



P.O. Box 62660 Marshalltown 2107 35 Rissik Street Surrey House 6th Floor

Phone :011 833 1400 Fax: 011 836 1020

Warning!

- a] Do not sign any blank or partially completed application/proposal form.
- b] Complete all forms in black ink
- c] Retain all documents handed to you.

GENERAL ENGINEERING PROPOSAL / QUESTIONNAIRE
EXCLUDING CONTRACT WORKS

A. GENERAL

Name of Insured :

Postal Address :

.....Code

Physical Address :

.....

.....

.....

Telephone No. : Fax No.

VAT Number : Registration No.

Occupation –

Type of Business :

.....

B. SECURITY

Are Vehicles fitted with a Tracking Device YES NO

If YES which make :

Are premises protected by Armed Response YES NO

If YES by who :

C. DETAILS OF INSURED ITEMS

| NO | DESCRIPTION | BASIS OF INSURANCE | VALUE |
|----|-------------|--------------------|-------|
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Inception Date of Policy :.....
 Renewal Date :

SASRIA : YES / NO

D. CLAIMS HISTORY

Current Insurer :

| DATE | TYPE OF LOSS | AMOUNT OF CLAIM | INSURER |
|------|--------------|-----------------|---------|
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If necessary Firedart Engineering Underwriting Managers may confirm the loss history with current insurers

GENERAL COMMENTS

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SIGNED BY INSURED DATE

