

ERECTION ALL RISKS INSURANCE APPLICATION FORM

1.	Title of Contract (if project consists of several sections, Specify section(s) to be insured) Principal Address Wasel Address Landline/Mobile/Fax Email address	_____
2.	Location of erection site GPS Coordinates	_____ _____ _____
3.	Name & Address of Principal	_____ _____ _____
4.	Name & Address of Main Contractor	_____ _____ _____
5.	Name(s) and Address(es) of Subcontractors	_____ _____ _____
6.	Name(s) and Address(es) of manufacturer(s) of main items	_____ _____ _____
7.	Name(s) and Address(es) of firm(s) Supervising Erection	_____ _____ _____
8.	Name(s) and Address(es) of Consulting Engineer(s)	_____ _____ _____
9.	Proposer	Please indicate which of the parties Nos. 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy. Proposer No: _____ Insured No(s) _____

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

مليون 300 المال رأس 7001727200 م.هـ- 20129/33 ن ت م رقم السعودي المركزي البنك تصريح

SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million ريال

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Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

21الدور ، الثاني العنود برج العليا فهد الملك طريق 9033: العامة الإدارة: الوطني العنوان / السعودية العربية المملكة 12214 الرياض

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10.	Exact description of the property to be erected (if second hand items are to be erected, please state). In case of major machines: The manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions year of construction of major units. In case of complete factories: General drawing of plant, the nature of civil engineering work (if Any).	
11.	Is the Contractor experienced in this type of work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12.	Period of Insurance:	Commencement of insurance Duration of pre-storage months prior to beginning of erection work Commencement of erection work Duration of erection/construction months Duration of testing weeks Duration of maintenance months Type of coverage required Termination of insurance
13.	Have plans, designs and materials of the kind used in this project been used and/or tested in: If "YES" to (b), please give details of similar projects carried out by contractor(s)	a. any previous constructions? Yes <input type="checkbox"/> No <input type="checkbox"/> b. previous constructions by the contractor(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Is this an extension of an existing Plant?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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If YES, will operation of existing plant continue during erection period? (Enclose plans).		Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Have the buildings and civil engineering works already been completed? If NO, please give stage of their completion	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ _____
16.	What work will be carried out by sub-Contractors? Please, give value of Sub- contracts	_____ _____ _____
17.	Is there any aggravated risk of the perils detailed opposite?	Fire, explosion Yes <input type="checkbox"/> No <input type="checkbox"/> Flood, inundation Yes <input type="checkbox"/> No <input type="checkbox"/> Landslide, storm, cyclone Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details _____ _____ Are there any previous losses ? (If Yes please provide loss history details) Yes <input type="checkbox"/> No <input type="checkbox"/>
For questions 18 to 21: Please answer up to the knowledge otherwise mention "NOT KNOWN"		
18.	Ground water level	_____
19.	Nearest wadi, river, lake, water canal, sea etc Details of their highest recorded Water levels in relation to site	Name Distance from site _____ Low water mean water highest level recorded Mean level of site
20	Meteorological conditions	

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		Rainy seasons from _____ to _____			
		Max rainfall (mm) month	per hour	per day	per
		Max wind velocity	storm frequency (low, medium or high?)		
21.	<p>Hazards of earthquake, volcanism, Tsunami</p> <p>Is there a history of volcanism, tsunami at site? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have earthquakes etc. been observed in this area? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please state intensity _____ magnitude</p> <p>Is the design of the structure(s) to be insured based on regulations for earthquake-resistant structures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the design of a higher standard than that stipulated in the relevant Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/></p>				
22.	<p>Details of Subsoil</p> <p>rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> Filled site <input type="checkbox"/></p> <p>Other subsoil conditions _____</p> <p>Do geological faults exist in the area? Yes <input type="checkbox"/> No <input type="checkbox"/></p>				
23.	<p>Is coverage of construction/ erection plant and equipment (scaffolding, huts, tools, etc) required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please give description and state new replacement value. _____</p>				
24.	<p>Is coverage of construction/ erection machinery (excavators, cranes, etc.) required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please attach list of major machinery showing individual new replacement values and state total value _____</p>				

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25.	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 out of or in direct connection with the contract work? State limit	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If Yes kindly state required limit: _____ _____ _____ _____ _____ _____
26.	Is Third Party Liability to be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.	Give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractors. (enclose maps, if possible) State limit	_____ _____ _____ _____ _____
28.	Do you wish cover to include extra charges (in case of loss) for:	Express freight, overtime, night work, work on public holidays? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, state Limit of Indemnity
29.	Give details of any special extension of cover required	_____ _____ _____
30.	Please state hereunder the amounts you wish to insure or where applicable the Limits of Indemnity required (see policy wording Section I, Memo 1 and Section II) Currency: SAR	

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SECTION I	Items to be Insured:	Sums to be insured (state below separately)
MATERIAL DAMAGE	1. Erection Works, split as follows:	
	1.1 items to be erected	
	1.2 Freight	
	1.3 Customs duties and dues	
	1.4 Cost of erection	
	2. Civil engineering works	
	3. Construction/Erection equipment	
	4. Clearance of Debris (limit of indemnity)	
	5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)	
	TOTAL SUM TO BE Insured UNDER SECTION I	
Please indicate limits of indemnity required for the following perils:		
Risk	Limit of indemnity *	
Earthquake, volcanism, tsunami		
Storm, cyclone, flood, inundation, landslide		
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	
	Or alternatively Combined single limit of:	
TOTAL LIMIT TO BE INSURED UNDER SECTION II		

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

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

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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