

## CONTRACTORS ALL RISKS INSURANCE QUESTIONNAIRE AND PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### PARTICULARS OF PROPOSER

1. Title of Contract

(If project consists of several sections, specify section(s) to be Insured)

2. Site

Country

Province

District

City

Town

Village

3. Name and address of principal

PIN Number of Principal

(Attach copy)

4. Name(s) and address(es) of Contractor(s)

PIN Number of contractor

(Attach copy)

5. Name(s) and Address(es) of subcontractor(s)

PIN Number of contractor

(Attach copy)

6. Name and address of consulting engineer

PIN Number of consulting engineer

(Attach copy)

7. Description of contract works

(Please give detailed technical information)

Dimensions (length, height, spans, number of floors)

Types foundation (method, level of deepest excavation.

Construction methods

Construction materials

8. Is the contractor experienced in this type of work or construction methods?

YES

NO

9. Period of Insurance

Commencement of work

Duration of completion

Months

Date of completion

Maintenance period

Months

10. What work will be done by subcontractors?			
11. Special risks	Fire, explosion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Flood, Inundation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Landslide, storm, cyclone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Blasting work	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Volcanism, tsunami	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Others risks		
Have earthquake been observed in this area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	If so, please state:		
	Intensity (Mercalli)		
	Magnitude (Richter)		
Is the design of the structure to be Insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
12. Details of subsoil	Rock	gravel	sand
	clay	filled ground	Other subsoil conditions
Do geological faults exist in the vicinity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
13. Ground water	Level below grade		
14. Nearest river, lake sea etc.	Name	Distance	Levels
Level:	Lower water	Mean water	Highest ever recorded
15. Meteorological conditions			
Rainy season	From:		To:
Max rainfall (mm)	per hour	per day	per month
Storm hazard	Minor	Medium	High
16. Are extra charges for overtime, night work, and work on public holidays to be included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Limit of indemnity		

17. Is third party liability to be included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the contractor concluded a separate policy for TPL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Limit of indemnity		
18. Details of existing building possibly affected by the contract works (excavating, underpinning, piling, vibrating, ground-water lowering, etc)		
19. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Limit of indemnity;		
Exact description of these buildings/structures;		

**State hereunder the amounts you wish to Insure and the limits of indemnity required (see policy wording, section 1, memo 1, and section II)**

<b>Section I</b>		<b>Currency</b>
<b>Material damage</b>	<b>Items to be Insured</b>	<b>Sum to be Insured</b>
	1. Contract works (Permanent and temporary works, including all material to be incorporated herein)	
	1.1 Contract price	
	1.2 Materials or items supplied by the principal	
	2. Construction plant and equipment	
	3. Construction machinery	
	4. Clearance of debris	
	<b>Total sum insured under Section 1.</b>	
	<b>Special risk to be Insured</b>	<b>Limit of Indemnity</b>
	Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide		

<b>Section II</b>		
<b>Third party liability</b>	<b>Items to be Insured</b>	<b>Limit of Indemnity</b>
	1. Bodily Injury	
	1.1 Any other person	
	1.2 Total	
	2. Property	
<b>Total limit under Section II</b>		

3. Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.

4. Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

**Declaration**

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance. The insurers undertake to deal with this information in strict confidence.

**The liability of the company does not commence until the proposal has been accepted and the first premium paid.**

Executed at this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

**AGENT/BROKER NAME / STAMP**

**SIGNATURE**

**DATE**