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## PROPOSAL FOR CONTRACTORS ALL RISKS INSURANCE

1. Name of Proposer: \_\_\_\_\_

2. **CONTRACTOR'S**

(a) Name: \_\_\_\_\_

(b) Address: \_\_\_\_\_  
\_\_\_\_\_

(c) Tel.No: \_\_\_\_\_

(d) State the experience of Contractor in this type of work: \_\_\_\_\_

3. Name and address of sub-contractor: \_\_\_\_\_  
\_\_\_\_\_

4. Name and address of Consulting Engineer: \_\_\_\_\_  
\_\_\_\_\_

5. **PRINCIPAL'S**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

6. Title of Contract Works (If project consists of several sections, specify section (s) to be insured): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Description of Contract Works (please give detailed technical information)

(a) Dimensions (length, height, depth, spans, number of floors) \_\_\_\_\_

(b) Foundation (method level of deepest excavation) \_\_\_\_\_

(c) Construction Methods \_\_\_\_\_

(d) Construction Material \_\_\_\_\_

8. Work to be carried out by Sub-Contractor: \_\_\_\_\_

9. Location of Construction Site: \_\_\_\_\_

\_\_\_\_\_

10. Period of Insurance:

(a) Commencement of Work: From: \_\_\_\_\_ To: \_\_\_\_\_

(b) Duration of Construction: \_\_\_\_\_ months

(c) Maintenance Period: \_\_\_\_\_ months

11. Special Risks:

Fire, Explosion **Yes ( ) No ( )**

Flood, Inundation **Yes ( ) No ( )**

Landslide, Storm, Cyclone **Yes ( ) No ( )**

Blasting **Yes ( ) No ( )**

Volcanism, Tsunami **Yes ( ) No ( )**

Have Earthquake been observed in this area? **Yes ( ) No ( )**

If **Yes**, please state intensity \_\_\_\_\_

Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures? **Yes ( ) No ( )**

Is the design standard higher than that stipulated in the relevant regulations? **Yes ( ) No ( )**

Other \_\_\_\_\_

\_\_\_\_\_

12. Subsoil conditions: ( ) Rock ( ) Gravel ( ) Sand ( ) Clay ( ) Filled ground

( ) Other subsoil conditions: \_\_\_\_\_

Do geological faults exist in the vicinity? **Yes ( ) No ( )**

13. Is the contract site near a river; lake; sea or in the path of a natural water course? **Yes ( ) No ( )**

If **Yes**, please give details of name and distance \_\_\_\_\_

14. Are extra charges for overtime, night work or work on public holidays to be included? **Yes ( ) No ( )**

Sum Insured required: \$ \_\_\_\_\_

15. Give details of existing buildings or surrounding property possible affected by the contract works (such as excavating, underpinning, piling, vibration, ground-water lowering) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Are existing buildings and/or structures on or adjacent to the contract 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? **Yes ( ) No ( )**

If **Yes**, give Sum Insured required \$ \_\_\_\_\_

Give exact description of these building/structures: \_\_\_\_\_

\_\_\_\_\_

17. Is there a Financial Interest/Mortgagee? **Yes ( ) No ( )**

If **Yes**, state Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 1 - MATERIAL DAMAGE**

**CURRENCY:** \_\_\_\_\_

ITEMS TO BE INSURED	SUM TO BE INSURED
1. Contract work (Permanent and temporary work, including all materials to be incorporated herein)	\$
1.1 Contract price	\$
1.2 Materials of items supplied by the Principal	\$
2. Construction Plant and Equipment	\$
3. Construction Machinery (please list replacement value of new items)	a. b. c.
4. Removal of debris (insured only up to the amount stated)	\$
<b>TOTAL SUM TO BE INSURED UNDER SECTION 1:</b>	<b>\$</b>

**SPECIAL RISKS TO BE INSURED**

	<b>SUM TO BE INSURED</b>
Earthquake, Volcanism, Tsunami	\$
Storm, Cyclone, Flood, Inundation, Landslip	\$
	\$
	\$

18. Is Third Party Liability to be included?  
If **Yes**, state your Limit of Liability below

Yes ( ) No ( )

**SECTION 11 - THIRD PARTY LIABILITY**

<b>ITEMS TO BE INSURED</b>	<b>LIMIT OF INDEMNITY</b>
1. Limit any one Accident	\$
2. Limit any one Period	\$

**DECLARATION**

I declare the foregoing statements to be true and accurate and I agree that this Proposal and Declaration shall be the basis of the Contract between me and **THE BEACON INSURANCE COMPANY LIMITED**.

**SIGNATURE AND COMPANY STAMP OF PROPOSER:** \_\_\_\_\_

**DATED:** \_\_\_\_\_ / \_\_\_\_\_ 20\_\_