

**Questionnaire** and  
**Proposal** for **Contractors' All Risks Insurance** No. \_\_\_\_\_

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)<sup>1</sup>

---

---

5. Name (s) and address (es)  
of Subcontractor(s)<sup>1</sup>

---

---

6. Name and address of  
Consulting Engineer

---

---

7. Description of contract  
work<sup>2</sup> (please give detailed  
technical information<sup>1</sup>)

Dimensions (length, height, depth, spans, number of floors)

---

---

Foundation (method, level  
of deepest excavation)

---

---

Construction methods

Construction materials

1 If necessary on a separate sheet.  
 2 For harbors, 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?

Yes

no

9. Period of Insurance

Commencement of work

Duration of construction

Date of completion

Maintenance

Months

10. Work to be carried out by Subcontractors

11. Special risks

Fire, explosion

Yes

no

Flood, inundation

Yes

no

Landslide, storm, cyclone

Yes

no

Blasting

yes

no

Other

Volcanism, tsunami

yes

no

Have earthquakes been observed in this area?

yes

no

If so, please state intensity

Magnitude

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 regarding?

yes

no

12. Subsoil Conditions

rock

gravel

sand

clay

filled ground

Other

Do geological faults exist in the vicinity?  yes  no

13. Ground-water level

14. Nearest river, lake, sea, etc.

Name

Distance

Levels

Low water

Mean water

Highest level recorded

15. Meteorological conditions

Rainy season from

To

Max. Rainfall (mm)

Per hour

Per day

Per month

Storm hazard

minor

medium

high

16. Are extra charges for overtime, night work, work On public holidays to be included?

yes

no

Limit of indemnity

17. Is Third Party Liability to be included?

yes

no

Has the Contractor Concluded a separate policy for TPL?

yes

no

Limit of indemnity

18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating underpinning, piling, vibration, ground-water lowering, etc.

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?

yes

no

Exact description of these buildings/ structures

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).

Currency:

Section I  
Material Damage

Items to be insured	Sums to be insured
1. Contract work (Permanent and temporary) work, including all materials to be incorporated herein	
1.1 Contract price	
1.2 Materials or items Supplied by the Principal(s)	
2. Construction plant and 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?
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II  
Third Party Liability

Items to be insured	Limits of indemnity?
1. Bodily injury	
1.1 any one person	
1.2 total	
2. Property damage	
Total limit to be applied under Section II:	

<sup>3</sup> 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

<sup>4</sup> Limit of indemnity in respect of any one accident or series of accidents arising out of any one event

We hereby declare that the statements made by us in this Questionnaire 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 be part of any policy issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that Insured will not lodge and other claims of whatever nature.

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

Executed at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_

Signature