

Questionnaire and Proposal for Contractors' All Risks Insurance No

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 work ² (Please give detailed technical information. ¹)	Dimensions (length, height, depth, spans, number of floors)

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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

Construction method

Construction materials

8. Is the contractor experienced
in this type of work or
construction method? Yes No

9. Period of insurance

Commencement of work

Duration of construction months

Date of Completion

Maintenance period months

10. What work will be done
by subcontractors?

11. Special Risks

Landslide, Storm, Cyclone? Yes No

Blasting work? Yes No

Other risks

Volcanism, Tsunami?

Have earthquakes been observed in this area?

If so, please state intensity (Mercalli) Magnitude (Richter)

Is the design of the structure to be insured based
on regulations for earthquake-resistant structures? Yes No

Is the design standard higher than that
stipulated in the relevant regulations? Yes No

Fire, explosion? Yes No

Flood, inundation? Yes No

12. Details of subsoil

rock gravel sand clay filled ground

Other subsoil conditions

Do geological faults exist in the vicinity? Yes 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)	per hour	per day
		per month	
		(in)	
	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? Has the contractor concluded a separate policy for TPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Limit of indemnity		
18. Details of existing buildings or surroundings property possibly affected by the contract work (excavating, underpinning, pilling, 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 of indemnity required (see policy wording, Section I, Memo 1, and Section II).

Section I
Material Damage

		Currency
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		
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:		

Section II
Third party liability

3. Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.
4. Limit of indemnity in respect of any one accident or series of accidents arising out of anyone 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 what ever nature The Insurers Undertake to deal with this information in strict confidence.

Executed at _____

Date _____

Signature _____