Industrial and General Insurance Plc

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CONTRACTOR' ALL RISKS INSURANCE PROPOSAL FORM (CORPORATE)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address: Line 1

Line 2

Line 3 Town State

Postal Address: Line 1

Line 2

Line 3 Town State

Telephone No.

Mobile / GSM Fax

Email Website

CONTACT PERSON

Name Telephone

E-mail GSM/Mobile

Position Fax

Reporting To

Nature of Business

Industry RC No.

Insurance Required Date From To

1. Give Names and Addresses of Parties to the Contract

(i) The Principal

(ii) The Contractors

(iii) The Sub-Contractors

(iv) Architect/Consulting Engineer.

2. Details of the Contract

(i) Name and kind of Project

(ii) Exact Description of Geographical Situation.

(iii) Give general description of the project (work to be performed and method of Construction) with as much detail as possible.

(iv) Specify Work to be carried out by Sub-Contractors.

(v) Specify, whether the complete building to be insured or the structure only.

IMPORTANT: Kindly enclose the following:

(i) General layout plan

(ii) Plans showing cross section, types of construction, dimensions

(iii) Copies of insurance clauses of condition of tender and /or Works contract

(iv) Breakdown of prices

3. Date and Periods

(i) Construction Period Months from

(ii) Maintenance Period Months thereafter

(iii)Tick maintenance cover required: (a) Limited Cover (b) Extended Cover

4. Amount to be Insured:

(i) Contract Works including temporary and permanent works (Total Contract Price) N

(ii) Temporary Buildings N

(iii) Construction equipment and installations e.g Materials used for scaffolding N

(iv) Construction Machinery e.g bulldoze dumpers etc Clearance of debris N

(v) Architects, Surveyors and Consulting Engineers Fees N

5. General Information

(i) Give exact description of topography to Contract site

(ii) Geological and sub-oil conditions of contract site

(iii) Give details of any sub-oil conditions of contract site

(iv) State levels of such river (a) at low water

Lake or sea in relation to (b) at mean water

the level of the contract site (c) highest level ever recorded

(v) State depth of excavations (a) Average depth

(b) Maximum depth

6. Tick YES or NO

		YES	NO
(i)	Are there any underground main services on or about the situation of the contract?		
(ii)	Will any blasting be carried out at or near the contract site?		
(iii)	Will any piling be carried out?		

If YES to any of the above, give details.

7a. Does the Contractor have experience in the specific type and in the specific method of Construction YES NO

7b. Have you made any claims under this type in the last 5 years?
Give details of any similar projects carried out and CAR claims made in the last 5 years,

PUBLIC LIABILITY OPTION

8. Is Public Liability to be including? YES NO
If YES, State limit of indemnity required for any one accident

N

9. Give full description of any public or private property:

(a) adjoining or adjacent to the site of the works

(b) within 500 metres of the site

10. Give details of any piling , thrust, tunneling, shaft sinking watering, underpinning or similar operations; the distance of such operations from the nearest third Party Property.

		YES	NO
11.	(i) Is liability to the Principal to be included in the Cover?		
	(ii) Are Cross Liability between the various insured's to be included?		
12.	Have you made any claims under Public Liability Insurance in the last 5 years?		

If YES to question 12, give details

Are there any additional facts likely to affect the proposed insurance which should be disclosed to the underwriters?

YES NO

If YES give details

DECLARATION

We declare that to the best of our knowledge and belief, the information supplied in this proposal form is true and complete. We also understand that cover is not effective until this proposal is confirmed by the insurer.

Signature of Proposer _____ Date _____

Agent _____

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal

A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.