

**PROPOSAL FORM FOR CONTRACTORS ALL
RISKS INSURANCE**

1. **Title of Contract:**
(If project consists of several sections, specify section(s) to be insured.):-

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2. **Site:-**

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3. **Name and address of Principal:-**

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4. **Name(s) 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 work:-**

(Please give detailed technical information on a separate sheet)

For dams, roads, airports, railway facilities, sewerage and water supply systems and bridges see additional questionnaires)

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

Type of foundation and level of deepest excavation:-

Construction Method:-

Construction Materials:-

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 _____

10. What work will be done by Sub-Contractors?

11. Special Risks:-

Fire & explosion	Yes	No
Flood & inundation	Yes	No
Landslide, storm, cyclone	Yes	No
Blasting work	Yes	No
Other risks:-		

12. Details of Subsoil:-

Rock Gravel Sand Soil Clay Filled Ground

Other subsoil conditions:-

Do geological faults exist in the vicinity? Yes No

Ground water:-

Level below grade _____ m

13. **Meteorological Conditions:-**

Rainy Season from _____ to _____

Max rainfall (mm) _____ per hour _____ per day _____ per month

Storm hazard Minor Medium High

14. **Are extra charges for overtime, nightwork, and work on public holidays to be included?** Yes No

15. **Is Third Party Liability included?** Yes No

Has contractor concluded a separate policy for Third Party Liability?

Yes No

Limit of Indemnity _____

16. **Give details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating , ground water lowering etc)**

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17. Are Existing buildings and or structures on or adjacent to the site owned by or held in the care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the contract work?

Yes No

Limit of Indemnity: - _____

Exact description of these buildings:-

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18. State hereunder the amounts you wish to insure and the limits of indemnity required.

SECTION 1 – MATERIAL DAMAGE

Items to be insured	Sums to be Insured
Contract work (Permanent and temporary work including all materials to be incorporated)	P _____
Contract Price	P _____
Materials or Items Supplied by Principal	P _____
Machinery, Plant & Equipment (Please attach list)	P _____
Clearance of Debris	P _____

Existing Property P _____

Total Sum Insured under Section 1.	P
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Special risks to be insured	Limit of indemnity (2)
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Storm, cyclone, flood, Inundation, landslide	P
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SECTION II – THIRD PARTY LIABILITY

Items to be insured	Limit of indemnity (3)
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Bodily injury/ Property damage	P
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Total limit under Section II	P
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Notes:-

1. 3. Limit of indemnity in respect of each and every loss or damage and or series of losses arising out of any one event.
2. 4. Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

UNDERTAKING BY INSURERS

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.

DECLARATION

We declare that the statements made by us in this Questionnaire and proposal Form are to the best of our knowledge and belief complete and true and 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.

SIGNATURE _____

DATE _____