

**QUESTIONNAIRE AND PROPOSAL FORM FOR CONTRACTOR’S ALL RISKS INSURANCE**  
**(The Insurers undertake to deal with this information in strict confidence)**

1. Parties to the Contract	Name and Address	To be insured under the Policy
a. Principal	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Main Contractor	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Sub Contractors	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Consulting Engineer:	.....	
2. Name and kind of Project:	.....	
3. Description and details of Contract Works:	.....	
	.....	
a. Location:	.....	
b. Dimensions; number of Storeys:	.....	
c. Foundation (methods, level of deepest excavation):	.....	
d. Level of ground water, if dewatering necessary	.....	
4. Dates and Periods:	.....	
a. Construction Period:	..... Months from..... to.....	
b. Maintenance Period:	..... Months from..... to.....	
c. Type of Maintenance	Visits <input type="checkbox"/>	Extended <input type="checkbox"/>
5. Total Aggregate Amount to be Insured:	.....	
	<b><u>Contract Works Including:</u></b>	<b><u>Amount</u></b>
a. Permanent Works	_____	_____
b. Temporary Works	_____	_____
c. Specify and indicate value of material supplied by Principal (not included under A)	_____	_____
e. Clearance of debris (limit of indemnity)	_____	_____
f. Architects, Surveyors & Consulting Engineers Fees sum insured for works	_____	_____
g. Construction equipment and installations such as scaffolding, supports, sheet piles, stages for bridges, tools, tackles, etc.	_____	_____
h. Construction Machinery (Mobile Plant)	_____	_____
i. Stationary Plant	_____	_____

\*Please enclose list showing above items with their new replacement value

6. Excess envisaged for each and every occurrence:
- a. for contract works and equipment arising out of earthquake, storm, subsidence, landslide, collapse and water damage \_\_\_\_\_
  - b. any other cause \_\_\_\_\_
  - c. for construction machinery \_\_\_\_\_

7. Existing Building

Are existing building and/or structures on or 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 or in connection with the contract works?

Yes

No

If yes, indicate limit of indemnity,  
For those buildings or structures indicate \_\_\_\_\_

- value.....

- type of construction:.....

Condition:.....

8. Third Party Liability to be included? Yes  No

If yes, what limits arising out event are required?

**Bodily injury / Property damage**

- a. Per event \_\_\_\_\_
- b. For any one person \_\_\_\_\_
- c. Total limit for any one event \_\_\_\_\_
- d. In connection with surroundings not belonging to the insureds, give description of type, size, conditions and value of neighbouring building and other construction and indicate importance of streets and existence or railways (enclose maps and layouts) \_\_\_\_\_

f. Cross liability

Are the Insureds (contractor; sub-contractor, Principal to be considered As Third Parties amongst each other?  Yes  No

We hereby declare that the statements made by us in this questionnaire are complete and true to the best of our knowledge and belief and we hereby agree that this questionnaire shall form the basis and be part of the 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 or whatever nature.

Date:.....

.....  
INSURED SIGNATURE

AGENCY.....