

## Questionnaire and Proposal for Erection All Risks Insurance No

1. Title of Contract

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

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2. Location of erection

Site country

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City, town, village

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3. Principal

Name and address

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4. Main contractor(s)

Names(s) and address(es)

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5. Subcontractor(s)

Name(s) and address(es)

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6. Manufactures of main items

Name(s) and address(es)

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7. Firm supervising erection

Name(s) and address(es)

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8. Consulting engineer

Name(s) and address(es)

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9. Proposer

Please indicate which of the parties No. 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.

Proposer No.

Insured No.(s)



<p>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)</p>	
<p>11. Period of insurance</p>	<p>Commencement of insurance</p> <hr/> <p>Duration of pre-storage <span style="float: right;">months prior to beginning of erection work</span></p> <hr/> <p>Commencement of erection work</p> <hr/> <p>Duration of erection/construction <span style="float: right;">months</span></p> <hr/> <p>Duration of testing <span style="float: right;">weeks</span></p> <hr/> <p>Duration of maintenance <span style="float: right;">months</span></p> <hr/> <p>If maintenance coverage required</p> <p>Type of coverage required</p> <hr/> <p>Termination of insurance</p>
<p>12. Have plans, designs and materials of the kind used in this project been used and/or tested in</p> <p>If so, please give details of similar projects carried out by contractor(s)</p>	<p>a previous constructions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>b previous constructions by the contractor(s)?</p> <hr/>
<p>13. Is this and extension of an existing plant?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>If so, will operation of existing plant continue during erection period? Enclose plans. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Have the buildings and civil engineering works already been completed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Work to be carried out by subcontractors</p>	<hr/> <hr/>
<p>Please also give answers to No.16 to 21 as far as information obtainable:</p>	



16. Is there any aggravated risk of	Fire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
	Explosion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
If so, give details										
17. Ground water level										
18. Nearest river, lake, sea, etc Levels of such river, lake, sea, etc	Name	Distance from site								
	Low water	Mean water	Highest level recorded							
	Mean level of site									
19. Meteorological conditions	Rainy seasons from	To								
	Max rainfall(mm)	Per hour	Per day	Per month						
	Max 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
	Have earthquakes', etc been observed in this area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
	If so, please state intensity	magnitude								
	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Subsoil conditions	<input type="checkbox"/>	Rock	<input type="checkbox"/>	Gravel	<input type="checkbox"/>	Sand	<input type="checkbox"/>	Clay	<input type="checkbox"/>	Filled Site
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 (scaf folding, huts, tools, etc) required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
	Please give brief description and state new replacement value under No 28.3.									
23. Is coverage of construction/ erection machinery (exca- vators, cranes,etc) required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
	Please attach list of major machines showing individual new replacement values and state total value under No 28.4.									
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 No 28.6.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
	If so, give exact description of these buildings/structures.									



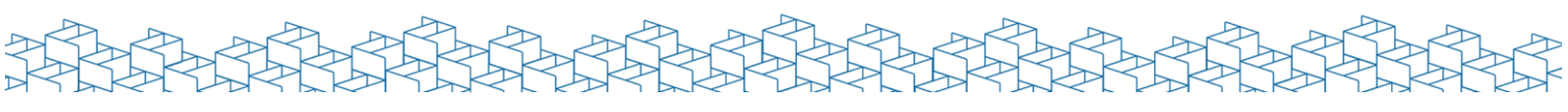
25. Is third party liability to be included?  Yes  No  
 If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s) (enclose maps, if possible).  
 State limits under No 28, Section II.

26. Do you wish cover to include extra charges (in case of loss) for  
 express freight, overtime, night work, work on public holidays?  Yes  No  
 air freight?  Yes  No

27. Give details of any special extension of cover required

28. Please state hereunder the amounts you wish to insure or where applicable 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 (state below separately)
	1. Erection works, split up as follows:	
	1.1. Items to be erected	
	1.2 Freight	
	1.3 Customs duties and dues	
	1.4 Cost of erection	
	2. Civil engineering works	
	3. Construction/erection equipment	
	4. Construction/erection machinery	
	5. Clearance of debris (limit of indemnity)	
	6. 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		



Section II-  
Third party liability

Risk	Limits of indemnity <sup>1</sup>
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landside	
Insured items	Limits of indemnity <sup>2</sup>
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	

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(s). 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 Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and

the Insurers reserve the right to modify any quotation made in the light of such alteration. The Insurers undertake to deal with this information in strict confidence.

Executed at

Date

Signature

