



Questionnaire and Proposal for Contractors' All Risks Insurance No

1.	Title of contract (If project consists of several sections, specify section(s) to be insured.)	
2.	Site Country/Province/District City/Town/Village	
3.	Name and address of principal	
4.	Name(s) and address(es) of contractor(s) ¹	
5.	Name(s) and address(es) of subcontractor(s) ¹	
6.	Name and address of consulting engineer	
7.	Description of contract work ² (Please give detailed technical information ¹ .)	Dimensions (length, height, depth, spans, number of floors)

1. If necessary on a separate sheet.

2. For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

	Type of foundation and level of deepest excavation		
	Construction method		
	Construction materials		
8.	Is the contractor experi- enced in this type of work or construction method?	<input type="checkbox"/> yes	<input type="checkbox"/> no
9.	Period of insurance	Commencement of work	
		Duration of construction	months
		Date of completion	
		Maintenance period	months
10.	What work will be done By subcontractors?		
11.	Special risks	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
		Blasting work?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Other risks	
		Volcanism, tsunami?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Have earthquakes been observed in this area?	<input type="checkbox"/> yes <input type="checkbox"/> 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?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> yes <input type="checkbox"/> no
12.	Details of subsoil	<input type="checkbox"/> rock	<input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground
		Other subsoil conditions	
		Do geological faults exist in the vicinity?	<input type="checkbox"/> yes <input type="checkbox"/> no

20. State hereunder the amounts you wish to insure and the limits of indemnity required (see policy wording, Section I, Memo 1, and Section II).																											
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³ Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.

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

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 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.

Executed at

Date

Signature