

AGENT / ADO / BROKER / BRANCH

QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid. Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)				
2. Postal Address			
3. Telephone/Fax Nos./E-mail	Home Telephone		Office Telephone	
	E-mail			Fax
4. Location of contract works.			
5. Full description of business, trade or occupation				
6. Name & address of other interests if any eg. Bank or Mortgagee			
7. (a) Name and address of Principal				

(b) Name(s) and address(es) of Contractor(s)

(c) Name(s) and address(es) of Subcontractor(s)

(d) Name and address of Consulting Engineer(s)/Architect(s)

8. Title of Contract (if Project consists of several sections, specify section(s) to be insured).

		Day	Month	Year
9.	(a) Date of arrival of first consignment at site	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(b) Date of completion of construction	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(c) Maintenance Period required	<input type="text"/> Days		
	(d) Period of insurance required including maintenance period.	From <input type="text"/>	<input type="text"/>	<input type="text"/>
		To <input type="text"/>	<input type="text"/>	<input type="text"/>
10.	Do you require cover against Riot & Strike risks?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
11.	Do you require cover against Terrorism risk up to a sum of Rs. 10 Million ?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
12.	SUMS INSURED.			

NB: (1) YOU WILL BE REQUIRED TO BEAR AN EXCESS OF 5% OF EACH & EVERY CLAIM SUBJECT TO A MINIMUM OF RS. 5000/-.
(2) THE COMPANY WILL NOT BE LIABLE IN RESPECT OF ANY SINGLE ITEM OF MACHINERY FOR AN AMOUNT IN EXCESS OF RS. 25,000/- UNLESS INDIVIDUALLY SPECIFIED ON A SEPARATE SCHEDULE.

(a) Contract Works (permanent & temporary works including all materials and items supplied by the Principals)	Rs. <input type="text"/>
(b) Construction equipment and installation - eg. Auxiliary bridges, timbering & casing, tools & tackles, power generating sets, temporary water supply & sewage installations, site offices, stores & other temporary buildings, fuels etc.	Rs. <input type="text"/>
(c) Construction Machinery (please enclose list of the various item(s) with indication of brand new / replacement values)	Rs. <input type="text"/>
(d) Clearance of Debris	Rs. <input type="text"/>
(e) Express freight (except airfreight) overtime, holiday rates & wages.	Rs. <input type="text"/>
(f) Existing Structures and/or own surrounding property held in the care custody or control of the insured *	Rs. <input type="text"/>
TOTAL	Rs. <input type="text"/>
(g) Third Party Liability	Rs. <input type="text"/>

- * If this cover is required a satisfactory condition report by one of our panel surveyors is a pre-requisite.
- * The specific structures for which cover is required should be clearly identified on Page 4.
- * The value for each structure should be specified separately.

13. Description and details of contract works :-

(a) Length	<input type="text"/>	Height	<input type="text"/>	Depth	<input type="text"/>	Number of Floors	<input type="text"/>
(b) Foundation (method, level of deepest excavation)	<input type="text"/>						
(c) Construction Methods	<input type="text"/>						
(d) Construction materials	<input type="text"/>						
(e) Demolition and/or blasting	<input type="text"/>						

14. Will you be undertaking any piling work ? Yes No

If 'Yes' provide a detailed description of piling work to be carried out.

15. Describe work to be carried out by Subcontractors (if to be included)

16. Details (as far as applicable) regarding :-

(a) Geological & Subsoil conditions

(b) Groundwater Level

(c) Name of and distance to nearest river lake, sea etc.

(d) Is the Contract Site liable to flood? Yes No
If 'Yes' detail precautions taken?

17. To what extent is a total or partial destruction possible as a result of one occurrence?

- NB**
- 1) Please submit in the space provided overleaf, a scaled ground plan of the construction site including surrounding property, clearly indicating their occupations and distances from the construction site.
 - 2) Please attach the following :
 - (a) Soil report of construction site
 - (b) Architects plans of construction
 - (c) Project Schedule (if available)

18. Have you in the last 5 years suffered any accidents losses or claims in respect of contracts undertaken, whether insured or not? Yes No
If 'Yes' , give details.

Date of occurrence	Contract Title	Details of loss	Amount involved.
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Very Important
YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION
I/We declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

Signature :

FOR OFFICE USE

Rated By		Processed By		Credit Approved By	
Rate Approved By		Authorised By		Authorised Date	