



**Questionnaire** and  
**Proposal** for **Contractors' All Risks Insurance** No.

1.	<b>Title of contract</b> (If project consists of several sections, specify section(s) to be Insured)	<hr/> <hr/> <hr/>
2.	<b>Location of site</b>  <b>Country/province/district</b> <b>City/town/village</b>	<hr/> <hr/> <hr/> <hr/> <hr/>
3.	<b>Name and address of Principal</b>	<hr/> <hr/>
4.	<b>Name(s) and address(es) of Contractor(s)</b>	<hr/> <hr/> <hr/>
5.	<b>Name(s) and address(es) Of Subcontractor(s)</b>	<hr/> <hr/>
6.	<b>Name(s) and address(es) of Consulting Engineer</b>	<hr/> <hr/>
7.	<b>Description of contract work<sup>2</sup></b> (please give detailed technical information <sup>1</sup> )	<b>Dimensions (length, height, depth, Spans, number of floors)</b> <hr/> <b>Foundation (method, level of deepest excavation)</b> <hr/> <b>Construction methods</b> <hr/> <b>Construction materials</b> <hr/>

<sup>1</sup> If necessary on a separate sheet.

<sup>2</sup> For harbours, piers, dock, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaire.

<b>8. Is the Contractor experienced in this type of work or construction methods?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no			
<b>9. Period of Insurance</b>	<b>Commencement of work</b>				
	<b>Duration of construction</b>	<b>months</b>			
	<b>Date of completion</b>				
	<b>Maintenance period</b>	<b>months</b>			
<b>10. Work to be carried out by Subcontractors</b>	<hr/> <hr/> <hr/>				
<b>11. Special risks</b>	<b>Fire, explosion</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>Flood, inundation</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>Landslide, storm, cyclone</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>Blasting</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>Other</b>	<hr/>			
	<b>Volcanism, tsunami</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>Have earthquakes been observed in this area?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>If so, please state intensity</b>	<b>magnitude</b>			
	<b>Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>Is the design standard higher than that stipulated in the relevant regulations?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	<b>12. Subsoil conditions</b>	<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand	<input type="checkbox"/> clay
<b>Other</b>					
<b>Do geological faults exist in the vicinity?</b>					
	<input type="checkbox"/> yes	<input type="checkbox"/> no			
<b>13. Ground-water level</b>					
<b>14. Nearest river, lake, sea, etc.</b>	<b>Name</b>				
	<b>Distance</b>				
	<b>Levels</b>	<b>low water</b>	<b>mean water</b>		
	<b>Highest level recorded</b>				
<b>15. Meteorological conditions</b>	<b>Rainy season from</b>	<b>to</b>			
	<b>Max. rainfall (mm)</b>	<b>per hour</b>	<b>per day</b>	<b>per month</b>	
	<b>Storm hazard</b>	<input type="checkbox"/> minor	<input type="checkbox"/> medium	<input type="checkbox"/> high	
<b>16. Are extra charges for overtime, nightwork, work on public holidays to be included?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no				
	<b>Limit of indemnity</b>				

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, pilling, vibration, groundwater 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 (of Policy Wording, Section I, Memo 1, and Section II).

Currency:

Section I  
Material Damage

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)	
<b>Total sum to be insured under Section I</b>	

