

QUESTIONNAIRE AND PROPOSAL FORM

1 General Information:

a) Full name of Proposer:

Reg. No. Nationality Year Established

Activity

b) Address: Location	Building:	Street:
	Dist:	City:

P.O. Box Postal Code

Phone Nos. Fax No.

Email ID

c) Contact Person 1	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 2	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 3	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

2. Title of Contract [If project consists of several sections, specify section(s) to be insured.]:
3. Site:
Province/District: _____
City/Town/Village: _____
4. Name and address of principal:
5. Name(s) and address(es) of contractor(s)¹
6. Name(s) and address(es) of sub-contractor(s)¹
7. Name and address of consulting engineer
8. Description of contract work² (please give detailed technical information¹.)
Dimensions (length, height, depth, spans, number of floors) _____
Type of foundation and level of deepest excavation _____
Construction method _____
Construction materials _____
<p>1 If necessary, on a separate sheet. 2 For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.</p>

9. Is the contractor experienced in this type of work or construction method?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
10. Period of Insurance	Commencement of work					
	Duration of construction	months				
	Date of completion					
	Maintenance period	months				
11. What will be done by subcontractors?						
12. Special risks						
Fire, explosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Fire, explosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Landslide, storm, cyclone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Blasting work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Other risks _____						
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 (Mercalli)	Magnitude (Richter)					
If the design of the structure to be insured based on regulations for 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				
13. Structure of Building:	<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand	<input type="checkbox"/> clay	<input type="checkbox"/> filled ground	
Other subsoil conditions: _____						
Do geological faults exist in the vicinity?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Ground Water						
Level below grade		m				
		ft				
15. Nearest river, lake, sea, etc.						
Name: _____						
Distance: _____						
Levels		Low Water		Mean Water		
Highest ever recorded			Date			

Section 2 Third Party Liability	Items 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 2	

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 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 treat this information in strict confidence.

Date: Signature of Proposer:

INSURANCE QUESTIONNAIRE AND PROPOSAL FORM

1 General Information:

a) Full name of Proposer:

Reg. No. Nationality Year Established

Activity or Type of Business

b) Address: Location

Building:	Street:
Dist:	City:

P.O. Box Postal Code

Phone Nos. Fax No.

Email ID

c) Contact Person 1

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

Contact Person 2

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

Contact Person 3

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

2. Location of equipment to be insured (address of building, storey):	
3. Structure of Building: <input type="checkbox"/> steel skeleton <input type="checkbox"/> brickwork <input type="checkbox"/> concrete <input type="checkbox"/> wood	
4. Has any of the equipment to be insured previously been covered by other insurance companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If so, which items of the specification and by which companies? _____</p> <p>_____</p> <p>_____</p> <p>State when the insurance is to commence. Date: Time:</p> <p>Period of the insurance to expire at the same date and time next year.</p>	
5. Is all the equipment to be insured new? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If not, which items of the specification are second- hand? _____</p> <p>_____</p> <p>_____</p> <p>What equipment can still be obtained ex-works? State items of the specification.</p> <p>_____</p> <p>_____</p>	
6. Condition of equipment: Is the equipment maintained in accordance with the manufacturer's instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Quality of Staff: Have operators been trained with the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is there a risk of flood and inundation?	
<p>If so, by</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> bodies of water <input type="checkbox"/> torrential rainfall</p> <p><input type="checkbox"/> sewer backflow <input type="checkbox"/> other</p>
9. Are dangerous materials used in the vicinity?	
<p>If so, by</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> acids <input type="checkbox"/> prepared or sensitized papersl</p> <p><input type="checkbox"/> lye <input type="checkbox"/> test solutions</p> <p><input type="checkbox"/> developers <input type="checkbox"/> isotopes</p> <p><input type="checkbox"/> isotopes <input type="checkbox"/> other</p>

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Executed at: _____ Date: _____ Signature: _____

QUESTIONNAIRE AND PROPOSAL FORM

1 General Information:

a) Full name of Proposer:

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Activity

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Building:	Street:
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c) Contact Person 1

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

Contact Person 2

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

Contact Person 3

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

<p>2. Title of Contract [If project consists of several sections, specify section(s) to be insured.]:</p>										
<p>3. Location of Erection Site:</p> <p>Province/District: _____</p> <p>City/Town/Village: _____</p>										
<p>4. Name and address of principal:</p>										
<p>5. Name(s) and address(es) of contractor(s)</p>										
<p>6. Name(s) and address(es) of sub-contractor(s)</p>										
<p>7. Name(s) and address(es) of Manufacturer(s) of main item(s)</p>										
<p>8. Name and address of firm supervising erection</p>										
<p>9. Name and address of consulting engineer</p>										
<p>10. Proposer (please indicate which of the parties nos. 4 to 9 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Proposer No.</td> <td style="width: 50%; border: none;">Insured No(s).</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Proposer No.	Insured No(s).	_____	_____	_____	_____	_____	_____	_____	_____
Proposer No.	Insured No(s).									
_____	_____									
_____	_____									
_____	_____									
_____	_____									

