



# **Acceptance Form for Contractors' All Risks Insurance**

	ls						
Name of Broker Cor	npany						
Contact Person							
Contact Details:	Tel no:	Fax no:					
	Email:						
2. Insured Deta	ils						
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 Confirm	ation						
Annual Policies	<u>s</u>						
3.1 Quote number A	ccepted						
3.2 Estimated Annua							
Note: The Turneye							
+ V.A.T	r Figure must incl	lude the Total Cost of Materials, Labour, Free Issue Materials P & G's and any other Contractual Income					
+ V.A.T 3.3 Description of th	e type of Contrac						
+ V.A.T  3.3 Description of th (Erection, Alterations	e type of Contrac s, Extensions to I	cts entered into					
+ V.A.T  3.3 Description of th (Erection, Alterations	e type of Contrac s, Extensions to I	cts entered into Buildings/Dwellings etc.)					

## MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: TEL NO: REGISTRATION NO: 1<sup>ST</sup> FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196 0861 100 100 or +27 11 880 8200 2006/018854/07 POSTAL ADDRESS: FAX NO: VAT NO: PO BOX 2081, SAXONWOLD, 2132 +27 11 880 6857 4440102095





4. One Off / Specific	c Contracts Policy						
4.1 Quote number Accepted							
4.2 Contract Value							
(Attach copy of Contract C	Cost Breakdown)						
4.3 Contract Title / Full Description of Contract							
4.4 Site Location							
4.5 Contract Period / Period	od of Insurance From: To:						
5. Contractors Publ	lic Liability						
5.1 Limit of Indemnity Red	•						
	· · · · · · · · · · · · · · · · · · ·						
5.2 Removal of Support (L	_ateral Support) ** If required please provide Engineers Report ** (Where applicable)						
6. SASRIA (Mark wi	th X)						
Required	Yes No						
<u>'</u>							
7. General Commen	nts						
-							
	<u> </u>						
We hereby declare that th	e statements made by us in this Acceptance Form are, to the best of our knowledge and belief, complete and true, and we						
here	eby agree that this forms the basis and is part of any policy issued in connection with the above risk.						
It is agreed that the Ir	nsurers 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						
	whatever hattire. The insurers undertake to treat this information in strict confidence						
Date:	Signature:						
	Mirabilis Banking Details						
Bank	ABSA Bank						
Branch Code	63 2005						
	Mirabilis Premium Account						
Account Number	407 748 2821						

#### MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

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

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

VAT NO:





# **PAYMENT AUTHORITY DECLARATION**

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF INSURED:						
ADDRESS OF INSURED:(Include Postal Code)						
Details of my/our bank account are as f	ollows :					
BANK NAME						
BRANCH NAME						
ACCOUNT NO						
BRANCH NO						
My/our cancelled cheque is attached for identification purposes.						
I/we hereby request and authorise you which I/we may transfer my/our accour premium. Stamp duty and handling chaissued by you, commencing on	to draw against my/ount) in any manner agreed arges due under the police account by you shall be sel these arrangements it by you in accordance where the police is by you in accordance where garded as receipt the ation provided to you in	on between yourselve icy/policies to be and continuing on treated as though the interms of the Policy by the this request and an hereof by my/our Bankoy me/us or Agent/Bro	the 1st day of every month the ey had been signed by me/us pout it is understood that such uthority.	ecessary for payment of ereafter.  personally.  cancellation will have no		
Signed at			20			
Signature of Insured's authorised repre						
Capacity:						
Witness:						
(The Insured Company's stamp must al	so appear here)					

## MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

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

2006/018854/07

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

4440102095