



INSURANCE

Standard Alliance Insurance PLC

RC: 40590

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

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

2. Site

Country/Province/District

City/Town/Village

3. Name and address of principal

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

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

6. Name and address of consulting engineer

7. Description of contract work²
(Please give detailed technical information)

Dimensions (length, height, depth, spans, number of floors)

¹ If necessary on a separate sheet

² For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

	Type of foundation and level Of deepest excavation
	Erection method
	Construction materials
8. Is the contractor experienced in this type of work or erection method?	<input type="checkbox"/> yes <input type="checkbox"/> no
9. Period of Insurance	Commencement of work <hr/> Duration of erection months <hr/> Date of completion <hr/> Maintenance period months
10. What work will be done by subcontractors?	<hr/> <hr/> <hr/> <hr/> <hr/>
11. Special risks	Fire, explosion? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Flood, inundation? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Landslide, storm, cyclone? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Blasting work? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Other risks? <hr/> <hr/> <hr/> Volcanism, tsunami? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Have earthquakes been observed in this area? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> If so, please state intensity (Mercalli)? Magnitude (Richter) <hr/> Is the design of the structure to be insured based On regulations for earthquake-resistant structures? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Is the design standard higher than that Stipulated in the relevant regulations? <input type="checkbox"/> yes <input type="checkbox"/> no
12. Details of subsoil	<input type="checkbox"/> Rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground <hr/> Other subsoil conditions <hr/> Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> no

13.	Ground water	Level below grade	M ft			
14.	Nearest river, lake, sea, etc	Name				
		Distance				
		Levels	Low water Mean water			
		Highest ever recorded	Date			
15.	Meteorological conditions	Rainy season from	to			
		Max rainfall	(mm) (in)	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?				
		<input type="checkbox"/> yes <input type="checkbox"/> no				
Limit of Indemnity						
18.	Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water 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 as a direct or indirect consequence of the contract work?	<input type="checkbox"/> yes <input type="checkbox"/> no				
		Limit of Indemnity				
		Exact description of these buildings/structures				

20. State hereunder the amounts you wish to insure and the limits to 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
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)	
4. Clearance of debris	
Total sum to be insured under Section I:	

Special risk to be insured	Limit of Indemnity ³
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II
Third party liability

Item to be insured	Limit of Indemnity ⁴
1. Bodily injury	
1.1 Any one person	
1.2 Total	
2. Property damage	
Total limit under Section II:	

³Limit of Indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.
⁴Limit 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