



In association with **Hollard.**

PROPOSAL FORM  
Single Project GL

**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. Total turnover for project R \_\_\_\_\_

**Sub-contractors**

5.1 % of Annual Turnover paid to Contractors / Sub-Contractors \_\_\_\_\_ %

5.2 Do you insist that the subcontractors firm is separately Insured and do you ensure that they have adequate insurance in place

Yes		No	
Yes		No	
Yes		No	

5.3 Do you use a written contract with sub-contractors

5.4 Have any sub-contractor(s) been appointed as yet

5.5 If so, please provide name of Contractor(s) and broad scope of their work


6. Describe ALL business activities


7. Describe which contract conditions are being used


8. Full description of the contract works being undertaken (as stated in the contract document)




9. Situation of contract site (i.e., physical address)


10. Contract Period (both dates inclusive)


11. Maintenance period


12. Estimated final contract price

Estimated contract price	R
Value of "free issue" of materials (items supplied by employer)	R
Total sum insured	R

13. Is demolition included in contract

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

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### THIRD PARTY LIABILITY

1. Details of third party surrounding property, including approximate distance from works

*A site survey will need to be conducted*


2. Are explosives being used

Yes		No	
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*If **YES**, type of explosives, name of explosive sub-contractor and method being used*




3. Who will be working on site other than the parties stated as insured


4. What public utilities / major services (pipelines) are located on the site


## CLAIMS INFORMATION

Please give details of all claims (from previous contracts)

Date of claim	Description

## LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				



## 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.

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Name (duly authorised)

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Designation

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Signature

Date

D	D	M	M	Y	Y	Y	Y
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