



الفخيم للتأمين والخدمات والإدارة ش.م.م
REGAL INSURANCE MANAGEMENT SERVICES LLC
Insurance Brokers وسطاء وسماسة التأمين

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. Location of site

Country/province/district

City/town/village

3. Name and address
of Principal

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

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

6. Name and address
of Consulting Engineer

7. Description of contract
work²
(please give detailed
technical information³)

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

Foundation (method, level
of deepest excavation)

Construction methods

Construction materials

¹ If necessary on a separate sheet.

8. Is the Contractor experienced in this type of work or construction methods?	<input type="checkbox"/> yes	<input type="checkbox"/> 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 <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 <input type="checkbox"/> yes <input type="checkbox"/> no	
	Other	
	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 magnitude	
	Is the design of the structures to be insured based on regulations regarding 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. Subsoil conditions	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground	
	Other	
	Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> no	
13. Ground-water level		
14. Nearest river, lake, sea, etc.	Name	
	Distance	
	Levels	low water mean water
	highest level recorded	
15. Meteorological conditions	Rainy season from to	
	Max. rainfall (mm) 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, nightwork, work on public holidays to be included?	<input type="checkbox"/> yes <input type="checkbox"/> 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, such as by excavating, underpinning, piling, vibration, 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 out of or in connection with the contract works? yes no

limit of indemnity

Exact description of these buildings/structures

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

Section I
Material Damage

Currency:

Items to be insured	Sums to be insured
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)	
Total sum to be insured under Section I:	

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

**Section II
Third Party Liability**

Items to be insured	Limits of indemnity ⁴
1. Bodily injury	
1.1 any one person	
1.2 total	
2. Property damage	
Total limit to be applied under Section II:	

- ³ 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.
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 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 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 _____ 19 _____

Signature: