



Questionnaire and Proposal for  
Contractors' All Risks Insurance

1 Title of Contract (If project consists of several sections, specify section(s)) to be Insured)	
2 Location of Site  Country/Province/District City/Town/Village	
3 Name and address of Principal	
4 Name(s) and address(es) of Contractor(s)'	
5 Name(s) and address(es) of Subcontractor(s)'	
6 Name(s) and address of Consulting Engineer	
7 Description of contract work (please give detailed technical information)	Dimensions(length, height,depth, spans, number of floors)  Foundation (method, level of deepest excavation)  Construction methods  Construction materials
Note: 1. if necessary on a separate sheet. 2. For harbours, piers, docks, tunnels, galleries, dams roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires.	

8	Is the Contractor experienced in this type of work or construction methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Period of Insurance	Commencement of work Duration of construction Date of completion Maintenance period
10	Work to be carried out 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
		Other
		Volcanism, tsunami <input type="checkbox"/> Yes <input type="checkbox"/> No
		Have earthquakes been observed in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please state intensity Magnitude
		Is the design of the structure to be insured based on regulations regarding 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	Subsoil conditions	rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground <input type="checkbox"/>
13	Ground-water level	
14	Nearest river, lake, sea etc.	Name
		Distance
		Levels low water mean water
		highest level recorded
15	Meteorological conditions	Rainy seasons from _____ to _____ Maximum Rainfall (mm) _____ per hour _____ per day _____ per month _____ Storm hazard <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> High
16	Are extra charges for overtime, night work, work on public holidays to be included	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit of Indemnity



<p>17 Is Third Party Liability to be included? Has the Contractor concluded a separate policy for TPL?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Limit of indemnity</p>		
<p>18 Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning pilling, vibration, ground-water lowering etc.</p>			
<p>19 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Limit o indemnity Exact description of these buildings/structures</p>		
<p>20 Please state hereunder the amounts you wish to insure and the limits of indemnity required(cf. policy wording, Section I, Memo 1, and Section II)</p>	<p>Currency:</p>		
	<p>Items to be insured</p>		
	<p>1 Contract work (permanent and temporary work, including all materials to be incorporated herein)</p>		
	<p>1.1 Contract price</p>		
	<p>1.2 Materials or items supplied by the principal(s)</p>		
	<p>2 Construction plant and Equipment  3 Construction machinery (please attach list showing replacement values of new items)</p>		
	<p>4 Clearance of debris (Insured only up to the amount indicated)</p>		
	<p><b>Total Sum to be insured under section I</b></p>		

	Special risks to be insured	Limits of indemnity
	Earth-quake, Volcanism, Tsunami	
	Storm, Cyclone, Flood, Inundation, land slide	
<b>Section II Third Party Liability</b>	Items to be insured	Limits o indemnity
	1 Bodily Injury	
	1.1 any one person	
	1.2 total	
	2 Property damage	
	<b>Total limit to be applied under this section II</b>	
	3 Limit of indemnity in respect of each and every loss or damage and /or series of losses or damages arising out of any one event.	
	4 Limit of indemnity in respect of any one accident or series of accident arising out of any one event	
<b>DECLARATION</b>		
<p>We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and the part of any policy issued in connection with the above risk or risks. It is agree that the Insurers shall be liable in accordance with the terms of the 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> <p>Executed at _____ this _____ day of _____ (Year)</p> <p style="text-align: center;">Signature</p>		