**CONTRACTORS ALL RISK & LIABILITY**

**GENERAL QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** | **GENERAL** |  |  |
|  |  |  |  |
|  | Name of Insured | : | ………………………………………………………………………….. |
|  |
|  | Postal Address | : | ……………………………………………………………… |
|  |  | : | ……………………………………………………………… |
|  |  | : | ……………………………………………………………… |
|  | Insured’s VAT NumberInsured’s Registration No. | :: | ……………………………………..…………………………………….. |
|  |
|  | Telephone No. | : | ……………………………………………… |
|  |
|  | Name of Main Contractor | : | ……………………………………………… |
|  |
|  | Name of Principal/Employer | : | ………………………………………………………………………….. |
|  |
|  | Name of Sub Contractors | : | ………………………………………………………………………….. |
|  |

|  |  |
| --- | --- |
| **B.** | **OPEN ANNUAL CONTRACT POLICY** |
|  |
|  | B1. | Estimated Annual Turnover | : | R ……………………………………… |
|  |
|  | **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. |

|  |  |  |
| --- | --- | --- |
|  | 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.) |
|  |  | ……………………………………………………………………………………………………… |
|  |  | ……………………………………………………………………………………………………… |
|  |  | ……………………………………………………………………………………………………… |
|  |  | ……………………………………………………………………………………………………… |
|  |  |  |  |  |
|  | 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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|  | ………………………………………………………………………………………………………….……… |
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|  | ………………………………………………………………………………………………………….……… |
|  | ………………………………………………………………………………………………………….……… |
|  | ………………………………………………………………………………………………………….……… |

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