

12. Have plans, designs and materials of the kind used in this project been used and / or tested in If so, please give details of similar projects carried out by contractor(s)	a. Previous constructions ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	b. Previous constructions by the contractor (s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no

13. Is this an extension of an existing plant ?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
	If so, will operation of existing plant continue during erection period? Enclose plans	<input type="checkbox"/> yes	<input type="checkbox"/> No
14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
15. Work to be carried out by subcontractors	_____		
Please also give answers to Nos 16 to 21 as far as information obtainable:			
16. Is there any aggravated risk of If so, give details	fire ?	<input type="checkbox"/> yes	<input type="checkbox"/> No
	explosion ?	<input type="checkbox"/> yes	<input type="checkbox"/> No

17. Ground water level	_____		
18. Nearest river, lake, sea, etc Level of such river, lake, sea, etc.	Name	distance from site	
	Low water	mean water	highest level recorder
	Mean level of site		
19. Meteorological conditions	Rainy seasons from	to	
	Max rainfall (mm)	per hour	per day per month
	Max wind velocity	storm frequency	<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high
20. Hazards of earthquake, volcanism, tsunami Subsoil conditions	Is there a history of volcanism, tsunami at the site?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Have earthquakes, etc been observed in this area?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If so, please state intensity	magnitude	
	is the design of the structures to be insured based on regulations regarding earthquake resistant structures ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site	other types	
	Do geological faults exist in the vicinity ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a due to earthquake	b due to fire	
	c due to other cause (please specify)	_____	

22. Is coverage of construction / erection equipment (scaffolding, huts, tools, etc) required?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
	Please give brief description and state new replacement value under No.28.3.		
23. Is coverage of construction / erection machinery (excavators, cranes, etc) required?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
	Please attach list of major machines showing individual new replacement values and state total value		
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, to be insured against loss or damage arising as a direct or indirect consequence of the contract work ? State limit under No. 28.5.	<input type="checkbox"/> yes	<input type="checkbox"/> No	
	If so, give exact description of these buildings / structures.		

25. Is third party liability to be included ? If so, give brief description of surrounding and existing buildings and / or structures not belonging to the principal or contractor(s) (enclose maps, if possible). State limits under No.28, Section II.	<input type="checkbox"/> yes	<input type="checkbox"/> No																							
26. Do you wish cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays ?	<input type="checkbox"/> yes <input type="checkbox"/> no																							
	air freight ?	<input type="checkbox"/> yes <input type="checkbox"/> no																							
27. Give details of any special extension of cover required																									
28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section I, Memo 1 and Section II):		Currency: _____																							
Section I – Material damage	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Items to be insured</th> <th style="width:30%;">Sums to be insured (state below separately)</th> </tr> </thead> <tbody> <tr> <td>1. Erection works, split up as follows :</td> <td></td> </tr> <tr> <td>1.1. Items to be erected</td> <td></td> </tr> <tr> <td>1.2. Freight</td> <td></td> </tr> <tr> <td>1.3. Customs duties and duties</td> <td></td> </tr> <tr> <td>1.4. Cost of erection</td> <td></td> </tr> <tr> <td>2. Civil engineering works</td> <td></td> </tr> <tr> <td>3. Construction / erection equipment</td> <td></td> </tr> <tr> <td>4. Clearance of debris (limit of indemnity)</td> <td></td> </tr> <tr> <td>5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)</td> <td></td> </tr> <tr> <td>Total sum to be insured under Section I:</td> <td></td> </tr> </tbody> </table>	Items to be insured	Sums to be insured (state below separately)	1. Erection works, split up as follows :		1.1. Items to be erected		1.2. Freight		1.3. Customs duties and duties		1.4. Cost of erection		2. Civil engineering works		3. Construction / erection equipment		4. Clearance of debris (limit of indemnity)		5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)		Total sum to be insured under Section I:			
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¹ Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.
² 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 what-ever nature. The insurers undertake to deal with this information in strict confidence.

Executed at _____ Date _____ Signature _____