

ERECTION ALL RISKS INSURANCE PROPOSAL FORM

1.	Title & brief description of Contract Contact No., (If any)	
2.	Exact location	
3.	a. Name & address of Principal P.B. No. P.C. No. Location	a.
	b. Name & address of Contactors P.B. No. P.C. No. Location	b.
	c. Name & address of Sub-contactors P.B. No. P.C. No. Location	c.
4.	Proposer (Whose interests are to be Insured)	<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub Contractor
5.	Manufacturer(s) of Main items Name(s) and Address(es)	
6.	Give full description of the property to be erected.	
7.	Period of Insurance a. Commencement of insurance b. Duration of pre-storage c. Commencement of Erection work	a. b. _____ Months prior to beginning of erection work c.





	<p>d. Duration of Erection/construction</p> <p>e. Duration of Testing</p> <p>If Maintenance coverage required,</p> <p>f. Duration of Maintenance</p> <p>g. Type of coverage required</p> <p>h. Termination of insurance</p>	<p>d. _____ Months</p> <p>e. _____ Weeks</p> <p>f. _____ Months</p> <p><input type="checkbox"/> Extended Maintenance Cover</p> <p><input type="checkbox"/> Maintenance Visit Cover</p> <p>h.</p>
8.	<p>Have plans, designs and materials of the kind used in this project been used and/or tested in</p> <ul style="list-style-type: none"> • Previous Constructions • Previous Constructions by the contractor(s) <p>If so, please give details of similar projects carried out by Contractor(s).</p>	<p>Yes / No</p> <p>Yes / No</p>
9.	<p>a. Is this an extension of an existing plant?</p> <p>b. If so, will operation of existing plant continue during erection period? Enclose plans</p>	<p>Yes / No</p> <p>Yes / No</p>
10.	<p>Have the buildings and civil engineering works already been completed?</p>	<p>Yes / No</p>
11.	<p>Work to be carried out by sub-contractors.</p>	
12.	<p>Ground Water level</p>	
13.	<p>a. Nearest river, lake, sea etc.</p> <ul style="list-style-type: none"> • Name • Distance from site <p>b. Levels of such river, lake, sea etc.</p> <ul style="list-style-type: none"> • Low water 	





	<ul style="list-style-type: none"> • Mean water • Highest level recorded • Mean level of site 			
14.	Meteorological conditions <ul style="list-style-type: none"> • Rainy Seasons • Max. Rainfall (mm) • Max Wind Velocity (Storm frequency) 	From		To
		<input type="checkbox"/> Per hour	<input type="checkbox"/> Per day	<input type="checkbox"/> Per month
		<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
15.	Subsoil conditions Do geological faults exits in the vicinity?	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand	<input type="checkbox"/> Clay <input type="checkbox"/> Filled site <input type="checkbox"/> Other Types	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	a. Is coverage of construction / erection equipment (scaffolding, huts, tools etc.) required?	Yes / No		
	b. Please give brief description and state new replacement value.			
17.	a. Is coverage of construction / erection machinery (excavators, cranes etc.) required?	Yes / No		
	b. Please attach list of major machines showing individual new replacement value and state total volume.			
18.	Are existing building 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? <ul style="list-style-type: none"> • If so, give exact description of these buildings / structures. • State limit 	Yes / No		
19.	Is third party liability to be included? <ul style="list-style-type: none"> • If so, give brief description of 	Yes / No		





	<p>surrounding and existing building and / or structures not belonging to the principal or contractor(s) (enclose maps, if possible).</p> <ul style="list-style-type: none"> • State limits under Section II 	
20.	<p>Do you wish cover to include extra charges (in case of loss) for</p> <ul style="list-style-type: none"> • Express freight, over time, night work, work on public holidays? • Air Freight 	<p>Yes / No</p> <p>Yes / No</p>
21.	<p>Give details of any special extension of cover required?</p>	
22.	<p>Please state hereunder the amounts you wish to insure or where applicable the limits of Indemnity required.</p>	
	<p>Sums insured</p>	
	<p>A) SECTION - I – Material Damage</p> <ol style="list-style-type: none"> Erection works, split up as follows <ol style="list-style-type: none"> Items to be erected Freight Customs Duty and dues Cost of erection. Civil Engineering works Construction / erection equipment (Please attach list of major machineries) Clearance of Debris (limit of Indemnity) Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control <p style="text-align: right;">Total Section I</p>	<ol style="list-style-type: none">





<p>B) SECTION - II - Third Party liability</p> <p>ii. Bodily injury (Any One Accident)</p> <p>iii. Bodily Injury (Any one Year)</p> <p>iv. Property damage</p> <p>v. Surrounding Property</p> <p style="text-align: right;">Total Section II</p>	<p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p>
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DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the insurance contract will become null and void without any notice.

Place:

Date:

Signature of the Proposer

Notes:

1. If the space provided is insufficient for answers or for any supporting information, please use additional sheet(s) and attach.
2. It is helpful if a plan of the layout the area concerned is enclosed.
3. Complete details of permanent plant & equipment may please be submitted.
4. List of construction Plant & equipment with their values may also be attached.

