

PROPOSAL FOR CONTRACTORS "ALL RISKS" INSURANCE

SECTION A PERSONAL / CORPORATE DETAILS

(Individual Applicant)

Surname _____ Other Name: _____

Place of Work _____ Occupation: _____

Date of Birth: (dd) ____ / (mm) ____ (yy) ____ ID/Passport No. _____

(Corporate Applicant)

Business Name: _____ PIN No. _____

Nature of Business _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address _____ Postal Code _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone _____

E-Mail Address: _____

SECTION B TECHNICAL DETAILS

1. Title of contractor (if project consists of several sections, specify section(s) to be insured)

2. Location of site
Country/province/District _____ City/Town/Village _____

3. Name and address of Principal _____

4. Name(s) and address(es) of Contractor(s) _____

5. Name(s) and address(es) of Subcontractor(s) _____

6. Name and address of consulting Engineer

7. Description of contract work (Please give detailed technical information)	Dimensions (length, height, depth spans, number of floors)
	Foundation (method, level of deepest excavation)
	Construction methods
	Construction materials

SECTION B TECHNICAL DETAILS continued

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

9. Period of insurance Commencement of work _____

Duration of construction _____ Months _____

Date of completion _____

Maintenance period _____ Months _____

10. What will be done by the sub contractors _____

11. Special risks

Fire, explosion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Flood, inundation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Landslide, storm, cyclone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Blasting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other				
Volcanism, tsunami	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have earthquakes been observed in this area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please state inter magnitude				
If the design of the structure to be insured based on regulations Regarding earthquake-resistant structure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the design standard higher than the stipulated In the relevant regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

12. Subsoil conditions rock grave sand clay Filled ground

Other _____

Do geological faults exists in the vicinity Yes No

13. Ground water level

14. Nearest river, lake sea etc. Name _____

Distance _____

Levels _____ Low water _____ Mean water _____

Highest level recorded _____

15. Meteorological conditions Rainy season from _____ to _____

Max. rainfall(mm) per hour _____ per day _____ per month _____

Storm hazard Minor _____ Medium _____ High _____

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

Limit of indemnity _____

SECTION B TECHNICAL DETAILS (continued)

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 for existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning. Vibration, ground-water Towering 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 works? Yes No
 Limits of indemnity _____
 Exact description of these buildings/structures _____

20. Please state hereunder the amounts you wish to insure and the limits of indemnity required (cf. policy wording, section 1. Memo 1 and Section 11)

Section 1

Material damage

Items to be insured	Sums to be insured
1. Contract work (Permanent and temporary work, including all materials to be incorporated herein) split as follows	
1.1 Contract Price	
1.2 Materials or items supplied by the Principal(s)	
2. Construction plant and equipment	
3. Construction equipment (please attach list showing replacement values of new items)	
4. Clearance of debris (insured only up to the amount indicated)	
5. Surrounding property	
Total sum to be insured under Section 1:	
Special risks to be insured	Limits of indemnity
Earthquake, Volcanism, Tsunami	
Storm, Cyclone, Flood, Inundation Landslide	

SECTION B TECHNICAL DETAILS (continued)

Section II Third Party Liability	
Items to be insured	Limits of Indemnity
1. Bodily injury	
1.1 Any one Person	
1.2 Total	
2. Property Damage	
Total limit to be applied under Section II	

3. Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages 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.

SECTION C PAYMENT DETAILS

Payment Type (Please tick)

Cash: (Please pay Directly to CHARTIS)

Cheque: Cheque No. _____ Bank: _____

Premium Finance: (State the Financing company) _____

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of CHARTIS KENYA INSURANCE CASH must be paid direct to CHARTIS and appropriate receipt obtained.

- Insurance cover will commence only after payment has been received by CHARTIS KENYA INSURANCE

If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.

- Please check that your insurance Agent has a current License from the Commissioner of Insurance

SECTION D: DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this _____ day of _____ 20 _____

For and on behalf of: _____

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of Contact Person: _____

Company Stamp: _____

SECTION E: OFFICIAL USE ONLY

Period of Insurance: From: _____ / _____ /20 _____
To: _____ / _____ /20 _____ (both dates inclusive)

First Premium: _____

Stamp Duty: _____

Total: _____

Name of Producer: _____ Tel: _____

Proposal Status: (Note Check if all requirements are be attached)

Approved:

Deferred: Reason: _____

Rejected: Reason: _____

Underwriters Name & Signature: _____

Date: _____



Chartis House, Eden Square Complex, Chiromo Road, P.O. Box 49460 - 00100 Nairobi, Kenya

Tel: 020 - 3676000 / 3751800 , Fax: 020 - 3676001 / 2

E-Mail: chartiskenya@chartisinsurance.com Website: www.chartisinsurance.com/ke