

DISMANTLING / TRANSIT / ERECTION QUESTIONNAIRE



IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

A. BROKER DETAILS

Broker Name

Contact Person

Tel

Fax

Email

B. INSURED

Business Name

Tel

Postal Address

Description of Business

VAT Number

Company Registration

C. CONTRACT DETAILS

PERIOD OF COVER

From

To

ANNUAL TURNOVER / FEES CHARGED (Delete Where Not Applicable)

C. CONTRACT DETAILS

SITE ADDRESS

From

To

MACHINERY / EQUIPMENT ITEMS

Description	Sum Insured
	R
	R
	R
	R
	R

Maximum Load (Limit)

SASRIA

Cover required Yes No

Surrounding Property cover (Property under custody and control of contractor at site) R

Public Liability limit of indemnity R

D. PREVIOUS INSURANCE

Name of Insurer

Claims Experience / Details

G. GENERAL COMMENTS

DECLARATION

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed by insured

Date