



10. What work will be done by subcontractors ?	<hr/> <hr/> <hr/> <hr/>		
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,yclone ?	<input type="checkbox"/> yes	<input type="checkbox"/> No
	Blasting work ?	<input type="checkbox"/> yes	<input type="checkbox"/> No
	Other risks <hr/>		
	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)	magnitute (Richter)	
	Is the design of the structure to be insured based on regulations for earthquake-resistant structure	<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 <hr/>		
	Do geological faults exist in the vicinity ?	<input type="checkbox"/> yes	<input type="checkbox"/> No
13. Ground water level	Level below grade	m ft	
14. Nearest river, lake, sea, etc	Name <hr/>		
	Distance <hr/>		
	Levels	Low water	Mean water
	Highest ever recorded	Date	
15. Meteorological conditions	Rainy seasons from		to
	Max rainfall (mm)	per hour	per day
			per month
	Strom hazard	<input type="checkbox"/> low	<input type="checkbox"/> medium <input type="checkbox"/> high
16. Are extra charges for overtime, night work, work on public holidays to be included ?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Limit of indemnity <hr/>		
17. Is third party liability to be included ?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Has the contractor concluded a separate policy for TPL ?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Limit of indemnit <hr/>		
18. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

<p>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 as a direct or indirect consequence of the contract work ?</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<p style="text-align: right;">Limit of indemnity</p> <p>Exact description of these buildings / structures.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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20. Please 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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<sup>3</sup> Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.  
<sup>4</sup> 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 on 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 \_\_\_\_\_