

**Questionnaire and Proposal for  
 Erection All Risks Insurance No**

1.	Title of contract (If project consists of Several sections, specify Section(s) to be insured.)	
2.	Location of erection site	
	Country	
	City, town, village	
3.	Principal	
	Name and address	
4.	Main contractor(s)	
	Name(s) and address(es)	
5.	Subcontractor(s)	
	Name(s) and address(es)	
6.	Manufacturer(s) of main items	
	Name(s) and address(es)	
7.	Firm supervising erection	
	Name and address	
8.	Consulting engineer	
	Name and address	
9.	Proposer	
	Please indicate which of the parties Nos 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)
10.	Exact description of the property to be erected (if second-hand items are to be erected, please state). In case of machines: manu- factuer's name, number, type, size, capacity, weight, pressure, temperature, revo- lutions, year of construction of major units. In Case of complete factories: general drawing of plant, nature of civil engineering work (if any).	
11.	Period of insurance	Commencement of Insurance

If maintenance coverage required	Duration of pre-storage	months prior to beginning of erection work		
	commencement of erection work			
	Duration of erection/construction	months		
	Duration of testing	weeks		
	Duration of maintenance	months		
	Type of coverage required			
	Termination of insurance			
12. Have plans, designs and materials of the kind used in this project been used and/or tested in	a previous constructions?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	b previous constructions by the contractor(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If so, please give details of similar projects carried out by contractor(s).	<hr/> <hr/> <hr/>			
13. Is this an extension of an existing plant?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	If so, will operation of existing plant continue during erection period? Enclose plans.		<input type="checkbox"/> yes	<input type="checkbox"/> no
14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
15. work to be carried out by subcontractors	<hr/> <hr/>			
Please also give answers to Nos 16 to 21 as far as information obtainable:				
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	<hr/> <hr/>			
17. Ground water level				
18. Nearest river, lake, sea, etc	Name	distance from site		
Levels of such river, lake, sea, etc	Low water	mean water	highest level recorded	
	Mean level of site			
19. Meteorological conditions	Rain 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		
subsoil conditions	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site	
	other types	
	Do geological faults exist in the vicinity?	<input type="checkbox"/> yes <input type="checkbox"/> no
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a due to earthquake <input type="checkbox"/>	b due to fire <input type="checkbox"/>
	c due to other cause (please specify)	
	<hr/>	
22. Is coverage of construction/erection equipment (scaffolding, 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.	
	<hr/>	
23. Is coverage of construction/erection machinery (excavators, cranes, etc) required?	<input type="checkbox"/> yes <input type="checkbox"/> no	
	please attach list of major machines showing individual new replacement value and state total value.	
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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 28.5.	<input type="checkbox"/> yes <input type="checkbox"/> no	
	If so, give exact description of these buildings/structures.	
	<hr/>	
	<hr/>	
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25. Is third party liability to be included? 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.	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<hr/>	
	<hr/>	
	<hr/>	
26. Do you wish cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> yes <input type="checkbox"/> no
	air freight?	<input type="checkbox"/> yes <input type="checkbox"/> no
27. Give details of any special extension of cover required.	<hr/>	
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28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required		
		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 Clearance of debris (limit of indemnity)	
5 Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control	
Total sum to be insured under Section I:	

Please indicate limits of indemnity required for the following perils:

Risk	Limit of indemnity <sup>1</sup>
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Insured items	Limit of indemnity <sup>2</sup>
Bodily injury - any one person	
Bodily injury - total	
Property damage	
Or alternatively Combined single limit of	

<sup>1</sup> Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising of any one event.

<sup>2</sup> Limit of indemnity in respect of any one accident or series of accidents arising out of 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

**Please Attach:**

**Scope of work  
Time-bar chart**

**Scaled Layout plan(s)  
Any other useful information**