

**Bryte Insurance Company Limited**

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and authorised FSP (17703)

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Instructions			
Please answer all questions in full and tick boxes where applicable and attach any supporting documents – preferably on a company letterhead. Sign declaration in full at the end of this document.			
We reserve the right to vary, add, modify, alter or withdraw the quotation (or part thereof) should we become aware of any information, material or otherwise, which may affect the risk conditions in any way.			
Protection of Personal Information Act of 2013 (as amended)		<b>Please select either</b>	
<b>COMPLETION OF THE SECTIONS</b>		Section 3: Open Annual Contract Works OR	
<b>Compulsory</b>		Section 4: Once Off Contract Works	
Section 1: Broker Details		<b>And where applicable</b>	
Section 2: Insured Details		Section 5: Extensions Required	
Section 9: Declaration		Section 6: SASRIA	
		Section 7: Public Liability	
		Section 8: Additional Information	
SECTION 1			
Broker Details			
Name			
Physical address			
		Postal code	
Contact person		Contact number	
Email address			
SECTION 2			
<b>Insured Details</b>	<input type="checkbox"/> Principal controlled	<input type="checkbox"/> Contractor controlled	
Insured(s) name			
Physical address and country			
	Postal code		
Business description			
VAT number		Telephone number	
Contact person		Cell number	
Previous/current Insurer		Number of years	
Claims experience			
*3 years claims experience required			
Has any insurance company in the past 3 years:			
Declined any proposal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused to renew your policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancelled any policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Imposes special terms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide details			

SECTION 3			
<b>Open Annual Contract Works</b>		<input type="checkbox"/> Including VAT	<input type="checkbox"/> Excluding VAT
<b>Estimated Total Annual Turnover</b>			
*To include total costs of materials, labour, NRV of all free issue materials, P&G's and any other contractual income for all contracts that will be performed during the period of insurance including run-on cover.			
<b>Do any of the contracts require run-on cover?</b>			
Provide details of the state of works completion e.g. contract start date, type of projects, construction period to completion, value of completed works, value of incomplete works, percentage of incomplete work, claims experience etc.			
<b>Maximum anyone contract value limit</b>			
All single contracts above this limit will not be covered			
Countries in which the contracts will be executed		Inception date for cover	
Description of contracts to be undertaken			
Type of works to be undertaken by sub-contractors			
Maximum contract period (months)			

SECTION 4			
<b>Specific/Once Off Contract Works</b>		<input type="checkbox"/> Including VAT	<input type="checkbox"/> Excluding VAT
Project name and description			
Contract period		From:	To: both dates inclusive
<b>Estimated Total/Final Contract Value</b>			
*To include total cost of materials, labour, free issue materials, P&G's and any other contractual income plus VAT. Attach cost breakdown for this contract/project.			
Site location			
GPS coordinates			
<b>Brief description of surrounding exposures</b>			
State details of the nature and location of property belonging to the principal/ employer in the immediate vicinity of the works belonging to or held in the care, custody or control of the contractor to be insured.			
Main contractor		Experience of contractor (years)	
Principal/employer		Subcontractor	
Contract site conditions (Please select all applicable)			
Surface and subsoil	<input type="checkbox"/> Level <input type="checkbox"/> Sloping <input type="checkbox"/> Clay/ dolomite <input type="checkbox"/> Gravel <input type="checkbox"/> Rocky <input type="checkbox"/> Filled ground		
	<input type="checkbox"/> Marshy/ wet <input type="checkbox"/> Shoring	Excavation depth:	m
		Elevation of construction above sea/ water level	m

Foundation type	<input type="checkbox"/> Pad	<input type="checkbox"/> Strip	<input type="checkbox"/> Slab	<input type="checkbox"/> Raft	<input type="checkbox"/> Piling	<input type="checkbox"/> Under-pinning	
Proximity to	Water course	m	Highways	m			
	Other						
Security	<input type="checkbox"/> 24 hour	<input type="checkbox"/> Fenced off	<input type="checkbox"/> Access controlled	<input type="checkbox"/> None			
ALOP or DSU	If yes, please complete additional questionnaire.					<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION 5

### Extensions Required (Limit of Indemnity)

Surrounding property		Removal of debris	
Inland transit (per conveyance)		Off-site storage	
Claims preparation costs		Escalation % (Contract value/re- and devaluation)	
Maintenance period		months	Testing and commissioning
			weeks (not necessarily consecutive)
Other extensions (please specify)	Limit of Indemnity	Other extensions (please specify)	Limit of Indemnity

## SECTION 6

### SASRIA

Do you require SASRIA cover?  Yes  No

## SECTION 7

### Public Liability

Yes  No

Limit of indemnity (In respect of any one accident or series of accidents arising out of one event)

Will blasting take place? If yes, please provide details

Yes  No

Extension required	Cross liability		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Spread of fire	Limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Legal defence costs	Limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Arrest/assault/defamation	Limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Removal of support (Provide geotechnical and structural engineer's report)		Limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes:	a) How many basements or how deep?			
	b) What is the condition and proximity of surrounding buildings?				

## SECTION 8

### Additional Information

Please provide any other additional information or attach supporting documents

**SECTION 9**

Declaration	<p>I/We hereby declare that the statements made by me/us in this questionnaire and proposal are, to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that this questionnaire/proposal forms the basis and is part of any policy issued in connection with the above risk.</p> <p>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 whatsoever nature. The insurers undertake to treat this information in strict confidence.</p>		
Signed by (full name)			
Designation		Place	
Signature		Date	