

## Plant All Risk 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

Postal Address

Date of Commencement of Insured's Business

Geographical Areas of Operation

Description of Business

VAT Number

Company Registration

### C. SCHEDULE OF PLANT ITEMS

NB: If the following space is insufficient you may provide a separate list of equipment. \*NRV - New Replacement Value / MV - Market Value

Item No.	Year of Manufacture	Description Including Manufacturer / Model Serial No. / VIN / Chassis / Registration	Tracking Device Fitted		Sum Insured	NRV/ MV*
			Yes/	No		
			Y	N	R	R
			Y	N	R	R

NB: If the following space is insufficient you may provide a separate list of equipment. \*NRV - New Replacement Value / MV - Market Value

Item No.	Year of Manufacture	Description Including Manufacturer / Model Serial No. / VIN / Chassis / Registration	Tracking Device Fitted		Sum Insured	NRV/ MV*
			Yes/	No		
			Y	N	R	R
			Y	N	R	R
			Y	N	R	R
			Y	N	R	R
			Y	N	R	R
			Y	N	R	R
			Y	N	R	R

When was the last Major overhaul done in respect of Plant more than five years old?

Is there a planned maintenance program, if so please stipulate and is it done by the insured or outside contractor?

Should the Insured Items be HIRED-OUT please advise Terms & Conditions of hire. (i.e. which party is responsible for insurance cover)?

**SASRIA**

Cover required Yes No

**HIRED-IN PLANT**

Cover required Yes No

If YES please state the estimated annual hire fees R

Highest Individual value of plant hired-in (State whether Market or New Value) R

**THIRD PARTY LIABILITY (ON SITE ONLY)**

Cover required Yes No Limit of Indemnity R

**THIRD PARTY LIABILITY (ROAD RISK)**

This cover on specified items only, item can only be added with a registration number. Indicate on Schedule.

Cover required Yes No Limit of Indemnity R

## D. PREVIOUS INSURANCE

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Name of Insurer

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Claims Experience / Details

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## E. GENERAL COMMENTS

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### POPI CONSENT AND DECLARATION

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#### Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

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

Date

Signed by insured

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