



PROPOSAL FOR CONTRACTORS ALL RISK

General Questions Please Complete Fully.

1. (a) Name of Proposer _____
(b) Postal Address _____
Telephone Number _____ Fax Number _____
(c) Name of Business _____
2. Name and address of Principal or Owner of the Building for whom work is to
Carried out: _____
To be insured under the policy? Yes No
3. Name and address of principal Contractor _____

To be insured under the policy? Yes No
4. Name and address of sub contractor _____

To be insured under the policy? Yes No
5. (a) Location of the Contract: Block _____ Parcel _____

(b) Describe the general nature of the work to be undertaken _____

(c) Insurance Period Required: From _____ To _____
(d) Construction of Walls _____
(e) Construction of Roof Frame _____
(f) Construction of Roof Covering _____
(g) Number of storeys of the building being constructed _____
(h) On what date did construction commence? _____
(i) At the commencement date of the insurance, what approximate percentage of the
construction has been completed? _____
(j) What is the completion date of the project? _____

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(k) If maintenance period required please state: From _____ To: _____

B. Contract Specific Questions Please Complete Fully.

Item	Value \$
(a) CONTRACT PRICE INCLUDING TEMPORARY WORKS	
(b) CONTRACTOR'S PLANT, MACHINERY & EQUIPMENT	
(c) ARCHITECTS', SURVEYORS & ENGINEERS FEES	
(d) REMOVAL OF DEBRIS	

(e) Give value and nature of any items under (b) above, exceeding US\$3,000.00

6. (a) Nature of subsoil at location of the Contract _____

(b) Distance from sea _____

(c) Height above sea level _____

(c) Give details of any rivers, streams, canals, or other water in the area,
State distance there from _____

(e) Has the area been subject to flooding in the past? Yes No
If so, give details _____

(f) State whether region is subject to weather conditions such as monsoons, typhoons,
hurricanes, and the like, and months when to be expected

(g) Are there any mines or disused workings in the vicinity? Yes No

7. (a) State depth of excavations:
(i) Average depth _____
(ii) Maximum depth _____

(b) Are there at present any underground main services on or about the location of the
contract? Yes No

If so, give details _____

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- (c) Will any blasting be carried out at or near the location of the contract? Yes No

If so, give details _____

- (d) Will work involve any demolition? Yes No

If so, give details _____

- (e) Describe any special features of the work to be undertaken at the location of the contract. Include details of any hazards which are not normally present in work of this nature.

8. Give particulars of all loss or damage sustained on contracts on which you have been working during the past three years.

DATE	CAUSE OF LOSS OR DAMAGE	AMOUNT

C. Public Liability

- Do you Require Public Liability Cover?** Yes No

Questions 14 – 18 to be completed only if Public Liability cover is required.

9. Amount of indemnity required for any one accident _____

10. Is the principal's liability to be included in the cover. Yes No

11. Distance from public main road _____

12. Give particulars of all claims made on you during the past three years for personal injury to or damage to property of Third Parties.

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DATE	NATURE OF CLAIM	AMOUNT

D. Adjacent Structures.

13. Are existing buildings and/or structures or their contents adjacent to the site owned by or held in care, custody or control of the Principal/Employer or any Contractor to be insured against loss or damage arising in accordance with the contract works? Yes No
- b) Is loss or damage by fire and / or explosion required? Yes No
- c) Value _____
- d) Type of Construction _____
- e) Condition _____

E. Please answer all questions fully.

14. a) Has any Insurer at any time declined to insure you for Contract Works or Public Liability insurance? Yes No
- b) If so, please give details, including name of Insurer _____
- _____
15. On a separate page please provide details of any similar work undertaken by you within the last five years. Please include Dates, For Whom Undertaken, Nature of Work and value of each contract.
16. What other insurance have you with the Company? _____
- _____

Declaration

I/We wish to effect Insurance with the Company in terms of the Policy to be issued by the Company. I/We hereby declare that the statements and particulars given by me/us in this Proposal are true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company.

Dated _____ 20____ Signature _____

This insurance will not be in force until the proposal has been accepted by the Company.