

OCCUPATIONAL HEALTH & SAFETY INSURANCE COVER PROPOSAL FORM

INSURED DETAILS:

(Items marked with an asterisk * are required)

Insured Name *

Property Name *

Risk Address *

Insured Value: *

Property Age:

Number of Stories:

Description of property: *

Details of Property Usage: *

DECLARATION

It is a standard condition of this Insurance cover that the property insured is covered in terms of the Construction Regulations of the Occupational Health and Safety Act, 85 of 1993.

You must provide a safe working environment for all contractors on the premises.

We recommend that a building risk assessment should be conducted to ensure compliance and that compliant contractors are appointed.

I/we confirm that i/we have read the above and that the above.

I / we agree that this proposal form, together with any other material information supplied by me /us shall form the basis of any contract of insurance effected thereon. I/we undertake to inform the underwriters of any material alteration to these facts occurring before the completion of the contract.”

Name *

Representing *

ID Number *

Signature

Signed at _____

on this _____ day of _____ 201_____