



# الفخيم للتأمين والخدمات والإدارة ش.م.م REGAL INSURANCE MANAGEMENT SERVICES LLC

وسطاء وسماسة التامين  
Insurance Brokers

## Questionnaire and Proposal for Erection All Risks Insurance No.

1. Title of contract (if project consists of several sections, specify section(s) to be insured)	
2. Location of Erection Site	
Country	
<input type="checkbox"/> 2 16-19	
City, town, village	
<input type="checkbox"/> 2 20-24	
3. Proposer	Please indicate which of the Nos. 4 to 9 below is the „Proposer“ of the insurance, and which parties are to be declared as „Insured“ in the Policy.
<input type="checkbox"/> 1 16-31	Proposer No.: _____ Insured No(s): _____
4. Principal	
Name	_____
Address	_____
5. Main Contractor(s)	
Name(s)	_____
Address(es)	_____
6. Subcontractor(s)	
Name(s)	_____
Address(es)	_____
7. Manufacturers of main items	
Name(s)	_____
Address(es)	_____
8. Firm supervising erection	
Name(s)	_____
Address(es)	_____
9. Consulting Engineer	
Name	_____
Address	_____
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;	
in case of complete factories: general drawing of plant, nature of civil engineering work (if any)	
<input type="checkbox"/> 2 25-28	
<input type="checkbox"/> 2 30-35	

11. Period of Insurance		Commencement of insurance			
1	54-65	Duration of pre-storage			
2	36-37	months			
2	38-39	Commencement of erection work			
2	40-41	Duration of erection/construction			
		months			
		Duration of testing			
		weeks			
If Maintenance coverage required		Duration of maintenance			
		months			
		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		<input type="checkbox"/> yes	<input type="checkbox"/> no
		b) previous constructions by the Contractor(s)		<input type="checkbox"/> yes*	<input type="checkbox"/> no
2	29	*Please give details of similar projects carried out by Contractor(s)			
13. Is this an extension of an existing plant?				<input type="checkbox"/> yes*	<input type="checkbox"/> no
* Will operation of existing plant continue during erection period? (Enclose plans where available)				<input type="checkbox"/> yes	<input type="checkbox"/> no
14. Have the buildings and civil engineering works already been completed?				<input type="checkbox"/> yes	<input type="checkbox"/> no
15. Work to be carried out by Subcontractors					
		Please also give answers to Nos. 16 to 21 as far as information obtainable:			
16. Is there any aggravated risk of:		fire		<input type="checkbox"/> yes*	<input type="checkbox"/> no
		explosion		<input type="checkbox"/> yes*	<input type="checkbox"/> no
* If so, give details					
17. Ground water level					
18. Nearest river, lake, sea etc.		name		distance from site	
levels of such river, lake, sea etc.		low water	mean water	highest level recorded	
		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 <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high	

20. Hazards of earthquake  
volcanism tsunami

Is there a history of volcanism, tsunami  
at the 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 cause  
(please specify)

2 42-46

22. Is coverage of Construction/  
Erection equipment (scaf-  
folding, huts, tools, etc.)  
required?

yes\*  no

\* Please give brief des-  
cription and state value  
under No. 28,3.

23. Is coverage of Construction/  
Erection machinery (ex-  
cavators, cranes, etc.)  
required?

yes\*  no

\* Please attach list of major machines  
showing individual new replacement  
values and state total value under  
No. 28,4.

24. 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 con-  
tract works? State  
limit under No. 28,6.

yes\*  no

\* Exact description of these buildings/structures:

25. Is Third Party Liability to  
be included?

yes\*  no

\* Give brief description  
of surrounding and  
existing buildings and/or  
structures not belonging  
to the Principal or Con-  
tractors (enclose maps, if  
possible)  
State limits under No. 28,  
Section II

26. Do you wish cover to  
include extra charges  
(in case of loss) for:

express freight, overtime, night work,  
work on public holidays?

yes  no

air freight?

yes  no

27. Give details of any  
special extension of cover  
required

2 52-53  
 2 72

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II)

Currency:

1 32-34

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. Construction/Erection Machinery	
5. Clearance of Debris (limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (Limit of indemnity-see Memo 4 of Policy)	
Total Sum to be insured under Section I:	

3 16-22  
3 23-36  
3 37-42

Please indicate limits of indemnity required for the following perils:

Risk	Limits of indemnity <sup>1</sup>
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II -  
Third Party Liability

3 43-56

Insured items	Limits of indemnity <sup>2</sup>
Bodily Injury - any one person	
Bodily Injury - total	
Property Damage	
Or alternatively: Combined Single Limit of	

<sup>1</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>2</sup> Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

We hereby declare that the statements made by us in the 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 or Policies 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.

The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

The Insurers undertake to deal with this information in strict confidence.

completed at  
Signature

this

day of

19