | | |
|  | B6. | Surrounding Property / Property under Custody Control (Not being Part of Contract Works) | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
|  |  | Limit of Indemnity Required | | : | | R ……………………………………… | | | | | | | |
|  | | | | | | | | | | | | | |
|  | B7. | Maintenance Period Required | | : | | …… Months | | | | | | | |
|  |  |  | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
|  | B8. | Contract Period / Period of Insurance | | : | | ………………. | | | | | To | | ……………… |
|  | | | | | | | | | | | | | |
|  | B9. | Maintenance Period Required | | : | | ………………………………………… | | | | | | | |
|  | | | | | | | | | | | | | |
|  | B10. | Surrounding Property / Property Under Custody Control (Not being Part of Contract Works) | | | | | | | | | | | |
|  |  |  | |  | |  | | | | | | | |
|  |  | Limit of Indemnity Required | | : | | R ……………………………………….. | | | | | | | |
|  | | | | | | | | | | | | | |
|  | B11. | STRIKE RIOT INSURANCE (SASRIA) | | : | |  | | Yes |  | No | |  | |
|  | | | | | | | | | | | | | |
| **C.** | **CONTRACTORS PUBLIC LIABILITY** | | | | | | | | | | | | |
|  | C1. | Limit of Indemnity Required | | : | | R ………………………………………. | | | | | | | |
|  | | | | | | | | | | | | | |
|  | C2. | 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 | | | | | | | | | | | |
|  |  | ……………………………………………………………………………………………………… | | | | | | | | | | | |
|  |  | ……………………………………………………………………………………………………… | | | | | | | | | | | |
|  | C3. | Removal of Support (Lateral Support) | | | | | | | | | | | |
|  |  | If required please refer. | : | | R ………………………………………… | | | | | | | | |
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| **D.** | **GENERAL COMMENTS** |
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**SIGNED BY INSURED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**