

Contractor's All Risk Application Form



APPLICANT INFORMATION

| | | | |
|----------------------------------|------------------------|-------------------------|-----------------------|
| Family name: ----- | | | |
| <i>First</i> | <i>Middle/Father's</i> | <i>Last</i> | |
| Date of birth: -----/-----/----- | | Nationality: ----- | |
| Address: ----- | | | |
| E-mail address: ----- | | | |
| Telephone No.: | Home | Mobile | Office |
| | ----- | ----- | ----- |
| Occupation: ----- | | | |
| Requested period of insurance: | | from: -----/-----/----- | to: -----/-----/----- |

CONTRACT INFORMATION

| | |
|---|---|
| 1. Title of the contract ----- | |
| 2. Location of site: ----- | |
| 3. Principal name and Address: ----- ----- | |
| 4. Contractor(s) name and Address: ----- ----- | |
| 5. Subcontractor(s) name and Address: ----- | |
| 6. Consulting Engineer's name and Address: ----- ----- | |
| 7. Requested period of insurance: | Commencement of work: -----/-----/----- |
| | Duration of Construction: ----- months |
| | Date of Completion: -----/-----/----- |

CONTRACT DESCRIPTION

| | | | |
|----------------------------------|---------------|------------------------------------|--|
| 1.Dimension: | Length: ----- | Depth: ----- | |
| | Height: ----- | No. of floors: ----- | |
| 2.Foundation: | Method: ----- | Level of deepest excavation: ----- | |
| 3. Method of construction: ----- | | | |
| 4. Construction materials: ----- | | | |

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| | | |
|--|------------------------------|-----------------------------|
| 5. Is the contractor experienced in this type of work or construction methods? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Work to be carried out by subcontractors: ----- ----- | | |

RISKS AND CONDITIONS

| | |
|--|---|
| 1. Special risks: | <ul style="list-style-type: none"> ▪ 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 ▪ Volcanism, Tsunami <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Earthquakes in the area <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Other risks: ----- |
| 2. Is the design of the structure to be insured based on regulations regarding earthquakes resistant structure? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Subsoil Conditions: | <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 geographical faults exist in this vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ground- Water levels: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Are extra charges for overtime, night work and work on public holidays to be included? <input type="checkbox"/> No <input type="checkbox"/> Yes, Limit of Indemnity: ----- | |
| 6. Is Third party liability to be included? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Has the contractor concluded a separate policy for TPL? <input type="checkbox"/> No <input type="checkbox"/> Yes, Limit of Indemnity: ----- | |
| 7. Details of existing buildings and/or surrounding property possibly affected by the contract works (excavating, underpinning, piling, vibrating, ground-water lowering...): ----- ----- | |
| 8. 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? <input type="checkbox"/> No <input type="checkbox"/> Yes, Limit of Indemnity: ----- | |
| Exact description of these buildings/structures: ----- ----- | |

SUM INSURED

| | |
|--|-----------------|
| Please state the amounts you wish to insure and the limits of indemnity required | |
| | Currency: ----- |

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| SECTION I : MATERIAL DAMAGE | |
|--|---------------------|
| Items to be insured | Sums to be insured |
| 1. Contract works (permanent & temporary works, including all materials to be incorporated herein) | |
| a) Contract Price | |
| b) Materials or items supplied by the principal | |
| 2. Construction plant & equipment | |
| 3. Construction machinery (please attach list showing replacement values of new items) | |
| 4. Clearance of debris (insured only up to the amount indicated) | |
| Total sum to be insured under Section I : | |
| Special Risks to be insured | Limits of indemnity |
| 1. Earthquakes, volcanism, tsunami | |
| 2. Storm, cyclone, flood, inundation, landslide | |

| SECTION II: THIRD PARTY LIABILITY | |
|--|---------------------|
| Items to be insured | Limits of indemnity |
| 1. Bodily Injury | |
| a) Any one person | |
| b) Total | |
| 2. Property Damage | |
| Total limit to be applied under Section II | |
| <i>Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event</i> | |
| <i>Limit of indemnity in respect of any one accident or series of accidents arising out of any one event</i> | |

| STATEMENT | |
|--|-------------------------|
| <p>We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my 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.</p> <p>It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.</p> <p>The insurers undertake to deal with this information in strict confidence.</p> | |
| Name: ----- | Date: -----/-----/----- |
| Signature:----- | |