# PROPOSAL FORM

## CONTRACTORS “ALL RISK” INSURANCE

**1. PARTIES TO THE CONTRACT UNDER THE POLICY**

<table>
<thead>
<tr>
<th>Role</th>
<th>Full Name and Address</th>
<th>To Be Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Principal</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>(b) Main Contractors</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>(c) Sub-Contractors</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>(d) Consulting Engineer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2. NAME AND KIND OF PROJECT**

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**3. Description and details of contract works:**

| (a) Location                  | (Length, height, depth, span) |                       |               |
| (b) Dimension (number of floors) |                       |                       |               |
| (c) Foundation (methods level of deepest excavator) |                       |                       |               |
| (d) Construction Methods     |                       |                       |               |
| (e) Construction materials   |                       |                       |               |
| (f) Level of ground water, if devastating necessary |                       |                       |               |
| (g) Is contractor experienced in this type of work or construction methods? |                       |                       |               |

**4. Dates and Periods**

| (a) Construction Period     | From......................To...................... |
| (b) Maintenance Period      | From......................To...................... |
| (c) Type of maintenance     | Visits ☐ Extended ☐ |
(5) Amount to be insured .................................................................

(a) Contract works including

   (i) Permanent Works ............................................................

   (ii) Temporary works (except items stated under point 5 (e))......

(b) Specify and indicate value of material supplied by Principal (not included under a)

.................................................................................................................................

(c) Clearance of debris (Limit of indemnity) ..............................

.................................................................................................................................

(d) Architects, Surveyors & Consulting Engineers Fees

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   Sum insured for works .................................................................

.................................................................................................................................

(e) Construction equipment and installations such as scaffolding

Supports sheet piles, stages for bridges, tools, tackles

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(f) Construction machinery (mobile plant)

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(g) Stationery Plant

.................................................................................................................................

*Please enclose list showing items with their new replacement value

(6) Excess (envisaged for each and every occurrence)

   (a) For contract works and equipment arising out of:

      (i) earthquake, storm subsidence, landslide, collapse and any water shortage:

      (ii) Any other cause:

.................................................................................................................................

   (b) For construction machinery .................................................................

.................................................................................................................................

(7) Existing Building:

Are existing building and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Principal or any Contractor to be insured against loss or damage arising out of or in connection with the contract works.

Yes ❑  No ❑

If yes, indicate limit of indemnity, for those building or structures

Value .................................................................................................................................

Type of construction ........................................................................................................

Condition ..........................................................................................................................
Third Party Liability to be included?  

Yes ☐  No ☐

If yes, what limits arising out of one event is required?

Bodily injury:

(a) Per event .................................................................

(b) For any one person ...........................................................

(c) Total limit to be applied under (a) & (b)  .................................................................

(d) In connection with surroundings not belonging to the  
    Insured's give description of type, size, conditions and  
    Value of neighbouring building and other constructions  
    And indicate importance of streets and existence of railway  
    (enclose maps and layouts)  

.................................................................................................

(e) Cross Liability:  
    Are the insured (contractor, sub-contractor, principal) to be considered?  
    As third parties amongst each other?  

Yes ☐  No ☐

We hereby declare that the statements made by us in this questionnaire are complete and true to the  
best of our knowledge and belief and we hereby agree that this questionnaire shall form the basis and  
be part of the policy or policies issued in connection with the above risk or risks. It is agreed that the  
insurers shall be liable in connection with the terms of the policy only and that the insured will not  
lodge any other claims of whatever nature.

Signature.................................................................  Date:.................................................................