



## Questionnaire and Proposal for Erection All Risk Insurance

1. Title of contract (if project consists of several sections, specify section (s) to be insured.)	_____
2. Location of erection site	_____
3. Name and address of principal	_____
4. Contractor(s) Name and Address	_____
5. Subcontractor(s) Name and Address	_____
6. Manufacturer(s) of main items Name and Address	_____
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 as 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)

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11. Period of Insurance	Commencement of insurance	_____	
	Duration of pre-storage	_____	
	Months prior to beginning of erection work	_____	
	Commencement of erection/construction	_____	
	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)

\_\_\_\_\_

13. Is this an extension of an existing plant  YES  NO

If so, will operation of existing plant continue during erection period. Enclose plans  YES  NO

14. Have the buildings and civil engineering works already been completed  YES  NO

\_\_\_\_\_

15. Works to be carried out by subcontractors

\_\_\_\_\_

\_\_\_\_\_

16. Is there any aggravated risks of fire?  YES  NO

explosion?  YES  NO

If so, give details

\_\_\_\_\_

17. Ground water

18. Nearest river, lake, sea, etc. Levels of such river, lake, sea, etc.	Name	_____	distance from site	_____
	Levels	Low water	Mean water	_____
	Mean level of site	_____		

19. Meteorological conditions	Rainy season from _____ to _____
	Max rainfall (mm) _____ per hour      per day      pre months
	Max rainfall (in) _____
	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 site? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Have earthquakes, etc. been observed in area? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, please state intensity _____
	Is the design of the structure to be insured based on regulations for earthquake-resistant structures? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Subsoil conditions <input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground
Other types _____	
Do geological faults exist in the vicinity? <input type="checkbox"/> YES <input type="checkbox"/> 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) _____	
	_____	

22. Is coverage of construction/erection equipment (scaffolding, huts, tools, etc.) required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please give brief description and state new replacement value under No 28.3 _____	

23. Is coverage of construction/erection machinery (excavators, cranes, etc.) required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please attach list of major machines showing individual new replacement values and state total value. _____	

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 contract works? State limit under No 28.5.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, exact description of these buildings/structures. _____
	_____

25. Is third party liability to be included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, give 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	_____
	_____
	_____

26. Do you wish to cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO
	air freight? <input type="checkbox"/> YES <input type="checkbox"/> NO

27. Give details of any special extension of cover required	_____
	_____

28. State hereunder the Amounts you wish to insure and the limits of indemnity required.

Section I

Material Damage

Items to be insured	Sums to be insured
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 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:	

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

Items to be insured	Limits of indemnity <sup>2</sup>
Bodily injury - any one person	_____
Bodily injury - total	
Property damage	
Or alternatively Combined single 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.

We hereby declare that the statement 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 Questionnaire and Proposal 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 deal with this information in strict confidence.

Date:

.....  
Signature of Proposer

**LIABILITY OF THE SOLARELLE INSURANCE PVT LTD DOES NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED AND COVER CONFIRMED IN WRITING**

FOR OFFICE USE ONLY

Proposal No. :		Initials	Date
Policy No. :	Rated & Calculated		
	Checked		
	Accepted		