
Questionnaire and Proposal for Contractors' All Risks Insurance No

1. Title of Contract

(If projects consists of several
section specify section(s) to be
insured)

2. Site

Country/Province/District
City/Town/Village

3. Name and address of principal

4. Names(s) and address(es) of Contractor(s)'

5. Name(s) and address(es) of Subcontractor(s)'

6. Name and address of consulting engineer



E 54.2-E 1

- 1 If necessary on a separate sheet.
2 For harbors, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

7. Description of contract work? (Please give detailed technical information)	Dimensions (length, height, depth, spans, number of floors)
	Type of foundation and level of deepest excavation
	Construction method
	Construction materials
8. Is there 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 <hr/> Duration of construction months <hr/> Date of completion <hr/> Maintenance period months
10. What work will be done by subcontractors?	<hr/> <hr/> <hr/>



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 earthquakes 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 regulations for earthquake-resistance structures?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Is the design standard higher than that stimulated 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		
	High 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



<p>16. Are extra charges for overtime night work on public holidays to be included?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Limit of indemnity			
<p>17. Is third party liability to be included?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Has the contractor concluded as a separate policy for TPL?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Limit of indemnity			
<p>18. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc.)</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>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?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit of indemnity
Exact description of these buildings/structures			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

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20. you wish to insure and the limits of indemnity required (see policy wording, Section I, Memo 1, and Section II).

Section I
Material Damage

Items to be insured	Currency:	
	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

Item 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 out of any one event.

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

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
Signature

This

Day of

20

