

Questionnaire and Proposal for Principal's Advance Loss of Profits Insurance following Contract / Erection Works Policy

Supplementary to the questionnaire for material damage cover which forms an integral part of this questionnaire

1. Broker Details

Name of Broker Company _____

Mirabilis Agency Code _____ FAIS no. _____

Contact Person _____

Tel no _____ Fax no. _____

2. Proposer (principal to be insured) :

Name and address _____

Kind of business _____

3. Brief description of:

Construction works to be carried out

Any existing plant or surrounding property in the proposer's possession or care, custody or control on or adjacent to above site/s

The project is extension or renovation of existing works a new venture

Can damage to existing structures Yes No

and/or surrounding property, caused by the works, delay completion of the project to be insured? If so, please specify

Can damage to existing structures Yes No

and/or surrounding property / plant, caused by the works, lead to business interruptions / loss of profits, and are these to be insured? If so, please specify

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
 TEL NO: 0861 100 100 or +27 11 880 8200
 REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
 FAX NO: +27 11 880 6857
 VAT NO: 4440102095

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

4. Brief description of

The intended business or service activities, making special mention of bottlenecks

Has the method of production Yes No
or services been previously employed by the proposer? If so, for how many years?

5. Intended normal

Working hours Hours: _____ Per day In shifts? Y N _____ Per week _____ Per Year

6. Anticipated gross profit (annual turnover less costs of supplies of goods, raw

Materials, electricity, water, gas, etc.) for the first year of operation (monthly figures)

Indemnity period required (months) _____ Gross profit of required period _____

In the event that a specific date of completion is not met

is any one-off loss likely to arise Yes No | |

If so, please specify Date: _____ Amount _____

Reason

Are seasonal events likely Yes No | |

to affect the gross profit? If so, please give details

7. Desired time excess

(minimum one week per 6 months of construction period) _____

Maximum indemnity period

required to be insured (months) _____

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Only in respect of power generation equipment at the project to be insured supplying power to this project and is only to be answered if electricity can be drawn from the public power network in the event of damage to the power generation equipment at the project to be insured

8. Is the additional expenditure of Yes No

External power supply to be insured? _____

Power requirements of the plant (kW, kWh p.a.) _____

Percentage of the requirements met by the plant's own power generation equipment _____

Costs of kWh of power drawn from own plant _____ external plant _____

To what extent (kW) may electricity be drawn from an external source? _____

What is the maximum demand charge per kW and within which period is it due? _____

Annual maximum demand charges _____

9. Time-related information:

Date of inception of works cover _____ actual works _____

Testing period (if any) From _____ To _____

Anticipated date of completion (handover following testing / commissioning period) _____

Scheduled date of commencement of insured business _____

Date after completion (and testing / commissioning period) full production to be reached? _____

Is it possible to reduce that period? Yes No

If so, how? _____

Any allowance for delays due to accidents or otherwise? _____

Please attach detailed time schedule (incl. date of arrival on site, site installation, main works, occupation, handover, etc.)

10. Details of any penalty agreements in connection with the contract works

11. General Remarks

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk claims of whatever nature. The Insurers undertake to treat this information in strict confidence

Date

Signature

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