



CONTRACTORS ALL RISK INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

1. TITLE OF CONTRACT:

(If project consists of several sections, specify section(s) to be insured)

2. LOCATION OF SITE:

Country / Province / District

City / Town / Village

3. NAME AND ADDRESS OF PRINCIPAL

4. NAME(s) AND ADDRESS(es) OF CONTRACTOR(s):

5. NAME(s) AND ADDRESS(es) OF SUBCONTRACTOR(s)

6. NAME AND ADDRESS OF CONSULTING ENGINEER

7. DESCRIPTION OF CONTRACT WORK²
(please give detailed technical information¹)
Dimensions (length, height, depth, spans,
number of floors):

Foundation (method, level of deepest excavation):

Construction methods:

Construction materials:

¹If necessary, attach a separate sheet.

²For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway, facilities, sewerage and water supply systems bridges

8. IS THE CONTRACTOR EXPERIENCED IN THIS TYPE OF WORK /CONSTRUCTION METHODS?

YES NO

9. PERIOD OF INSURANCE

Commencement of work:

Duration of construction:

(months)

Date of completion:

Maintenance Period:

(months)

10. WORK TO BE CARRIED OUT BY SUBCONTRACTORS:

11. SPECIAL RISK

Fire , explosion

YES NO

Flood, inundation

YES NO

Landslide, storm, cyclone

YES NO

Blasting

YES NO

Others (please specify)

YES NO

Volcanism, tsunami

YES NO

Have earthquake been observed in this area?

YES NO

If so, please state intensity:

(magnitude)

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

YES NO

Is the design standard higher than that stipulated in the relevant regulations?

YES NO

12. SUBSOIL CONDITIONS

rock

gravel

sand

clay

Others

filled ground

Does geological faults exist in the vicinity?

YES NO

13. Ground-water level:

14. Nearest river, lake, sea , etc.

Name:

Distance:

Levels:

Low water:

Mean water:

Highest level recorded:

15. Meteorological conditions

Rainy Season

From:

To:

Max. rainfall (mm)

per hour

per

per month

Storm hazard

day

minor

medium

high

16. Are extra charges for overtime, nightwork, work on public holidays to be included

Limit of indemnity:

17. Is Third Party Liability to be included?

YES

NO

Has the Contractor concluded a separate policy for TPL?

YES

NO

Limit of Liability:

AED

18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, groundwater 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 out of or in connection with the contract works?

YES

NO

(Exact description of these buildings/ structures)

Limit of Indemnity:

AED

20. Please state hereunder the amounts you wish to insure and the limits of indemnity required:

(SECTION 1 - MATERIAL DAMAGE)

- | <u>Items to be insured</u> | <u>Sums to be insured</u> |
|---|---------------------------|
| a. Contract Work (permanent and temporary work, including all materials to be incorporated herein) | AED |
| Contract Price: | <hr/> |
| Materials or items supplied by the Principals: | <hr/> |
| b. Construction Plant and Equipment | <hr/> |
| c. Construction Machinery (please attach list showing replacement values of new items) | <hr/> |
| d. Clearance of debris (insured only up to the amount indicated) | <hr/> |

TOTAL sum to be insured under Section 1

AED

Special Risk to be insured:

Earthquake, volcanism, tsunami

AED

Limits of indemnity³

Storm, cyclone, flood, inundation, landslide

AED

(SECTION 2 – THIRD PARTY LIABILITY)

Items to be insured

Limits of indemnity⁴

a. Bodily Injury

Any one person:

Total:

b. Property Damage

TOTAL LIMIT to be applied under Section 2

³ Limit of indemnity in respect of each and every loss or damage and/ or series of losses or damages 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.

DECLARATION

Signing this Form does not bind the Proposer to complete the Insurance, but it is agreed that this Form shall be the basis of the Contract should a Policy be issued.

I/We have read the above and agree that to the best of my/our knowledge and belief it represents a true and complete statement. I/We agree that if this Insurance is completed the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Underwriters without their consent.

NAME:

Signature of Proposer:

Date: