

Questionnaire and proposal for contractors' all risks insurance No.

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

2. Site

County/Province/District

City/Town/Village

3. Name and address
of principal

4. Name(s) and
address(es)
of contractor(s)¹

5. Name(s) and
address(es)
of subcontractor(s)¹

6. Name and address
of consulting engineer

7. Description of contract
work²
(Please give detailed
technical information.¹)

Dimensions (length, height, depth,
spans, number of floors)

Type of foundation and level
of deepest excavation

Construction method

¹ If necessary, on a separate sheet. ² For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

	Construction materials		
8. Is the contractor experienced in this type of work or construction method?	<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. What will be done 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 work?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Other risks		
	Volcanism, tsunami?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Have earthquakes been observed in this area?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If so, please state intensity (Mercalli)	magnitude (Richter)	
	Is the design of the structure to be insured based on regulations for 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
12. Details of subsoil	<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand
	<input type="checkbox"/> clay	<input type="checkbox"/> filled ground	
	Other subsoil conditions		
	Do geological faults exist in the vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
13. Ground water	Level below grade	m	ft
14. Nearest river, lake, sea, etc.	Name		
	Distance		
	Levels	Low water	Mean water
	Highest ever recorded	Date	

15. Meteorological conditions	Rainy season from		to		
	Max. rainfall	mm in	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 holidays to be included?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Limit of indemnity		
17. Is third party liability to be included?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Limit of indemnity		
Has the contractor concluded a separate policy for TPL?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Limit of indemnity		
18. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, 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, to be insured against loss or damage arising as a direct or indirect consequence of the contract work?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Limit of indemnity		
	Exact description of these buildings/structures:				

20. State here the amounts you wish to insure and the limits of indemnity required (see policy wording, Section 1, Memo 1, and Section 2).

**Section 1
Material damage**

Items to be insured	Sums to be insured (currency)
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)	
4. Clearance of debris	
Total sum to be insured under Section 1:	

Special risks to be insured	Limit of indemnity ³
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

**Section 2
Third party liability**

Item to be insured	Limit of indemnity ⁴
1. Bodily injury	_____
1.1 Any one person	
1.2. Total	
2. Property damage	
Total limit under Section 2	

³ Limit of indemnity in respect of each and every loss or damage and/or series of losses 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, to the best of our knowledge and belief, complete and true, and we

hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

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 treat this information in strict confidence.

Executed at _____

Date _____

Signature _____