

Questionnaire and Proposal for Erection All Risks Insurance

1- **Title of contract** (If project consists of several sections, specify the section to be insured)

2- **Location of erection site** (Country, City, Town, Village etc.)

3- **Principal name and address**

4- **Main contractor(s)** (Name(s) & address(es))

5- **Subcontractor(s)** (Name(s) & address(es))

6- **Manufacturer(s) of main items** (Name(s) & address(es))

7- **Firm supervising erection** (Name and Address)

8- **Consulting engineer(s)** (Name(s) & address(es))

9- **Proposer**

(Please indicate which of the parties nos 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 please provide a list of with the manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, year of construction of major units.

In case of complete factories, please provide us with the general drawing of the plant, the nature of civil engineering work (if any).

11- Period of insurance

Commencement date :
 Duration of pre-storage : (months prior to beginning of erection works)
 Start date of erection work :
 Duration of erection : (per months)
 Duration of testing : (weeks)
 If maintenance coverage is required : (Duration of maintenance)
 Type of coverage required :
 Termination of Insurance :

12- Have plans, designs and materials of the kind used in this project that has been used and/or tested in previous constructions? yes no

If so, please give details of similar projects carried out by the contractor(s)

13- Is this an extension of an existing plant? yes no

If so, will operation of existing plant continue during erection period?
 yes no

14- Have the buildings and civil engineering works already been completed?

yes no

15- Details of work to be carried out by subcontractors

16- Is there any aggravated risk of:

fire? yes no
 Explosion? yes no

if so, please give details

17- What is the ground water level?

18- What are the nearest rivers, lakes, seas, etc.? Please provide names and distance from site

Levels of such river, lake, sea, etc. (Low water, mean water, highest level recorded, mean level of 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 regulations regarding earthquake resistant structures? yes no

Subsoil conditions: rock gravel sand (hard) clay filled site

Other types of subsoil? _____

Do geological faults exist in the vicinity? yes no

21- Estimate, if possible the probable maximum loss:

- a) Due to earthquake _____ %
- b) Due to fire _____ %
- Expressed as a percentage of the sum insured, in a single occurrence*
- c) Due to any other cause (Please specify) _____

22- Is coverage is required for construction/erection equipment (scaffolding huts, tools, etc.)?

yes no

Please give brief description and state new replacement value under no 28.3

23- Is coverage of construction cranes, etc. required?

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?

yes no

If so, give exact description of these buildings/structures and state limit under no 28.5

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

26- Do you wish the cover to include:

Express Freight, Air Freight, Overtime, Night Work, Work on public holidays?

yes no

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

28- Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (See policy wording, Section I, Memo 1 and section II).

Currency:

Section I- 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 Customs duties and dues	
1.4 Cost of erection	
2- Civil engineering works	
3- Construction/erection equipment	
4- Clearance of debris (<i>Limit of indemnity</i>)	
5- Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (<i>Limit of indemnity, see memo 4 of policy</i>).	
Total sum to be insured under section 1	

Please indicate limits of indemnity required for the following perils:

Risk	Limits of Indemnity ¹
Earthquake, volcanism, tsunami	
storm, cyclone, flood, inundation, landside, lightning	

Section II- Third party Liability

Insured items	Limits of indemnity ²
Bodily Injury – Any one person	
Bodily injury – Total sum insured	
Property damage	
Or alternatively combined single limit of	

- 1- *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.*
- 2- *Limit of indemnity in respect of anyone accident or series of accidents arising out of 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 form 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 deal with this information in strict confidence.

Executed at

Date

Signature