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PROPOSAL FORM (Contractor's All Risks)

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 _____

PIN No. _____

5. Name (s) and address (es) of subcontractor(s)¹ _____

6. Name and address of consulting engineer _____

7. Description of contract work² _____

Dimensions (Length, height, depth spans, number of floors) _____

(Please give detailed technical information) _____

¹If necessary on a separate sheet.

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

Type of foundation and level of deepest excavation _____

Construction method _____

Construction materials _____

8. Is the contractor experienced in this type of work or construction method? Yes No

9. Period of insurance: Commencement of work _____

Duration of construction: From _____ to _____

Date of completion: _____

Maintenance period: From _____ to _____

10. What work will be done by subcontractors? _____

11. Special risks: Fire, explosion? Yes No

Flood, inundation? Yes No

Landslide, storm, cyclone? Yes No

Blasting work? Yes No

Other risks _____

Volcanism, tsunami? Yes No

Have earthquakes been observed in this area? Yes 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? Yes No

Is the design standard higher than that stipulated in the relevant regulations Yes No

12. Details of subsoil Rock gravel sand clay filled ground

Other subsoil conditions

Do geological faults exist in the vicinity? Yes No

13. Ground water Level below grade _____ m/ft

14. Nearest river, lake, sea, etc.... Name _____

Distance _____ high water levels _____ Low water levels _____ Mean water levels _____

Highest ever recorded _____ Date _____

15. Meteorological conditions Rainy season from

Max rainfall (mm)/(in _____ per hour _____ per day _____ per month _____

Storm hazard minor medium high

16. Are extra charges for overtime, nightwork, work on public holiday to be included? Yes No

Limit of indemnity _____

17. Is third part Liability to be included? Yes No

Has the contractor concluded a separate policy/or TPL? Yes No

Limit of indemnity _____

18. Details of existing buildings or surrounding property possibly affected by the contract work (excavating underpinning, piling, vibrating, ground water lowering, etc...)

19. Are existing buildings and 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? Yes No

Limit of indemnity _____

Exact description of these building/structures _____

20. State hereunder the Amounts you wish to insure and the limits of indemnity Required (see policy wording, section I, Meno I and section II Currency

Section I : Material damage

<i>Items to be insured</i>	<i>Sums to be insured</i>
1. Contract works (permanent and temporal) works, including all materials to be incorporated herein	
2. Professional fee (Maximum 10% of contract works)	
3. Materials or items supplied by the principal (s)	
4. Construction, machinery, plant and equipment	
5. Construction machinery (please attach list)	
6. Clearance of debris	
Total sum to be insured under Section I:	

Special risk to be Insured

Risk	Limits of Indemnity³
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

³Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event

Section II : Third Party Liability

<i>Items to be insured</i>	<i>Limit of indemnity⁴</i>
1. BODILY INJURY/DEATH	
1.1. Anyone person	
1.2. Anyone period	
2. PROPERTY DAMAGE	
2.1. Anyone claim	
2.2. Anyone period	

⁴Limit of indemnity in respect of any one incident 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 _____

UAP Insurance Company Limited

Bishops Garden Towers, Bishops Road, P O Box 43013 00100, NAIROBI, KENYA
 Tel: 2712175, 2850000 Fax: 2719030 E-mail: uapinsurance@uapkenya.com website: www.uapkenya.com