

## DEFECTIVE WORKMANSHIP – QUESTIONNAIRE

NAME OF INSURED \_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

1. Description of your business activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long established? \_\_\_\_\_

3. Do you construct, erect, repair, install? \_\_\_\_\_

4. Are you involved in industrial or domestic market? \_\_\_\_\_

5. Do you sub-contract? \_\_\_\_\_

6. Are you responsible for actions of sub-contractors? \_\_\_\_\_

7. Quality Control:  
a) Do you have a documented Quality Control Programme? \_\_\_\_\_  
b) What is the position of the most senior person in the Quality Control Programme and to whom is he accountable?  
Position \_\_\_\_\_  
Reports to \_\_\_\_\_



c) What documentary evidence do you retain to verify the quality of your work?

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d) Are inspections ever carried out which examines effectiveness of and compliance with the Quality Control Programme? \_\_\_\_\_

How often \_\_\_\_\_

8. Staff:

a) Number \_\_\_\_\_

b) Qualified \_\_\_\_\_

c) Other \_\_\_\_\_

9. Work outside RSA border \_\_\_\_\_

10. Turnover Inside RSA \_\_\_\_\_

Turnover Outside RSA \_\_\_\_\_

11. Turnover involved with activities requiring defective workmanship cover

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12. Wage roll \_\_\_\_\_

13. Number of branches \_\_\_\_\_

14. Limit of liability

a) Any one accident R \_\_\_\_\_

b) Any one period of insurance R \_\_\_\_\_





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15. Provide details of any claims made against you

DATE	AMOUNT CLAIMED	FULL DETAILS

DATED \_\_\_\_\_

SIGNED \_\_\_\_\_

