

ERECTION ALL RISKS INSURANCE PROPOSAL FORM

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

2. Location of Erection Site

County/Province/District

City/Town/Village

3. Name and address of principal

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

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

1

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

9. Proposer

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

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

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.

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: manufactures 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).

Commencement of Insurance

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

Commencement of Erection Work - months

11. Period of insurance

Duration of Erection / Construction - months

Maintenance period - months

Duration of testing. - weeks

If maintenance coverage is required:

Duration of maintenance: - months

Type of coverage required:

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

16. Is there any aggravated risk of

<input type="checkbox"/>	Fire?	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	Explosion?	<input type="checkbox"/>	Yes	No

If so, please give details.

17. Ground water level

4

18. Nearest river, lake, sea, etc

Name

Distance from site

Levels of such river, lake, sea, etc.

low water

Mean Water

Highest level recorded

Mean level site 19.

Meteorological conditions

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

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

intensity

Magnitude

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

regulations regarding

☐☐

YesNo

Subsoil conditions

rock

grave

sand

clay

filled ground

Other types

Do geological faults exist in the vicinity?

☐

Yes

☐

No

5

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

due to earthquake

due to fire

due to other cause (please specify)

-
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

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

6

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

Express freight, overtime, night work on public holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air freight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

-
-
-
-
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

Items to be insured	Sums to be insured (state below separately)
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:	
Special risks to be insured	Limit of indemnity¹
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Third party liability

Section 2

Item to be insured	Limit of idemnity
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

Date

Signature

CONSENT:

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

☐ YES

☐ NO