



Questionnaire and Proposal for Erection All Risks Insurance No.

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	Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy Proposer No.: _____ Insured No(s): _____
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 Address	
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)

11. Period of Insurance

Commencement of insurance

Duration of pre-storage months

Commencement of erection work

Duration of erection/construction months

Duration of testing weeks

If Maintenance coverage required

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 yes no

b) previous constructions by the Contractor(s) yes* no

*Please give details of similar
 projects carried out by
 Contractor(s)

13. Is this an extension an existing
 plant?

yes* no

* Will operation of existing plant
 continue during erection period?
 (Enclose plans where available)

yes no

14. Have the buildings and civil
 engineering works already been
 completed?

yes no

15. Work out be carried out by
 Subcontractors

Please also give answers to Nos. 16 to 21 as far as information obtainable:

16. Is there any aggravated risk of:

fire yes* no

explosion yes* no

* If so, give details

17. Ground water level

18. Nearest river, lake, sea etc.
 levels of such river, lake, sea etc.

name distance from site

low water mean water highest level recorded

mean level of site

19. Meteorological 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	
20. Hazards of earthquake volcanism tsunami	Is there a history of volcanism, tsunami at the site?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	have earthquake etc. been observed in this area?	<input type="checkbox"/> yes*	<input type="checkbox"/> no		
	*if so, please state intensity	magnitude			
	Is the design of the structures to be insured based on 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"/> sand	<input type="checkbox"/> clay <input type="checkbox"/> filled site
	other types:				
21. 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)				
22. Is coverage of Construction/ Erection equipment (scaffolding, huts, tools, etc.) required? * Please give brief description and state value under No. 28,3.			<input type="checkbox"/> yes*	<input type="checkbox"/> no	
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. 28,4.			<input type="checkbox"/> yes*	<input type="checkbox"/> no	
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 limit under No. 28,6.			<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	* Exact description of these buildings/structures:				
25. Is Third Party Liability to be included? * 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			<input type="checkbox"/> yes*	<input type="checkbox"/> no	
26. Do you wish cover to include extra charges (in case of loss) for:	express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	air freight?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
27. Give details of any special extension of cover required?					

28.	Please state hereunder the amounts you wish to insure or where applicable 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 (state below separately)
	1. Erection Works, split us 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 (limit of indemnity)	
	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)	
	Total Sum to be insured under Section I:	
Please indicate limits of indemnity required for the following perils:		
	Risk	Limits of indemnity ¹
	Earthquake, volcanism, tsunami	
	Storm, cyclone, flood, inundation, landslide	
	Insured items	Limits of indemnity ²
	Bodily Injury – any one person	
	Bodily Injury – total	
	Property Damage	
	Or alternatively: Combined Single Limit of	
	¹ 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.	
	² Limit of indemnity in respect of any one accident or series of accidents arising out of one event.	

We hereby declare that the statements made by us in the 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 be part of any Policy or Policies 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 the Insured will not lodge any other claims of whatever nature.

The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

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

Proposer's Name :

Signature :

Stamp :