

## PROPOSAL AND QUESTIONNAIRE FOR CONTRACTORS' ALL RISKS INSURANCE

AGENCY:

POLICY NO.:

1. Title and kind of Contract (if project consists of several sections, specify section(s) to be insured)

  

2. Location of Site

Country/Region/District

City/Town/Village

3. Name and Address of Principal

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

5. Name (s) and Address(es) of Sub-Contractor(s)

6. Name and Address of Consulting Engineer

7. Description of contract works (please give detailed technical information) **Dimensions (length, height, depth, spans, number of floors)**

Foundation (method, level of deepest excavation)

Construction method

Construction materials

1. If necessary on a separate sheet.

2. For harbours, piers, docks, tunnels galleries, dams, roads, railway facilities, sewerage and water supply system, bridges and extensions or conversions of existing structure, see additional questionnaires

8. Is the Contractor experienced in this type of work or construction method? Yes  No

9. Period of Insurance: -  Commencement of work

Duration of Construction  Date of Completion

Maintenance Period  **Type of Maintenance:** VISITS  EXTENDED

10. Work to be carried out by Sub-Contractor

11. **Special risks:** Fire, Explosion Yes  No

Flood, Inundation Yes  No

Landslide, Storm Cyclone Yes  No

Blasting work Yes  No

**Other risks:**

Volcano, Tsunami Yes  No

Have earthquakes been observed in this area? Yes  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? Yes  No

12. **Subsoil conditions:** Rock  Gravel  Sand  Clay  Filled Ground

Do geological faults exist in the vicinity? Yes  No

13. **Ground-water level** If dewatering necessary

14. **Nearest river, lake, sea etc:** NAME

DISTANCE

LEVELS  LOW WATER

MEAN WATER

HIGHEST LEVEL RECORDED

15. **Meteorological condition:** 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, work on public holidays to be included? Limits of indemnity

17. Is Third Party Liability to be included? Yes  No

Has the Contractor concluded a separate Policy for TPL? Limits of indemnity

18. Details of existing buildings or surrounding property possibly affected by the contract works(excavating, underpinning, piling, vibrating, ground water, lowering, etc)

VALUE  TYPE OF CONSTRUCTION

CONDITION

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 work? Yes  No

LIMITS OF INDEMNITY

**Exact description of these buildings/structures**

20. Please state the amounts you wish to insure and the limits indemnity require (see policy wording, section i, and section ii)

ITEM TO BE INSURED	SUMS TO BE INSURED C
<b>1. Contract Works (Permanent and Temporary work including all material to be incorporated herein)</b>	
1.1 Contract Price	
1.2 Materials or Items supplied by the Principal	
<b>2. Construction Plant and Equipment</b>	
<b>3. Construction Machinery</b> (please attach list showing replacement Values of new items)	
<b>4. CLEARANCE OF DEBRIS</b> (insured only up to the amount indicated)	
<b>TOTAL SUM TO BE INSURED UNDER SECTION I:</b>	

**Excess (envisage for each and every occurrence):-**

**(a) For contract works and equipment arising out of:**

(i) earthquake, storm subsidence, landslide, collapse and any water damage:

(ii) any other cause:

**(b) For construction machinery**

	ITEMS TO BE INSURED	
<b>SECTION II THIRD PARTY LIABILITY</b>	<b>1. Bodily Injury</b>	
	1.1 Any One Person	
	1.2 Any One Event	
	<b>2. Property Damage</b>	
	<b>TOTAL LIMIT TO BE APPLIED UNDER SECTION II):</b>	

**3. Limits 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**

**DECLARATION**

We hereby declare that the statements made by us in this questionnaire and proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

**DATED AT**  **THIS**  **DAY OF**  **20**

**Signature:**