



ERECTION ALL RISKS – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____

2. ADDRESS: _____

3. OCCUPATION / BUSINESS: _____

4. TELEPHONE NO.: _____

5. EMAIL: _____

DETAILS OF THE PROPOSED INSURANCE

1. Title of contract of prospect consists of several sections, specify sections to be insured

2. Location of erection site country city, town, and village

3. Principal Name and address

4. Main contractor(s) Name(s) and address(es)

5. Subcontractor(s). Name(s) and address(es)



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6. Manufacturers of main items. Name(s) and address(es)

7. Firm supervising erection Name and address

8. Consulting engineer. Name and address

9. Proposer

Please indicate which of the parties Nos.3 to 8 above is the proposer of the insurance and which parties are to be declared Insured In the policy.

Proposer No _____ Insured No(s)_____.

10. Exact description of the property to be erected (if second-hand items are to be erected, please state) In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, year of construction of major units In case of complete factories: general drawing of plant, nature of civil engineering work (if any)

11. Period of insurance



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Commencement of insurance

Duration of pre-storage months prior to beginning of erection work

Commencement of erection work

Duration of erection/construction months

Duration of testing weeks

Duration of maintenance months

if maintenance coverage required

Type of coverage required

Termination of Insurance

12. Have plans, designs and, materials of the kind used in this project been used and/or tested in

a. previous constructions? yes no

b. previous constructions by the contractor(s) yes no

If so, please give details of similar projects carried out by contractor(s)

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Mean level of site _____

19. Meteorological conditions

Rainy seasons from _____ to _____.

Max. rainfall (mm) _____ Per hour _____ Per day _____ Per month _____

Max wind velocity _____ storm frequency Low Medium High

20. Hazards of earthquakes, volcanoes, tsunami

Is there a history of volcanoes, tsunami at this site? Yes No

Have earthquakes, etc been observed in this area? Yes No

If so, please state intensity _____ magnitude _____

Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?

Yes No

Subsoil conditions

Rock Gravel Sand Clay Filled site

other types _____

Do geological faults exist in the vicinity? Yes No

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence

a. Due to earthquake

b. Due to fire

c. Due to other causes (please specify)



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22. Is coverage of construction /erection equipment scarf folding, huts, tools, etc required?

Yes No

Please give a brief description and state new replacement value under No. 28.3.

23. Is coverage of construction/ erection machinery (excavators, cranes, etc) required?

Yes No

Please attach list of major machines showing individual new replacement values and state total values

24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the construction(s) or the principal, to be insured against loss or damage arising out of or in connection with the contact works? State limit under No.28.5

Yes No

If so, give exact description of these buildings/structures

25. Is third party liability to be included? If so, give a brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(S) (enclose maps, if possible). State limits under No 28. Section II

Yes No

26. Do you wish to cover extra charges(in case of loss) for express freight, overtime, night work on public holidays?

Yes No

air freight?

Yes No



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27. Give details of any special extension of cover required

28. Please state hereunder the amounts you wish to insure or where applicable the limits for indemnity required from policy wording , Section I, Memo and section II)

Currency _____

Section I-
Material damage

Items to be insured

Sums to be insured
(state below separately)

1. Erection works, split up as follows:

1.1 Items to be erected

1.2 Freight

1.3 Customs duties and dues

1.4 Cost of erection

2. Civil engineering works

3. Construction/erection equipment

4. Clearance of debris
(limit of indemnity)

5. Properly located on the principal's premises or on the site, belonging to the

Total sum to be insured under Section I

Please indicate limits of indemnity required for the following perils

Risk

Limits of indemnity²

Earthquakes, volcanism, tsunami

Storm, cyclone, flood, inundation, landslide



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	Insured terms	Limits of indemnity ³
Section II Third party liability	Bodily injury – any one person	
	Bodily injury – total	
	Property damage	
	Or alternatively	
	Combined limit of	

¹ Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.

² Limit of indemnity in respect of any one accident or series of accidents arising out of one event.



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PERIOD OF INSURANCE

Insurance to commence on _____ 20 ____ to _____ 20 ____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____