**ERECTION ALL RISKS INSURANCE PROPOSAL FORM**

**(Proposal form and questionnaire)**

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS**

1. Name: …………………………………………………………………………………………………............................
2. Date of Birth: ………………………………………………………………………………………………………………
3. Passport/ ID Number: ……………………………………………………………………………………………………

**(Please attach copy of ID/Passport)**

1. Nationality: ………………………………………………………………………………………………………………..
2. Physical Address: …………………………………………………………………………………................................
3. Telephone Number (s): .………………………………………………………………...............................................
4. Email Address: …………………………………………….…………………………………........................................
5. Trade / Occupation: …………………………………………………………………………………………………….
6. Physical address of Trade/ Occupation: …………………………………………………………………………….
7. Source of income: ……………………………………………………………………………………………………….

**FOR CORPORATE APPLICATIONS**

1. Registered name of the organization: ………………………………………………………………………………...
2. Registration number of the organization: ………………………………………………………..............................

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: …………………………………………………………………………………………………………...
2. Registered physical address of the organization:

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1. Name of the CD/ MD/ ED / CEO /Authorized representative: …………………………………………………….........................................................................................................
2. Date of Birth: ……………………………………………………………………………………………,………………...
3. Nationality: ………………………………………………………………………………………………………………..
4. Passport/ ID number (please attach copy): ……………………………………………………………………….
5. Telephone number(s)……………………………………………………………………………………………………
6. Email address(es): ………………………………………………………………………………………………………………………………
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. Shareholding details

**(please attach copy of memorandum and articles of association)**

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1. Title of contract (If project consists of several sections, specify section(s) to be insured.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location of Erection Site

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County/Province/District

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City/Town/Village

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1. Name and address of principal

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

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

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

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

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

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1. **Proposer**

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)

1. Exact description of the property to be erected (if secondhand items are to be erected, please state) In case of machines:

manufacturers 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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11. **Period of insurance**

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Commencement of Insurance

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Commencement of Erection Work - months

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Duration of Erection / Construction - months

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Maintenance period - months

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Duration of maintenance: - months

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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

1. previous constructions? Yes No
2. previous construction by the contractor(s)? No 13. Is this an extension of an existing plant?

Yes No

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

1. Have the buildings and civil engineering works already been completed? Yes No
2. Work to be carried out by subcontractors

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1. Is there any aggravated risk of Fire? Yes No

Explosion? Yes No

If so, please give details.

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1. Ground water level

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1. 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 of site

1. 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

1. 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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Is the design of the structures to be insured based on

regulations regarding earthquake resistant structures? Yes No

Subsoil conditions

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rock grave sand clay filled ground

Other types

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Do geological faults exist in the vicinity? Yes No

1. 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 other cause (please specify)

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1. 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

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1. 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.

1. 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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1. 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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1. 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

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

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1. 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 |  |

**Section 2**

**Third party liability**

|  |  |
| --- | --- |
| **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 |  |

1. 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.
2. 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.

Executed at

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Date Signature