

Erection All Risk Insurance Application Form



GENERAL INFORMATION

1. Title of Contract: -----
2. Location of Erection Site: -----
3. Proposer <i>Please indicate which of the Nos. from 4 to 9 below is the "Proposer" of the insurance and which parties are to be declared as 'Insured' in the Policy</i> <div style="text-align: right; margin-top: 10px;"> Proposer No.: ----- Insured No(s): ----- </div>
4. Principal: Name: ----- Address: ----- <div style="text-align: right; font-size: small; margin-top: 5px;"> City Street Building Floor </div>
5. Main Contractor: Name: ----- Address: ----- <div style="text-align: right; font-size: small; margin-top: 5px;"> City Street Building Floor </div>
6. Subcontractor: Name: ----- Address: ----- <div style="text-align: right; font-size: small; margin-top: 5px;"> City Street Building Floor </div>
7. Manufacturer of main items: Name: ----- Address: ----- <div style="text-align: right; font-size: small; margin-top: 5px;"> City Street Building Floor </div>
8. Firm supervising erection: Name: ----- Address: ----- <div style="text-align: right; font-size: small; margin-top: 5px;"> City Street Building Floor </div>
9. Consulting Engineer: Name: ----- Address: ----- <div style="text-align: right; font-size: small; margin-top: 5px;"> City Street Building Floor </div>

QUESTIONNAIRE & DESCRIPTION OF THE RISK

1. Exact description of the property to be erected <i>(If second hand items are to be erected, please state)</i> In case of Machines: Manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions; In case of complete factories: General drawing of plant, nature of civil engineering work (if any)	----- ----- ----- ----- ----- ----- -----
2. Period of Insurance: Commencement of Insurance	
Duration of pre-storage -----	Months -----
Commencement of erection work -----	

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Duration of erection/construction -----	Months -----
Duration of testing -----	Weeks -----
If maintenance coverage required	Duration of maintenance ----- Months -----
Type of coverage required -----	
Termination of insurance-----	
3. Have plans, designs and materials of the kind used in this project	a) Previous construction <input type="checkbox"/> Yes <input type="checkbox"/> No
Been used and/or tested in	a) previous constructions by the Contractor(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this an extension of an existing plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have the buildings/civil engineering works already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Work to be carried out by subcontractors ----- -----	
7. Is there any aggravated risk of: Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosion	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ground water level -----	
9. Nearest river, lake, sea etc.	Name ----- Distance from site-----
Levels of such river, lake sea etc. Low water----- means water----- highest level recorded -----	
Mean level of site-----	
10. Metrological 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	
11. Hazards of earthquake	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	
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"/> Filled site <input type="checkbox"/> Clay <input type="checkbox"/> Sand	
12. 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)	
13. Is coverage of construction/Erection equipment Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is coverage of Construction/erection equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor or the Principal, to be insured against loss or damage arising out of or in connection with the contract works? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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*Exact description of these buildings/structures: -----

16. Is third Party Liability to be included? Yes No

*Give brief description of surrounding and existing buildings &/or structures not belonging to the Principal or Contractors -----

17. Do you wish the 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

18. Give details of any special extension of cover required: -----

19. Please state hereunder the amounts you wish to insure

or where applicable the limits of indemnity Currency:.....

Section I: Material Damage

Items to be insured	Sums to be insured
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	-----
6. 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 1	-----

Section II: Third Party Liability

Risk	Limits of Indemnity
Earthquake, volcanism , Tsunami	-----
Storm, cyclone, flood, inundation , landslide	-----
Insured Items	Limits of Indemnity
Bodily injury - any one person	-----
Bodily injury - total	-----
Property damage	-----
Or alternatively: Combined Single Limit of	-----

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STATEMENT

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.

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.

The insurers undertake to deal with this information in strict confidence.

Name: -----

Date: -----/-----/-----

Signature: _____