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**FOR OFFICE USE ONLY**

Policy No.:

Proposal No.:

Intermediary:

**Proposal Form**  
**Erection All Risk Insurance**

**Questionnaire and Proposal**

1. Title of contract (if project consists of several sections, specify section (s) to be insured.)	<hr/> <hr/> <hr/>
2. Location of erection site	<hr/> <hr/> <hr/>
Country	<hr/>
City/Town/Village	<hr/>
3. Name and address of principal	<hr/> <hr/>
4. Name(s) and address(es) of main contractor(s)	<hr/> <hr/>
5. Name(s) and address(es) of subcontractor(s)	<hr/> <hr/>
6. Name(s) and address(es) of manufacturer(s) of main items	<hr/> <hr/>
7. Name and address of firm supervising erection	<hr/> <hr/>
8. Name and address of consulting engineer	<hr/> <hr/>
9. Proposer	<p>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.</p> <p style="text-align: center;">Proposer No <span style="margin-left: 200px;">Insured No(s)</span></p>

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/construction \_\_\_\_\_

Duration of erection/construction \_\_\_\_\_ months

Duration of testing \_\_\_\_\_ weeks

Duration of maintenance \_\_\_\_\_ months

If maintenance coverage required

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

b 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 operation 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. Works 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 risks of

fire?  YES  NO

explosion?  YES  NO

If so, give details

\_\_\_\_\_

\_\_\_\_\_

17. Ground water

Level below grade \_\_\_\_\_ m

\_\_\_\_\_ ft

18. Nearest river, lake, sea, etc.

Name \_\_\_\_\_ distance from site \_\_\_\_\_

Levels \_\_\_\_\_ Low water \_\_\_\_\_ Mean water \_\_\_\_\_

Mean level of site \_\_\_\_\_

19. Meteorological conditions	Rainy season from _____ to _____
	Max rainfall (mm) _____ per hour      _____ per day      _____ pre months (in)
	Max wind velocity _____
	Storm frequency <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high

20. Hazards of earthquake, volcanism, tsunami	Is there a history of volcanism, tsunami at site? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Have earthquakes, etc. been observed in area? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, please state intensity _____
	Is the design of the structure to be insured based on regulations for earthquake-resistant structures? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Subsoil conditions <input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground
	Other types _____
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) _____

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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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? State limit under No 28.5.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, exact description of these buildings/structures. _____
	_____

25. Is third party liability to be included?	<input type="checkbox"/> YES <input type="checkbox"/> 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 to cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO
	air freight? <input type="checkbox"/> YES <input type="checkbox"/> NO

27. Give details of any special extension of cover required	_____
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28. State hereunder the Amounts you wish to insure and the limits of indemnity required.

Section I	Currency	
	Items to be insured	Sums to be insured
Material Damage	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 (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 Policy)	
Total sum to be insured under Section I:		

Please indicate limits of indemnity required for the following perils:

Material Damage	Risk	Limits of indemnity <sup>1</sup>
	Earthquake, volcanism, tsunami	
	Storm, cyclone, flood, inundation, landslide	

Section II	Items to be insured	Limits of indemnity <sup>2</sup>
Third party liability	Bodily injury - any one person	_____
	Bodily injury - total	
	Property damage	
	Or alternatively Combined single limit of	

<sup>1</sup> 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.

<sup>2</sup> 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. 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