



**Questionnaire and Proposal for  
Contractors' All Risks Insurance**

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

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2. Location of site

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Country/province/district

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City/Town/Village

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3. Name and address of Principal

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4. Name(s) and address(es) of Contractor(s) <sup>1</sup>

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5. Name(s) and address(es) of Subcontractor(s) <sup>1</sup>

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6. Name and address of Consulting Engineer

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7. Description of Contract Work (please give detailed technical information)

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<sup>1</sup> If necessary on a separate sheet

<sup>2</sup> For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones. Also see special questionnaires.

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

yes       no

9. Period of Insurance

Commencement of work

Duration of construction                      months

Date of Completion

Maintenance Period                              months

10. Work to be carried out by Subcontractors

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Special Risks      Fire, Explosion                       yes     no

Flood, inundation                       yes     no

Landslide, storm, cyclone                       yes     no

Blasting                                       yes     no

Others:  
Volcanism, Tsunami                       yes     no

Have earthquakes been observed in this area?                       yes     no

If so, please state intensity \_\_\_\_\_ magnitude \_\_\_\_\_

Is the design of the structure to be insured based on \_\_\_\_\_ regulations regarding earthquake-resistant structures?                       yes     no

12. Subsoil conditions       rock                       gravel  
    sand                       clay                       filled ground

Others \_\_\_\_\_

Do geological faults exist in the vicinity?                       yes     no

13. Ground-water level

\_\_\_\_\_

14. Nearest River, lake, sea, etc.

Name \_\_\_\_\_

Distance \_\_\_\_\_

Levels \_\_\_\_\_ Low water \_\_\_\_\_ Mean water \_\_\_\_\_

Highest level recorded \_\_\_\_\_

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15. Meteorological conditions

Rainy season from \_\_\_\_\_ to \_\_\_\_\_

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Max. Rainfall (mm)                      per hour                      per day                      per month

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Storm Hazard                       minor                       medium                       high

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

yes                       no

Limit of indemnity

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17. Is Third Party Liability to be included?                       yes                       no

Has the Contractor concluded a separate policy for TPL?                       yes                       no

Limit of Liability \_\_\_\_\_

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18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, ground water lowering, etc.

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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

Limit of Liability

Exact description of these buildings/structures

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20. Please state the amount you wish to insure and the limits of indemnity required

Currency:

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Section I

Material Damage

<i>Items to be insured</i>	<i>Sums to be insured</i>
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 showing replacement values of new items)	
4. Clearance of debris (insured only up to the amount indicated)	

<i>Special risks to be insured</i>	<i>Limits of indemnity</i>
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II

Third Party Liability

<i>Items to be insured</i>	<i>Limits of indemnity</i>
1. Bodily injury	
1.1 any one person	
1.2 total	
2. Property damage	
Total limit to be applied under Section II	

<sup>3</sup> Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages arising out of any one event.

<sup>4</sup> 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 not be 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 deal with this information in strict confidence.

Executed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature : \_\_\_\_\_

Name and Designation : \_\_\_\_\_

Date : \_\_\_\_\_