



CONTRACTORS ALL RISKS INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

1. Title of Contract _____

(If project consists of several sections, specify section(s) to be Insured)

2. Site _____ County _____ Subcounty _____

Village _____ Town _____

3. Key Expert Information:

Key People	Name	Address	PIN Number	Mobile Number
Principal				
Contractor				
Sub-Contractor				
Consulting Engineer				

4. Description of contract works (Please give detailed technical information)

- Length _____
- Height _____
- Number of Floors _____
- Span _____
- Types foundation _____
- Method _____
- level of deepest excavation. _____
- Construction methods _____
- Construction materials _____

5. Is the contractor experienced in this type of work or construction methods? **YES** **NO**

6. Period of Insurance: From _____ To _____

Commencement of work _____

Duration of completion _____ Months

Date of completion _____

Maintenance period _____ Months

7. What work will be done by subcontractors? _____

8. Please tick any expected special risk:

Fire, explosion

Flood, Inundation

Landslide, storm, cyclone

Blasting work

Volcanism, tsunami

Other risks _____

9. Have earthquake been observed in this area? YES NO

If yes, please state: Intensity (Mercalli) _____ Magnitude (Richter) _____

10. Is the design of the structure 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

11. Details of subsoil

Rock _____

gravel _____

sand _____

clay _____

filled ground _____

Other subsoil conditions _____

12. Do geological faults exist in the vicinity? YES NO

13. Ground water (level below grade) __

14. Nearest river, lake sea etc.

Name	Distance	Lower water level	Mean water level	Highest ever recorded (WL)

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, and work on public holidays to be included? YES NO If

yes, indicate Limit of Liability _____

17. Is third party liability to be included? YES NO

Has the contractor concluded a separate policy for TPL? YES NO If yes,

indicate limit of Liability _____

18. Details of existing building possibly affected by the contract works (excavating, underpinning, piling,

vibrating, groundwater 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**

Limit of indemnity. _____

Exact description of these buildings/structures. __

State hereunder the amounts you wish to Insure and the limits of indemnity required (see policy wording, section 1, memo 1, and section II)	
Section I Material damage	Currency
Items to be Insured	Sum to be Insured
1. Contract works (Permanent and temporary works, including all material to be incorporated herein)	
1.1. Contract price	
1.2. Materials or items supplied by the principal	
2. Construction plant and equipment	
3. Construction machinery	
4. Clearance of debris	
Total sum insured under Section 1.	
Special risk to be Insured	Limit of Indemnity
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	
Section II Third Party Liability	
Items to be Insured	Limit of Indemnity
1. Bodily Injury	
1.1. Any other person	
1.2. Total	
2. Property	
Total limit under Section II	
3. Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.	
4. Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.	

Declaration

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____