

**Dear Clients,
we kindly ask you to fill this form and revert
to allow us to prepare a quotation for you.**

contractors' all risks insurance

Proposal Form

Howden Insurance Brokers LLC, GermanDesk
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Questionnaire and proposal for contractors' all risks insurance No.



1. Title of contract (If project consists of several sections, specify section(s) to be insured.)

2. Site

County/Province/District

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City/Town/Village

3. Name and address of principal

First Name	Surname
Area	Street
Villa / Building	No. Emirat

4. Name(s) and address(es) of contractor(s)¹

First Name	Surname
Area	Street
Villa / Building	No. Emirat

5. Name(s) and address(es) of subcontractor(s)¹

First Name	Surname
Area	Street
Villa / Building	No. Emirat

Questionnaire and proposal for contractors' all risks insurance No.



6. Name and address of consulting engineer

<input type="text"/>	<input type="text"/>	
First Name	Surname	
<input type="text"/>	<input type="text"/>	
Area	Street	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Villa / Building	No.	Emirat

7. Description of contract work² (Please give detailed technical information.¹)

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

Type of foundation and level of deepest excavation

Construction method

Construction materials

¹ If necessary, on a separate sheet. ² For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

8. Is the contractor experienced in this type of work or construction method?

<input type="checkbox"/> yes	<input type="checkbox"/> no
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9. Period of insurance

Commencement of work

Duration of construction months

Date of completion

Maintenance period months

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10. What will be done by subcontractors?

11. Special risks

Fire, explosion?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Flood, inundation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Landslide, storm, cyclone?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Blasting work?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other risks		
Volcanism, tsunami?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have earthquakes been observed in this area?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If so, please state intensity (Mercalli)	magnitude (Richter)	
Is the design of the structure to be insured based on regulations for earthquake-resistant structures?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> yes	<input type="checkbox"/> no

12. Details of subsoil

<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand	<input type="checkbox"/> clay	<input type="checkbox"/> filled ground
Other subsoil conditions				
Do geological faults exist in the vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

13. Ground water

Level below grade	m	tt

14. Nearest river, lake, sea, etc.

Name	Distance	
Levels	Low water	Mean water
Highest ever recorded	Date	

15. Meteorological conditions

Rainy season from		to		
Max. rainfall	mm in	per hour	per day	per month
Storm hazard	<input type="checkbox"/> minor	<input type="checkbox"/> medium	<input type="checkbox"/> high	

16. Are extra charges for overtime, night work, work on public holidays to be included?

yes no Limit of indemnity

17. Is third party liability to be included?

yes no

Has the contractor concluded a separate policy for TPL?

yes no Limit of indemnity

18. Details of existing buildings or surrounding property possibly affected by the contract work

(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 as a direct or indirect consequence of the contract work?

yes no Limit of indemnity

Exact description of these buildings/structures:

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20. State here the amounts you wish to insure and the limits of indemnity required (see policy wording, Section 1, Memo 1, and Section 2).

Section 1 Material damage

Items to be insured	Sums to be insured (currency)
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1 Contract price	
1.2 Materials or items supplied by the principal(s)	
2. Construction plant and equipment	
3. Construction machinery (please attach list)	
4. Clearance of debris	
Total sum to be insured under Section 1:	

Special risks to be insured	Limit of indemnity ³
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section 2 Third party liability

Items to be insured	Limit of indemnity ⁴
1. Bodily injury	
1.1 Any one person	
1.2. Total	
2. Property damage	
Total limit under Section 2	

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, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

Executed at	Date	Signature
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