

Acceptance Form for Contractors' All Risks Insurance

1. Broker Details

Name of Broker Company _____
 Contact Person _____
 Contact Details: Tel no: _____ Fax no: _____
 Email: _____

2. Insured Details

Name of Insured: _____
 Postal Address: _____

 Vat Number: _____
 Telephone No: _____
 Main Contractor: _____
 Principal/Employer: _____
 Sub Contractors: _____

NOTE: Complete either Section 3 or 4 and Sections 5, 6 and 7

3. Risk Confirmation

Annual Policies

3.1 Quote number Accepted _____

3.2 Estimated Annual Turnover - _____

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

3.3 Description of the type of Contracts entered into
(Erection, Alterations, Extensions to Buildings/Dwellings etc.)

3.4 The Value of the Largest Contract to be Worked / On/Awarded during the next 12 months

3.5 Inception Date of Policy _____

3.6 Payment Frequency Annual Monthly

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), Q MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE)

4. One Off / Specific Contracts Policy

4.1 Quote number Accepted _____

4.2 Contract Value _____
(Attach copy of Contract Cost Breakdown)

4.3 Contract Title / Full Description of Contract

4.4 Site Location _____

4.5 Contract Period / Period of Insurance From: _____ To: _____

5. Contractors Public Liability

5.1 Limit of Indemnity Required _____

5.2 Removal of Support (Lateral Support) ** If required please provide Engineers Report ** (Where applicable)

6. SASRIA (Mark with X)

Required Yes No

7. General Comments

We hereby declare that the statements made by us in this Acceptance Form 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.
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 whatever nature. The Insurers undertake to treat this information in strict confidence

Date: _____ Signature: _____

Mirabilis Banking Details

Bank ABSA Bank
Branch Code 63 2005
Account Name Mirabilis Premium Account
Account Number 407 748 2821

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