

## **ERCTION ALL RISKS INSURANCE PROPOSAL FORM**

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

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2. Location of Erection Site

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County/Province/District

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City/Town/Village

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3. Name and address of principal

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4. Name(s) and address(es) of main contractor(s)

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5. Name(s) and address(es) of subcontractor(s)

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6. Name(s) and address(es) of Manufacturer(s) of main items

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### 9. Proposer

7. Name(s) and address(es) of Firm supervising erection

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8. Name(s) and address(es) of Consulting Engineer

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Please indicate which of the parties in No's 3 to 8 above is the Proposer of the  
Insurance and which parties are to be declared as Insured in the Policy.

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Proposer No.

Insured No(s)

10. Exact description of the property to be erected (if second hand items are to be erected,  
please state) In case of machines: 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, nature of civil engineering work (if any).

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Commencement of Insurance

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Duration of Pre-storage - months prior to beginning of erection work.

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Commencement of Erection Work - months

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## 11. Period of insurance

Duration of Erection / Construction - months

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Maintenance period - months

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Duration of testing. - weeks

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If maintenance coverage is required:

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Duration of maintenance: - months

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Type of coverage required:

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Termination of Insurance

12. Have plans, design and materials of the kind used in this project been used and / or tested in:

If so, please give details of similar projects carried out by the contractors

a) previous constructions? Yes  No

b) previous construction by the contractor(s)? Yes  No

13. Is this an extension of an existing plant? Yes  No

If so, will operation of existing plant continue during erection period? Yes  No  Enclose plans.

14. Have the buildings and civil engineering works already been completed?      15. Work to be carried out by subcontractors

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16. Is there any aggravated risk of

Fire? Yes  No

Explosion? Yes  No

If so, please give details.

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17. Ground water level

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18. Nearest river, lake, sea, etc

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Name

Distance from site

Levels of such river, lake, sea, etc.

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low water

Mean Water

Highest level recorded

Mean level site 19.

Meteorological conditions

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Rainy seasons from      to      Maximum rainfall (mm)      per hour      per day      per month

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Maximum wind velocity

Storm frequency

Low

Medium

High

20. Hazards of earthquake, volcanism, tsunami

Is there a history of volcanism, tsunami at the site? Yes  No

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

If so, please state

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intensity

Magnitude

Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?

Yes No

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Subsoil conditions

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rock

grave

sand

clay

filled ground

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Other types

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Do geological faults exist in the vicinity?

Yes

No

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21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence:

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due to earthquake

due to fire

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due to other cause (please specify)

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22. Is coverage of construction / erection equipment (scaffolding, huts, tools etc)   Yes

No Please give brief description and state new replacement values and state total value under

No. 28.3

23. Is coverage of construction / erection equipment (scaffolding, huts, tools etc)  Yes   
No Please attach list of major machines showing individual new replacement values  
and state total value.

24. 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?  
State limit under No. 28.5  Yes  No

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25. Is Third party Liability to be included?  Yes  No

If so, give brief description of surrounding and existing Buildings and/or structures Not  
belonging to the principal or contractor(s) (enclose maps, if possible). State limits under  
No. 28,Section II

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26. Do you wish cover to include extra charges (in case of loss) for:

Express freight, overtime, night work on public holidays?  Yes  No

Air freight?  Yes  No

27. Give details of any special extension of cover required.

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28. State here the amounts you wish to insure or where applicable the limits of indemnity required (see policy wording, Section 1, Memo 1, and Section II).

## Section 1

### Material damage

<b>Items to be insured</b>	<b>Sums to be insured (state below separately)</b>
1. Erection works split up as follows:	
1.1 Items to be erected	
1.2 Freight	
1.3. Custom 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 the Policy)	
Total sum to be insured under Section 1:	
<b>Special risks to be insured</b>	<b>Limit of indemnity1</b>
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

## Section 2

Item to be insured	Limit of indemnity
Bodily injury / death 1.1 Any one Person	
1.2 Any one Period	
2 Property damage 2.1 Any one event / claim	
2.2 Any one period of insurance	
Or alternatively combined single limit of Indemnity of	

- a) 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.
- b) 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, to the best of our knowledge and belief complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s).

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.

Executed at

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Date

Signature

CONSENT:

I ALLOW YOU TO USE THE DATA HAVE SUPPLIED LIMITED FOR THE PURPOSE OF  
PROCESSING INSURANCE

YES

NO