

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE FORM

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

2. Location of Erection site

(a) Country

(b) City, Town, Village

3. Principal

Name and Address

4. Main Contractor(s)

Name(s) and address(es)

5. Subcontractor(s)

Name(s) and Address(es)

6. Manufacturer(s) of main items

Name(s) and address(es)

7. Firm Supervising Erection

Name and Address

8. Consulting Engineer

Name and Address

9. Proposer

Please indicate which of the parties Nos 3 to 8 above is the Proposer of the insurance, which parties are to be declared as Insured in the Policy.

(a) Proposer No. (b) 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: manufacturer's 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)**

11. Period of insurance

Commencement of Insurance

Duration of pre-storage Months prior to beginning of erection work

Commencement of erection work

Duration of erection/construction Months

Duration of erection/construction Weeks

If maintenance coverage required

Duration of testing Months
Type of coverage required
Termination of Insurance

12. Have plans, designs and materials of the kind used in this project been used and/or tested in

(a) previous constructions? Yes ☐ No ☐
(a) previous constructions by the contractor(s)? Yes ☐ No ☐

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

13. Is this an extension of an existing plant? Yes ☐ No ☐
If so, will operations of existing plant continue during erection period? **Enclose plans.** Yes ☐ No ☐

14. Have the buildings and civil engineering works already been completed? Yes ☐ No ☐

15. Work to be carried out by Subcontractors

PLEASE ALSO GIVE ANSWERS TO NOS 16 TO 21 AS FAR AS INFORMATION OBTAINABLE

16. Is there any aggravated risk of

(a) Fire? Yes ☐ No ☐ (b) Explosions? Yes ☐ No ☐

If so, give details

17. Ground water level

18. Nearest rive, lake, sea etc

Name Distance from site

Levels of such river, lake, sea, etc.

Low water Mean water Highest level recorded
Main level of site

19. Meteorological conditions

Rainy season from To
Max rainfall (mm) Per hour Per day Per month
Max 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 ☐ Clay ☐ Filled Site ☐ Other types

Do geological faults exist in the vicinity? Yes ☐ No ☐

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

(a) due to earthquake ☐ (b) due to fire ☐ (c) due to other cause (please specify)

22. Is coverage of construction/ erection equipment (**scaffolding, huts, tools etc**) required? Yes ☐ No ☐

Please give brief description and state new replacement value under No. 28.3

23. Is coverage of construction/ erection machinery (**excavators, cranes etc.**) required? Yes ☐ No ☐

Please attach list of major machines showing individual new replacement values and state total value

24. Are existing building 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 ☐

If so, give exact description of these building/structures

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 cover to include extra charges (in case of loss) for

(a) Express freight, overtime, night work, work on public holidays? Yes ☐ No ☐

(b) Airfreight? 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)

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Civil Engineering works	<input type="text"/>
3. Construction/erection equipment	<input type="text"/>
4. Clearance of debris (limit of indemnity)	<input type="text"/>
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 Policy)	<input type="text"/>
TOTAL SUM INSURED UNDER SECTION I	<input type="text"/>

Please indicate limits of indemnity required for the following perils:

RISK	LIMITS OF INDEMNITY ¹
Earthquake, volcanism, tsunami	<input type="text"/>
Storm, cyclone, flood, inundation, landslide	<input type="text"/>

Section II -
Third Party Liability

INSURED ITEMS	LIMITS OF INDEMNITY ²
Bodily injury - any one person	<input type="text"/>
Bodily injury - total	<input type="text"/>
Property damage	<input type="text"/>
Or alternatively Combined single limit of	<input type="text"/>

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 one event.

DECLARATION

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.

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: