

PROPOSAL FORM FOR CONTRACTORS ALL RISKS INSURANCE

1 - PERSONAL DETAILS

a. Full Name of Principle

b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):

c. Proposer Pin Number :

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2 - PROPOSAL DETAILS

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

Site

Country ...Province District

City Town Village

2. Name(s) and address(es) of contractor(s)
** If necessary, on a separate sheet*

	Contractor #1	Contractor #2
Full Names	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Telephone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
email	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

3. Name(s) and address(es) of subcontractor(s)
** If necessary, on a separate sheet*

	Subcontractor #1	Subcontractor #2
Full Names	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Telephone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
email	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

4. Name and address of consulting engineer

Full Names	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 20px;" type="text"/>
elephone	<input style="width: 95%; height: 20px;" type="text"/>
email	<input style="width: 95%; height: 20px;" type="text"/>

5. **Description of contract work**(Please give detailed technical information.) (For harbours, piers, docks, tunnels, galleries, dams, roads,railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.)

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

Type of foundation and level of deepest excavation

Construction method

6. Is the contractor experienced in this type of work or construction method? Yes No

7. Period of insurance

Commencement of work Duration of construction months

Date of completion Maintenance period months

8. What will be done by subcontractors?

9. Special risks

Fire, explosion Flood, inundation Landslide, storm, cyclone

Blasting work

Other risks

Volcanism, tsunami

Have earthquakes been observed in this area? Yes No

If so, please state intensity (Mercalli) / magnitude (Richter)

Is the design of the structure to be insured based on regulations for earthquake-resistant structures? Yes No

Is the design standard higher than that stipulated in the relevant regulations? Yes No

10. Details of subsoil

rock gravel sand clay filled ground

Other subsoil conditions (Please specify)

11. Nearest river, lake, sea, etc.

Name

Distance

Levels

Low level Date

Highest level Date

Mean Level Date

11. Meteorological conditions

Rainy season : from to

Max. rainfall mm per hour per day per month

Storm hazard minor medium high

12. Are extra charges for overtime, night work, work on public holidays to be included? Yes No

If "Yes" Limit of Indemnity. Kshs..

13. Is third party liability to be included? Yes No

Has the contractor concluded a separate policy for TPL? Yes No

Limit of Indemnity. Kshs..

14. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc.)

15. 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 as a direct or indirect consequence of the contract work? Yes No

If "Yes"

Limit of Indemnity. Kshs.:

Exact description of these buildings/structures

16. State here the amounts you wish to insure and the limits of indemnity required (see policy wording, Section 1, Memo 1, and Section 2).

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

⁴Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

* SECTION 1

Items to be insured	Sums to be insured (Kshs)
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)	
4. Clearance of debris	
Total sum to be insured under Section 1:	

Special risks to be insured

^{*3}Limit of Indemnity. Kshs.:

Earthquake, volcanism, tsunami

Storm, cyclone, flood, inundation, landslide

• SECTION 2

Items to be insured	^{*4} Limit of Indemnity (Kshs)
1. Bodily injury	
1.1 Any one person	
1.2 Total	
2. Property damage	
Total sum to be insured under Section 2:	

DECLARATION

We hereby declare that the statements 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 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 treat this information in strict confidence.

Proposer's Signature : _____ Date : _____