

Transit, erection and testing insurance

Proposal form

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
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Insured details

1	Title of contract (if project consists of several sections, specify section(s) to be insured):
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2	Location of erection site: Country: City/town/village:
3	Name and address of principal:
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4	Name(s) and address(s) of main contractor(s):
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5	Name(s) and address(s) of subcontractor(s):
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6	Name(s) and address(s) of manufacturer(s):
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7	Name and address of firm supervising erection:
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8	Name and address of consulting engineer:
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9	Please indicate which of the parties (numbers 1-8 above) above is the proposer of the insurance and which parties are to be declared as Insured in the policy.
	Proposer:
	Insured:
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).
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Period of insurance:

11	Commencement of insurance: / /
	Duration of pre-storage (in months prior to beginning of erection work):
	Commencement of erection work: / /
	Duration of erection/construction (in months):
	Duration of testing (in weeks):
	If maintenance coverage required: Duration of maintenance (in months):
	Type of coverage required:
	Termination of insurance: / /

Project details

12	Have plans, designs and materials of the kind used in this project been used and/or tested in:
	(a) Previous constructions? Yes <input type="checkbox"/> No <input type="checkbox"/>

(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? (Please enclose plans) Yes No

14 Have the buildings and civil engineering works already been completed? Yes No

15 Please specify work to be carried out by subcontractors:

Risk assessment

Please also give answers to Numbers 16 to 21 as far as information obtainable :

16 Is there any aggravated risk of:

(a) Fire? Yes No

(b) Explosion? Yes No

If So, give details:

17 Please give details of ground water level:

18 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: _____

19 Meteorological conditions: Rainy seasons from: _____ to: _____

Maximum rainfall (mm): _____ per hour per day per month

Maximum wind velocity: _____ Storm frequency: Low Medium High

20 Hazards of earthquake, volcanism, tsunami: Is there a history of volcanism, tsunami at the site? Yes No

Have earthquakes, etc been observed in this area? Yes No

If So, please state intensity: Magnitude: _____

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

Subsoil conditions: rock gravel sand clay filled site other: _____

Do geological faults exist in the vicinity? Yes No

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? Yes No

If So, please give brief description and state new replacement value under Section 1, number 3 of this proposal:

23 Is coverage of construction/erection machinery (excavators, cranes, etc.) required? Yes No

If So, 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 Section 1, number 5 of this proposal. Yes No

If So, give exact description of these buildings/structures:

25 Is third party liability to be included? Yes 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 Section 2 of this proposal:

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

- (a) Express freight, overtime, night work, work on public holidays? Yes No
- (b) Air freight? Yes No

27 Give details of any special extension of cover required:

Section 1: Material damage

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). Currency:

Items to be insured	Sums to be insured (state below separately)
1 Erection works, (split up as follows):	
(a) Items to be erected	\$
(b) Freight	\$
(c) Customs duties and dues	\$
(d) 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	\$

Please indicate limits of indemnity required for the following perils:

Risk	Limits of indemnity ¹
Earthquake, volcanism, tsunami	\$
Storm, cyclone, flood, inundation, landslide	\$

Section 2: Third party liability

Insured items	Limits 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 or damage arising out of any one event.	
2 Limit of indemnity in respect of any one accident or series of accidents arising out of one event.	

Declaration

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: _____