

## PROPOSAL FOR CONTRACTORS' ALL RISK INSURANCE

	<b>1. Parties to the contract</b>	Name and Address	To be Insured under the policy	
1.1	Principal	..... .....	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
1.2	Main Contractor	..... .....	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
1.3	Sub Contractor	..... .....	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
1.4	Consulting Engineer	..... .....		
<b>2. Name and Kind of Project</b> .....				
.....				
2.1	Description and details of contract works: .....			
2.2	Is the Contractor experienced in this type of work or construction?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, please give details of previous works successfully executed.....			
	.....			
2.3	What works will be done by sub-constrictors? .....			
2.4	Location of works .....			
2.5	Dimensions; number of storeys .....			
2.6	Foundation (methods, level of deepest excavation) .....			

**3. Dates and Period**

3.1 Construction Period: ..... Month from: ..... To: .....

3.2 Maintenance Period: ..... from: ..... To: .....

3.3 Type of Maintenance  Visits Extended

**4. Amount to be insured**

Amount GHC .....

4.1 Contract Works including

4.1.1 Permanent works .....

4.1.2 Temporary works .....

4.1.3 Specify and indicate value of material supplied by Principal (not included under 5.1) .....

4.2 Clearance of debris (limit of indemnify) .....

4.3 Architects, Surveyors & Consulting Engineers Fees sum Insured for works .....

4.4 Construction equipment and installations such as Scaffolding, Supports, Sheet piles, stages for bridges, tools .....

4.5 Construction machinery (Mobile) .....

4.6 Stationary Plant Please enclose list showing above items with their new replacement value .....

**5. Existing Building:**

Are existing building and/or structures on adjacent to the site, owned by or held in care, custody or control of the Principal or any Contractor to be insured against loss or damage arising out of or in connection with the contract works

Yes  No

If yes, indicate limit of indemnity, for these building or structure .....

Value .....

Type of construction .....

6. **Details of subsoil**     rock     gravel     sand     clay     filled ground

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Other subsoil conditions

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Do geological faults exist in the vicinity?     Yes     No.

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7. **Ground water**    Level below grade    m  
Ft

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8. **Nearest river, lake, sea**    Name

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Distance

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Levels	Low water	Mean water
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Highest ever recorded	Date
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9. **Meteorological Conditions**

Rainy season from	To
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Max rainfall	m in	per hour	per day	per month
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Storm hazard     minor     medium     high

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10. **Are extra charges for Overtime, night work, Work on public Holidays to be Included?**     Yes     No

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Limit of indemnity

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11. **Third Party Liabilities to be included?**     Yes     No

If yes, please state limits required:

11.1	Bodily Injury	Any One Person	.....
		Any One Event / Year	.....
11.2	Property Damage	Any One Event	.....
		Any One Year	.....
	Total Third Party Liability Limit Required		.....

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12. **Cross Liability**

Are contractor, sub-contractor, principal to be considered as Third Parties amongst each other?

Yes     No

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**DECLARATION**

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the insurer or underwriter to complete this insurance.

**Date** .....

**Signature** .....

**Agent/Broker** .....