

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	Proposer:
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):	
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Commencement of erection work: / /	
Duration of erection/construction (in months):	
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Duration of testing (in weeks):	
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If maintenance coverage required: Duration of maintenance (in months):	
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Type of coverage required:	
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Termination of insurance: / /	
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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 <input type="checkbox"/>	No <input type="checkbox"/>
If So , please give details of similar projects carried out by contractor(s):		
13 Is this an extension of an existing plant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If So , will operation of existing plant continue during erection period? (Please enclose plans)		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14 Have the buildings and civil engineering works already been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15 Please specify work to be carried out by subcontractors:		

Risk assesment

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

16 Is there any aggravated risk of:		
(a) Fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Explosion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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):	<input type="checkbox"/> per hour	<input type="checkbox"/> per day <input type="checkbox"/> per month
Maximum wind velocity:	Storm frequency: <input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High
20 Hazards of earthquake, volcanism, tsunami: Is there a history of volcanism, tsunami at the site?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have earthquakes, etc been observed in this area?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If So , please state intensity: Magnitude:		
Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subsoil conditions: <input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site <input type="checkbox"/> other:		
Do geological faults exist in the vicinity?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
If So , give exact description of these buildings/structures:		
25 Is third party liability to be included?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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)
Erection works, split up as follows:	
Items to be erected	\$
Freight	\$
Customs duties and dues	\$
Cost of erection	\$
Civil engineering works	\$
Construction/erection equipment	\$
Clearance of debris (limit of indemnity)	\$
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 I	\$

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 what-ever nature.

The Insurers undertake to deal with this information in strict confidence.

Executed at: _____ Date: / /

Signature: _____