

**QUESTIONNAIRE AND PROPOSAL  
FOR CONTRACTORS' ALL RISKS INSURANCE**

**1. Title of Contract** (if project consists of several sections, specify section(s) to be insured) \_\_\_\_\_

**2. Location of Site** (Please provide full address) \_\_\_\_\_

**3. Name and Address of Principal** \_\_\_\_\_

**4. Name(s) and Address(es) of Contractors** \_\_\_\_\_

**5. Name(s) and Address(es) of Sub-contractors** \_\_\_\_\_

**6. Name(s) and Address(es) of Consulting Engineers** \_\_\_\_\_

**7. Description of Contract Works** (Please give detailed technical information) \_\_\_\_\_

• Dimensions (length, height, depth, spans, number of floors):

• Foundation (method, level of deepest excavation):

• Construction methods:

• Construction materials:

**8. Is the Contractor experienced in this type of work or construction methods?** \_\_\_\_\_

Yes  No

### 9. Period of Insurance

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Commencement of work	:	/	/	(dd mmmm yyyy)
Duration of construction	:			(in months)
Date of Completion	:	/	/	(dd mmmm yyyy)
Maintenance period	:			(in months)

### 10. Work to be carried out by subcontractors

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### 11. Special Risks

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Fire, Explosion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flood, Inundation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Landslide, Storm, Cyclone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blasting Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Risks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volcanism, Tsunami	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have earthquakes been observed in this area      Yes       No

*If so, please state Intensity (Mercalli) :*      *and Magnitude (Richter):*

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

### 12. Subsoil Conditions

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Rock       gravel       Sand       Clay       Filled ground

### 13. Ground Water Level

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### 14. Nearest River, Lake, Sea, etc.

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Name :  
Distance :  
Levels :  
Low water :  
Mean water :  
Highest level recorded :

### 15. Meteorological conditions

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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, work on public holidays to be included?**

Yes  No

If yes, limit of Indemnity (USD):

**17. Is third party liability to be included ?**

Yes  No

Has the Contractor concluded a separate policy for TPL ?

Yes  No

**18. Details of existing buildings or the surrounding property possibly affected by contract works (excavating, underpinning, piling, vibrating, ground-water 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

Exact description of these buildings/structures

**20. Please state hereunder the amounts you wish to insure and the limits of indemnity required**

Currency :

**Section I – Material Damage**

Items to be Insured	Sums to be Insured
<b>1. Contract works</b> (permanent and temporary works, including all materials to be incorporated herein)	
1.1. <i>Contract price</i>	
1.2. <i>Material or items supplied by the principal</i>	
<b>2. Construction Plant and Equipment</b>	
<b>3. Construction Machinery</b> (please attach list showing replacement values of new items)	
<b>4. Clearance of debris</b> (limit of indemnity)	
<b>Total Sum to be insured under Section I</b>	

Special Risks to be insured (Earthquake, volcanism, Tsunami, storm, cyclone, flood, inundation, landslide)	Limits of Indemnity (3)

<b>Total Sum to be insured under Section I</b>	
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**Section II – Third Party Liability**

Items to be Insured	Limits of Indemnity (4)
<b>1. Bodily Injury</b> 1.1. <i>Any one person</i> 1.2. <i>In the aggregate</i>	
<b>2. Property Damage</b>	

<b>Total Sum to be insured under Section II</b>	
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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.

We hereby declare that the statements made by us in this 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 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.

Lighthouse Insurance Advisors SAL and the Underwriters (Insurance Company) undertake to deal with this information in strict confidence.

**Executed at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of**  
**Signature**