



In association with **Hollard.**

PROPOSAL FORM
**Contractors
Liability**

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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ITOO is an Authorised Financial Services Provider. FSP No. 47230



Please answer **ALL** questions completely
 Should any question or part thereof not be applicable, please state "N/A"
 Should insufficient space be provided, please continue on your company letterhead

1. Name of Insured _____
2. Physical Address _____
3. VAT Number _____
4. Company Website _____

5. Annual Turnover/Gross Revenue for the current and the past 3 financial years

Year 1		Year 2		Year 3	
Current year		Date of financial year end			

6. Describe ALL business activities

7. Name of main contractor
- a) Percentage of annual turnover as the main contractor %

8. Name of sub-contractor
- a) Percentage of annual turnover as the sub-contractor %

9. Describe the type of contracts entered into - erection, alterations, extensions to buildings/dwellings, civils etc

10. Please list the company names of your subsidiaries/joint ventures and a brief description of their business in the table below

Company name or joint venture	Business description



11. Situation of premises and activities undertaken from such premises (e.g., Manufacture, Storage, Offices etc.)

Situation of premises	Activities

12. Blasting Activities

- a) Does your work involve blasting activities
- b) Master Blaster qualified
- c) Percentage of turnover derived from blasting
- d) Describe what type of blasting is undertaken
- e) Does blasting include implosion of structures

Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	

13. Design Activities

- a) Does any aspect of the business involve design

Yes		No	
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*If **YES**, please give details*

*If **NO**, and design is done by an outside party, are full rights of recourse retained*

14. Does your company use standard contract terms of trade

15. Has your company or any division or subsidiary concluded hold harmless agreements with one or more suppliers

Yes		No	
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*If **YES**, please give details*



GENERAL INFORMATION

1. Please give details of all claims made against the Company over the last 5 years

Date of claim	Description

2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance

Yes		No	
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If **YES**, please provide full details

3. Has the Proposer previously been insured

Yes		No	
Yes		No	

4. Has any proposal for insurance ever been declined

5. Has any Insurer ever required

a. Increased premiums or terms

Yes		No	
Yes		No	

b. Special restrictions or conditions

6. Has any Insurer ever terminated or refused to renew any insurance

Yes		No	
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7. If the answer to any of the above is **YES** please give full details



LIMIT OF INDEMNITY

Coverage	Limit required	Deductible
General Liability/Contractors Liability		
Product Liability/Defective Workmanship		
Employers Liability		
Statutory Legal Defence Costs		
Other		

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Name (duly authorised)

Designation

Signature

Date

D	D	M	M	Y	Y	Y	Y
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