<p>11. 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).</p>		
<p>12. Period of Insurance</p>	<p>Commencement of insurance</p> <hr/> <p>Duration of pre-storage</p>	<p>months prior to beginning of erection work</p>
	<p>Commencement of erection work</p> <hr/> <p>Duration of erection/construction</p>	<p>months</p>
	<p>Duration of testing</p>	<p>weeks</p>
	<p>Duration of Maintenance (if required)</p>	<p>months</p>
	<p>Type of coverage required</p> <hr/> <p>Termination of insurance</p>	
<p>13. Have plans, designs and materials of the kind used in this project been used and/or tested in:</p>		
<p>a) previous constructions?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>b) previous constructions by the contractor(s)?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>If so, please give details of similar projects carried out by contractor(s):</p>		
<p>14. Is this an extension of an existing plant?</p>		
		<p><input type="checkbox"/> Yes</p>
<p>If so, will operation of existing plant continue during erection period? Enclose plans.</p>		<p><input type="checkbox"/> Yes</p>
		<p><input type="checkbox"/> No</p>
<p>15. Have the buildings and civil engineering works already been completed?</p>		
		<p><input type="checkbox"/> Yes</p>
		<p><input type="checkbox"/> No</p>
<p>16. Work to be carried out by sub-contractors:</p>		
<p>Please also give answers to Nos. 17 to 22 as far as information is obtainable.</p>		

17. Is there any aggravated risk of:			
Fire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			<input type="checkbox"/>
Explosion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			<input type="checkbox"/>
If so, give details:			
18. Ground water level			
19. Nearest river, lake, sea etc.			
Name:		Distance from site	
Levels of such river, lake, sea etc.			
Low water	mean water	highest level recorded	
Mean level of site			
20. Meteorological conditions			
Rainy seasons from		to	
Max rainfall (mm)	per hour	per day	per month
Max wind velocity	storm frequency	<input type="checkbox"/> low	<input type="checkbox"/> medium <input type="checkbox"/> high
21. Hazards of earthquake, volcanism, tsunami:			
Is there a history of volcanism, tsunami at the site?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Have earthquakes, etc. been observed in this area?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	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"/>	<input type="checkbox"/>
		Yes	No
Subsoil conditions	<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site
Other types			
Do geological faults exist in the vicinity?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
22. 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)			

Please indicate limits of indemnity required for the following perils:t		
	Risk	Limit of Indemnity ¹
	Earthquake, volcanism, tsunami	
	Storm, cyclone, flood, inundation, landslide	
Section 2 Third Party Liability	Insured Items	Limit of Indemnity ²
	Bodily injury – any one person	
	Bodily Injury – total	
	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 arising out of any one event. ² Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.		

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23.	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.29.3.	
24.	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.	
25.	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.29.5. <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give exact description of these buildings/structures.	
26.	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.29, Section II.	
27.	Do you wish 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	
28.	Give details of any special extension of cover required.	
29.	Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section 1, Memo 1, and Section II.)	
Section 1	Items to be insured	Sums to be insured (state below separately)
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 1:	

QUESTIONNAIRE AND PROPOSAL FORM

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Activity/
Nature of
Business

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Location

Building:	Street:
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Phone Nos. Fax No.

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c) Contact Person 1

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

Contact Person 2

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

Contact Person 3

Name:	Title:
Tel. Extn.	Mobile No.
Email ID:	

2. Address of Plant:

Name of chief engineer or plant manager: _____
Nearest railway station/airport: _____

3. Has any of the machinery to be insured previously been covered by other insurance companies?

Yes No

If so, which items of the specification and by what companies?

State when the insurance is to commence: Date: _____ Time: _____
Period of insurance to expire at the same date and time next year.

4. Do you wish to insure the foundations of the machinery?

Yes No

If so, please state the relevant terms of the specification:

5. Does the specification include all the machinery coverable under a Machinery Policy? Yes No

If not, does the machinery to be insured represent all the machinery coverable in one plant section? Yes No

6. Do you wish the cover to include extra charges (in case of loss) for:

Express freight, overtime, night work, work on public holidays? Yes No
Air freight? Yes No
Limit of indemnity for air freight:

7. Give details of any special extension of cover required:

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