



## Contractors' All Risks Insurance Questionnaire and Proposal

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) <sup>1*</sup>	
5	Name (s) and address (es) of Subcontractor (s)	
6	Name (s) and address (es) of Consulting Engineer	
7	Description of contract work <sup>2*</sup> (please give detailed technical information)	Dimensions (length , height, depth, spans, number of floors)
		Foundation (method, level of deepest excavation)
		Construction methods
		Construction materials

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1. If necessary on a separate sheet.
2. For harbors piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires

8	Is the Contractor experienced in this type of work or construction methods?	<input type="checkbox"/> yes	<input type="checkbox"/> 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 risks	Fire, explosion	<input type="checkbox"/> yes <input type="checkbox"/> no
		Flood, inundation	<input type="checkbox"/> yes <input type="checkbox"/> no
		Landslide, storm, cyclone	<input type="checkbox"/> yes <input type="checkbox"/> no
		Blasting	<input type="checkbox"/> yes <input type="checkbox"/> no
		Other	
		Volcanism, tsunami	<input type="checkbox"/> yes <input type="checkbox"/> no
		Have earthquakes been observed in this area	<input type="checkbox"/> yes <input type="checkbox"/> no
		If so please state intensity	magnitude
		Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> yes <input type="checkbox"/> no
12	Subsoil conditions	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground	
		Other	
		Do geological fault exist in the vicinity	<input type="checkbox"/> yes <input type="checkbox"/> 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 day      per month
	Storm hazard	<input type="checkbox"/> minor	<input type="checkbox"/> medium <input type="checkbox"/> high
16 Are extra charges for overtime, night work, work on public holidays to be included	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Limit of indemnity		
17 Is Third Party Liability to be included	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Has the Contractor concluded a separate policy for TPL?		
18 Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, pilling, 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?	<input type="checkbox"/> yes <input type="checkbox"/> no	limit of indemnity	
	Exact description of these buildings/structures		
20 Please state hereunder the amounts you wish to insure and the limits of indemnity required (of Policy Wording, Section I, memo I, and Section II)	Currency:		
Section I Material Damage	Items to be insured	Sums to be insured	
	1 Contract work (permanent and temporary work, including all materials to be incorporated herein)		
	1.1 Contract price		

	1.2	Materials or items supplied by the Principal (s)	
	2	Construction plant and equipment	
	3	Construction machinery (please attach list showing replacement values of new items)	
	4	Clearance of debris (insured only up to the amount indicated)	
	Total sum to be insured under Section I		
	Special risks to be insured		Limits of indemnity <sup>3*</sup>
	Earthquake, volcanism, tsunami		
	Storm, cyclone, flood, inundation, landslide		
Section II Third Party Liability	Items to be insured		Limits of indemnity <sup>4*</sup>
	1.	Bodily injury	
	1.1.	Any one person	
	1.2.	Total	
	2.	Property damage	
	Total limit to be applied under Section II:		

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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.

We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this questionnaire and Proposal shall form the basis and be part of any policy issued in connection with the above risk or risks. It is agreed that the Insurers shall be 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 \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: