



## Questionnaire and Proposal for Contractors' All Risks Insurance No

|   |  |
|---|--|
| 1. Title of contract<br>(If project consists of<br>Several sections, specify<br>Section(s) to be insured.)        | <hr/> <hr/> <hr/>  |
| 2. Site   | <hr/> <hr/> <hr/>  |
| Country/Province/District   | <hr/>  |
| City/Town/Village   | <hr/>  |
| 3. Name and address<br>of principal   | <hr/> <hr/>  |
| 4. Name(s) and address(es)<br>of contractor(s) <sup>1</sup>   | <hr/> <hr/>  |
| 5. Name(s) and address(es)<br>of subcontractor(s) <sup>1</sup>  | <hr/> <hr/>  |
| 6. Name and address<br>of consulting engineer   | <hr/> <hr/>  |
| 7. Description of contract<br>work <sup>2</sup><br>(Please give detailed<br>technical information. <sup>1</sup> ) | Dimensions (length, height, depth,<br>spans, number, of floors)<br><hr/> <hr/> |

<sup>1</sup> If necessary on a separate sheet

<sup>2</sup> 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   |  |



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 <sup>3</sup> |
|--|---------------------------------|
| Earthquake, volcanism, tsunami               |                                 |
| Storm, cyclone, flood, inundation, landslide |                                 |
|  |                                 |
|  |                                 |

Section II  
Third party liability

| Items to be insured           | Limit of indemnity <sup>4</sup> |
|-------------------------------|---------------------------------|
| 1. Bodily injury              | _____                           |
| 1.1 Any one person            |                                 |
| 1.2 Total                     |                                 |
| 2. Property damage            |                                 |
| Total limit under Section II: |                                 |

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

<sup>4</sup> 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