

**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
 work²
 (Please give detailed
 technical information.¹)

Dimensions (length, height, depth,
 spans, number, of floors)

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?	<input type="checkbox"/> yes <input type="checkbox"/> 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	Fire, explosion? <input type="checkbox"/> yes <input type="checkbox"/> no
	Flood, inundation? <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 earthquake been observed in this area? <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, please state intensity (Mercalli) magnitude (Richter)
	Is the design of the structure to be insured based on regulation 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
12. Details of subsoil	<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

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) (in)	per hour per day per month
	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 surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowerin, 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).

		Currency
Section I Material damage	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		
Section II 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 II:	

³ Limit of indemnity in respect of each and every loss or damage and/or series of losses arising of any one event.

⁴ Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

we hereby declare that the statement 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