

Agents for **ARABIA** Insurance Company s.a.l

**ERECTION ALL RISKS INSURANCE PROPOSAL FORM**

1. Title of Contract (If project consists of several sections, specify section(s) to be insured)	
2. Location of Erection Site Country City, Town, Village	
3. Proposer	
4. Principal Name Address	
5. Main Contractor(s) Name(s) Address(es)	
6. Subcontractor(s) Name(s) Address(es)	
7. Manufacturers of main items Name(s) Address(es)	
8. Firm supervising erection Name(s) Address(es)	
9. Consulting Engineer Name(s) Address(es)	
10. Exact description of the property to be erected (if second hand items are to be erected, please state)	

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)

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11. Period of Insurance	Commencement of insurance	months
	Duration of pre-storage	
	Commencement of erection work	
If Maintenance coverage required	Duration of erection/construction	months
	Duration of testing	weeks
	Duration of Maintenance	months
	Type of coverage required	
	Termination of Insurance	
12. Have plans, designs and materials of the kind used in this project been used and/or tested in		
a) previous constructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) previous constructions by the Contractor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details of particular projects carried out by Contractor(s)		
13. Is this an extension of an existing plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will operation of existing plant continue during erection period? <i>(Enclose plans where available)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have the buildings and civil engineering works have been completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Work to be carried out by Subcontractors		
<i>Please give answers to Items 16 to 21 as far as information obtainable</i>		
16. Is there any aggravated risk of:		
• fire	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
• explosion	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If so, give details		
17. Ground Water Level		

<p>18. Nearest river, lake, sea, etc. / levels of such river, lake, sea, etc.</p> <ul style="list-style-type: none"> <li>Name</li> <li>Distance from site</li> <li>low water</li> <li>mean water highest level recorded</li> <li>mean level of site</li> </ul>	
<p>19. Meteorological Conditions:</p> <ul style="list-style-type: none"> <li>rainy seasons</li> <li>max. rainfall (mm)</li> <li>max. wind velocity</li> </ul>	<p>From To: per hour per day per month storm low medium high</p>
<p>20. Hazards of earthquake, volcanism, tsunami</p> <ul style="list-style-type: none"> <li>Is there a history of volcanism, tsunami</li> <li>Have earthquakes etc. been observed *If so, please state intensity &amp; magnitude</li> <li>Is the design of the structures to be insured based on the regulations regarding earthquake resistant structure</li> </ul> <p>Subsoil Conditions:</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Yes* <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>rock /sand <input type="checkbox"/>gravel fill <input type="checkbox"/>site <input type="checkbox"/>gravel <input type="checkbox"/>other types:</p>
<p>21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence</p> <p>a) due to earthquake b) due to fire c) due to other cause (please specify)</p>	
<p>22. Is coverage of Construction/Erection equipment (scaffolding, huts, tools, etc.) required? * Please give brief description and state value under No. 28, Item</p>	<p><input type="checkbox"/>Yes* <input type="checkbox"/> No</p>
<p>23. Is coverage of Construction/Erection machinery (excavators, cranes, etc.) required?  *Please attach list of major machines showing individual new replacement values and state total value under No. 28, Item 4.</p>	<p><input type="checkbox"/>Yes* <input type="checkbox"/>No</p>

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<p>24. 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? State limits under No. 28, Item6.</p> <p>*Exact description of this buildings/structures:</p>	<p><input type="checkbox"/>Yes*   <input type="checkbox"/>No</p>	
<p>25. Is Third Party Liability to be included?</p> <p>*Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible) State limits under No. 28, Section II.</p>	<p><input type="checkbox"/>Yes*   <input type="checkbox"/>No</p>	
<p>26. Do your wish cover to include extra charges (in case of loss) for:</p> <ul style="list-style-type: none"> <li>• express freight, overtime, night work, work on public holidays</li> <li>• air freight?</li> </ul>	<p><input type="checkbox"/>Yes   <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes   <input type="checkbox"/>No</p>	
<p>27. Give details of any extension of cover required</p>		
<p>28. Please state hereunder the amounts you wish to insure or where applicable the limits of Indemnity required (of Policy Wording, Section I, Memo 1 and Section II)</p>		
<p><b>Section I</b></p>	<p><b>Items to be Insured</b></p>	<p><b>Sum to be insured</b> (state below separately)</p>
<p>Material damage</p>	<p>1. Erection works, split up as follows</p>	
	<p>a. Items to be erected</p>	
	<p>b. Freight</p>	
	<p>c. Customs Duties and Dues</p>	
	<p>d. Cost of Erection</p>	
	<p>2. Civil Engineering Works</p>	
	<p>3. Construction/Erection Equipment</p>	
	<p>4. Construction/Erection Machinery</p>	
<p>5. Clearance of Debris (<i>limit of indemnity</i>)</p>		
<p>6. Property located on the Principal's premises or on the site belonging to the Principal or held in care custody or control (Limit of indemnity -see Memo 4 of Policy)</p>		
<p><b>Total Sum to be Insured under Section I</b></p>		

