

CONTRACTORS' ALL RISKS INSURANCE APPLICATION FORM

1.	Title of Contract (if project consists of several sections, Specify section(s) to be insured)	
2.	Site GPS coordinates	
3.	Name & Address of Principal	
4.	Name & Address of Main Contractor Principal Address Wasel Address Landline/Mobile/Fax Email address	
5.	Name(s) and Address(es) of Subcontractors	
6.	Name(s) and Address(es) of Firm(s) supervising contracts	
7.	Applicant	Please indicate which of the parties Nos. 3 to 6 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.
8.	Description of contract work. (Please give detailed technical Information, if necessary using separate Sheet)	Dimensions (length, height, depth) spans and number of floors Execution of road works (Cutting, backfilling and asphaltting)
	Type of foundations and level of	

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A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

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Deepest excavation

Construction method

Construction materials

9. Is the Contractor experienced in this Type of work or construction methods?

Yes ☐ No ☐

10. **Period of Insurance:**

Commencement of Insurance

Duration of pre-storage

Months prior to beginning of contract work

Commencement of work

Duration of Construction

Months

Date of completion

Maintenance period

Months

Type of maintenance cover required

Comprehensive

11. What work will be done by

Sub-contractors?

Please give value of Sub-contracts

12. Is there any aggravated risk of the perils detailed opposite?

Fire, explosion

Yes ☐ No ☐

Flood, inundation

Yes ☐ No ☐

Landslide, storm, cyclone

Yes ☐ No ☐

Blasting work

Yes ☐ No ☐

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If YES, please give details

Volcanism, Tsunami Yes ☐ No ☐

Have earthquake occurred in this area? Yes ☐ No ☐

Is the design of the structure(s) to be insured based on regulations for earthquake resistant structures? Yes ☐ No ☐

Is the design of a standard higher than that stipulated in the relevant regulations? Yes ☐ No ☐

For questions 13 to 16: Please answer up to the knowledge otherwise mention "NOT KNOWN"

13. Details of subsoil Rock ☐ Gravel ☐ Sand ☐ Clay ☐ Filled ground ☐
Other subsoil conditions Rocky soil and gravel, sand and clay
Do geological faults exist in the area? Yes ☐ No ☐

14. Ground water level below ground Meters _____ Feet _____

15. Nearest valley, water canal, sea etc. Name _____ Distance from site _____
Details of their highest recorded water _____
Levels in relation to site _____

16. Do you wish the cover to include extra charges (in case of loss) for:
Express freight, overtime, and night work, work on public holidays? Yes ☐ No ☐
If YES, state Limit of Liability _____

17. Are there any previous losses ? (If Yes please provide loss history details) Yes ☐ No ☐

18. Details of existing buildings or surrounding property possibly affected by the contract _____ There is another existing buildings belongs to others. _____

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work (excavating, under printing, 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(s), to be insured against loss or damage arising as a direct or Indirect consequence of the contract work?
State limit under No. 22.5

Yes ☐ No ☐

20. Is coverage of construction plant and equipment required?

Yes ☐ No ☐

Please give brief description and state new replacement value under No 22.2

21. Is coverage of construction machinery (excavators, cranes etc) required?

Yes ☐ No ☐

Please attach list of major machinery showing individual new replacement values and state total value Under No. 22.3

22. Please state hereunder the Sums to be insured and the Limits of indemnity required

SECTION I	Items to be insured:	Sum Insured (SAR)
MATERIAL DAMAGE	1. Contract Works (Permanent and temporary works, including all materials to be incorporated therein)	
	1.1 Contract Price	
	1.2 Materials or items supplied by the Principal(s)	
	2. Construction Plant & Equipment	
	3. Construction Machinery (Please attach list)	

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4. Dewatering

5. Clearance of Debris

6. Existing buildings and/or structure on or adjacent to the site, owned by or held in care, custody or control of Contractor(s) or Principal(s)

(limit of
Indemnity
any one
loss)**TOTAL SUM TO BE INSURED UNDER SECTION I**

Please state the maximum Limit of Indemnity (any one loss or series of losses arising out of one event)

SECTION II**THIRD
PARTY
LIABILITY****Items to be Insured****Limits of Indemnity any
one accident or series
of accidents arising out
of one event**

1. Bodily Injury

1.1 Any one person

1.2 Total

2. Property Damage

2.1 Underground cables, pipes, facilities

(being
part of 2
above)**TOTAL SUM TO BE INSURED UNDER SECTION II**

Have you had claims in respect of similar projects?
If the answer is yes, kindly give details.

Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

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Are there any material facts you want to declare?

Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor Alinma Tokio Marine to accept, but it is agreed that this form shall be the basis of the contract should a Policy be issued.

Applicant's Signature &
Company stamp:

Date :

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