

Alliance | insurance

QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

1. Title of contract (If project consists of several sections, specify section(s) to be insured)	
2. Location of site	
City/town/village	
Country/province/district	
3. Name and address of principal	
4. Name(s) and address(es) of Contractor(s)	
5. Name(s) and address(es) of Subcontractor(s)	
6. Name(s) and address of Consulting Engineer	
7. Description of contract work ² (please give detailed technical information)	Dimensions (length, height, depth, spans, number of floors)
	Foundation (method, level of deepest excavation)
	Construction methods
	Construction materials
1. If necessary on a separate sheet. 2. For harbours, piers, docks, tunnels galleries, dams roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires	

8. Is the Contractor experienced in this type of work or construction methods		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Period of Insurance	Commencement of work		
	Duration of construction	Months	
	Date of completion		
	Maintenance period	Months	
10. Work to be carried out 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Others		
	Volcanism, Tsunami	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have earth quakes been observed in ur area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please state Intensity:	Magnitude:	
	Is the design of the structures 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	
13. Subsoil Conditions	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled Ground		
	Other		
	Do geological faults exist in the vicinity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Nearest river, lake, sea etc	Name:		
	Distance from site:		
	Level:	Low Water:	Mean Water:
	Highest recorded level:		
15. Meteorological Conditions:	Rainy seasons from:		to:
	Max. rainfall (mm)	per hour	per day per month
	Storm Hazard:	<input type="checkbox"/> Minor	<input type="checkbox"/> Medium <input type="checkbox"/> High

16. Are extra charges for overtime, night work, work on public holiday to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Limits of Indemnity:	
17. Is third party liability to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Limits of Indemnity	
Has the contractor concluded a separate policy for TPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Limits of Indemnity	
18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, groundwater 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	
	Exact description of these buildings/structures	
20. Please state hereunder the amounts you wish to insure and the limits of indemnity required (cf. policy wording, section I, Memo 1, and Section II)		
Currency: _____		
Section I Material Damage	Items to be insured	Sums to be Insured
	1.Contract work (permanent and temporary work, including all materials to be incorporated herein)	
	1.1 Contract Price	
	1.2 Materials or items supplied by the Principal(s)	
	2.Construction plant and equipment	
	3.Construction machinery (please attach list showing replacement values of new items)	
	4.Clearance of debris (insured only up to the amount indicated)	
	Total sum to be insured under Section I:	

	Special Risks to be insured	Limits of Indemnity³
	Earthquake, Volcanism, Tsunami	
	Storm, Cyclone, Flood, Inundation, Landslide	
Section-II : Third Party Liability	Insured Items	Limits of Indemnity⁴
	1.Bodily Injury	
	1.1 Any one person	
	1.2 Total	
	2.Property damage	
	Total limit to be applied under section II:	
	³ Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages 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.	

We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire

& Proposal shall form the basis and be part of any policy issued in connection with the above risk or risks. It is agreed that the insurers shall be 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.

Executed:

Date: _____

Signature: _____