



ERECTION RISKS INSURANCE PROPOSAL FORM

1.	Title of Contract & Reference Number (if project consists of several sections, specify section(s) to be insured)	
2.	Site Country/Province/District City/Town/Village	
3.	Name & Address of Principal	
4.	Name & Address of Main Contractor	
5.	Name(s) and Address(es) of Subcontractor(s)	
6.	Name(s) and Address(es) of Manufacturer(s) of main items	
7.	Name(s) and Address(es) of Firm(s) supervising Erection	
8.	Name(s) and Address(es) of Consulting Engineer(s)	
9.	Proposer	<p>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</p> <p>Proposer No.:</p> <p>C.R.No.:</p> <p>Insured No.(s):</p>

For Pipe laying on Land and Turbine-Generator Sets additional questionnaires will be supplied.

10.	Description of Property to be erected: In the case of major machines: Manufacturer's Name, type & Year of Manufacture. In the case of complete factories: Nature of civil engg. Work (if any) If any second hand items are to be erected, please give details.	
11.	Is the Contractor experienced in this type of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Period of Insurance If Maintenance cover required:	Commencement of Insurance _____ Duration of pre-storage _____ months prior to beginning of Erection work. Commencement of erection work _____ Duration of erection/construction _____ months Duration of testing _____ weeks Duration of Maintenance _____ months Type of cover required _____ Termination of Insurance _____
13.	Have plans, designs and materials of the kind used in this project been used and/or tested in: If Yes to (b), please give details of similar projects carried out by Contactor(s)	a. Any prev. constructions <input type="checkbox"/> Yes <input type="checkbox"/> No b. Prev. constructions by the Contractor(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Is this an extension of an existing plant? If yes, will operation of existing plant continue during erection period? Enclose plans	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have the buildings and civil engineering works already been completed? If No, Please give stage of their completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	What work will be carried out by Sub-contractors? Please give value of Sub-contracts	

Please also give answers to Nos. 17 to 21 as far as information is obtainable

17.	Is there any aggravated risk of the perils detailed opposite? If yes give details.	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
18.	Ground water level:	Level below grade mtrs. _____ ft. _____
19.	Nearest wadi, water canal, sea, etc. Details of their highest recorded Water levels in relation to site	Name _____ Distance from site _____

20.	Hazards of earthquakes, volcanism, Tsunami	<p>Volcanism, Tsunami <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have earthquakes occurred in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the design of the structure(s) to be insured based on regulation for earthquake resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the design of a standard higher than that stipulated in the relevant regulations <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
21.	Details of subsoil	<p><input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled site</p> <p>Other subsoil conditions: Do geological faults exist: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
22.	Is coverage of construction/erection plant & equipment required? Please give a brief description & state new replacement value under 28.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Is coverage of construction machinery (excavators, cranes, etc.) required?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please attach list of major machinery showing individual new replacement values and state total value under No.28.3.</p>
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(s), to be insured against loss or damage arising as a direct or indirect consequence of the contract work? State limit under No.28.5	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Exact description of these buildings/structure:</p>
25.	Is Third Party Liability to be included? Give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractors (enclose map) State limit under No.28 Section II	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give exact description of these buildings/structures</p>
26.	Do you wish cover to include extra charges (in case of loss) for:	<p>Express freight, overtime night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Limit of Indemnity _____</p>
27.	Give details of any special extension of cover required	
28.	Please state hereunder the Sums to be Insured and the Limits of Indemnity required	Currency:

SECTION 1 MATERIAL DAMAGE	Items to be Insured:	Sums to be Insured
	<ol style="list-style-type: none"> 1. Erection works (Permanent & Temporary works, including all materials to be incorporated there in) Contract Price Civil Engineering works (being part of 1.1.) Materials or items supplied by the Principal(s) 2. Construction/Erection Plant & Equipment 3. Construction Machinery (attach list) 4. Clearance of Debris 5. Existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of Contractor(s) or Principal(s) 	(Limit of indemnity any one loss)
TOTAL SUM TO BE INSURED UNDER SECTION I		
	Please state the maximum Limit of Indemnity (any one loss or series of losses arising out of one event) required for earth quake risks_____.	
SECTION II THIRD PARTY LIABILITY	Items to be Insured:	Limit of Indemnity anyone accident or series of accidents arising out of one event.
	<ol style="list-style-type: none"> 1. Bodily Injury Any one person Total 2. Property Damage 2.1 Underground cables, pipes, facilities (being part of 2 above) 	
TOTAL LIMIT TO BE INSURED UNDER SECTION II		

DECLARATION:

I/We hereby declare that the statements made by us in this Proposal are, to the best of our knowledge and belief, complete and true.

Submitting this form does not bind the Proposer to complete the Insurance, nor Saudi Indian company for cooperative Insurance to accept, but it is agreed that this Form shall be the basis of the contract should a policy be issued.

I/We have understood the terms and conditions of the Policy contract which I/We are entering into, as explained by the Company's representative.

Executed at _____ Date _____ Signature of Proposer _____

Please attach: 1. Scope of work

2. Bar Chart

3. Site Layout

4. Other additional information that may be of assistance

Agent / Broker name :

Code number :