

PROPOSAL FOR CONTRACT WORKS INSURANCE

SECTION A. Please complete fully

<p>1</p> <p>(a) Name of Proposer.</p> <p>(b) Postal Address:</p> <p>(c) Risk Address:</p> <p>(d) Telephone Numbers:</p> <p>(e) E-mail address:</p> <p>(f) Nature of Business:</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d) Home: Work: Cell:</p> <p>(e)</p> <p>(f)</p>
<p>2. Name of Principal for whom work is to be carried out.</p>	
<p>3. If Proposer is sub-contractor for the work give name and address of principal contractor.</p>	
<p>4. (a) Describe the general nature of the work to be undertaken.</p> <p>(b) Assignee:</p> <p>(c) Period of Contract: (i) Construction Period (ii) Maintenance Period</p>	<p>(a)</p> <p>(b)</p> <p>(c) (i)months from (ii)months</p>
<p>5. If the Contract is on a form approved by a professional organisation, e.g., The Institution of Civil Engineers, state name of organisation and edition of form. If not, attach a copy of the Contract conditions.</p>	
<p>6. If Construction Period is more that 12 months give brief details of works programme. If a plan of the works is available please submit a copy with this proposal.</p>	
<p>7. Give details, including dates, of any similar work undertaken by you:</p>	

DATE	FOR WHOM UNDERTAKEN	NATURE OF WORK	AMOUNT
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SECTION B. Please complete fully.

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| 8. (a) Contract Price | (a) |
| (b) Temporary Works, if any, not included in (a) above. | (b) |
| (c) Value of Contractors' Plant, Machinery and Equipment to be used on site. | (c) |
| (d) Architects', Surveyors'and Consulting Engineers" Fees.
(in connection with reinstatement of Property Insured in the event of loss) | (d) |
| (e) Removal of Debris Costs (if required). | (e) |
| | TOTAL SUM INSURED |
| (f) Give value and nature of any items under (c) above exceeding EC \$5,000. | (f) |
| 9. (a) Nature of subsoil at situation of the Contract. | (a) |
| (b) Distance from sea. | (b) |
| (c) Height above sea level. | (c) |
| (d) Give details of any rivers, streams, canals or other water in the area and state distance therefrom. | (d) |
| (e) Has the area been subject to flooding in the past? If so, give details. | (e) |
| (f) State whether region is subject to weather conditions such as monsoons, typhoons, hurricanes and the like and months when to be expected. | (f) |
| (g) Are there any mines or disused workings in the vicinity? | (g) |
| 10. (a) State depth of excavations: | (a) |
| (i) Average depth. | (i) |
| (ii) Maximum depth. | (ii) |
| (b) Are there at present any underground main services on or about the situation of the contract? If so, give details. | (b) |
| (c) Will any blasting be carried out at or near the situation of the contract? | (c) |
| (d) If so, give details. | (d) |
| (e) Describe any special features of the work to be undertaken at the situation of the contract. | (e) |

11. Give particulars of all loss or damage sustained on contracts on which you have been working during the past three years.	<table border="1"> <thead> <tr> <th data-bbox="928 185 1015 228">DATE</th> <th data-bbox="1015 185 1307 228">CAUSE OF LOSS/DAMAGE</th> <th data-bbox="1307 185 1453 228">AMT.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DATE	CAUSE OF LOSS/DAMAGE	AMT.			
DATE	CAUSE OF LOSS/DAMAGE	AMT.					

SECTION C. To be completed only if Public Liability cover is required.

12. Amount of indemnity required for any one accident	
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13. Is the Principal's liability to be included in the cover?	
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14. Give particulars of all claims made on you during the past three years for personal injury to or damage to property of Third Parties.	<table border="1"> <thead> <tr> <th data-bbox="928 720 1015 763">DATE</th> <th data-bbox="1015 720 1307 763">NATURE OF CLAIM</th> <th data-bbox="1307 720 1453 763">AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DATE	NATURE OF CLAIM	AMOUNT			
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SECTION D. Please answer all questions fully.

15. (a) Has any Insurer at any time declined to insure you for Contract Works or Public Liability Insurance? (b) If so, please give details including name of Insurer.	(a) (b)
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16. What other insurance have you with the Company?	
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DECLARATION

I/We wish to effect an Insurance with the Company in terms of the Policy to be issued by the Company.
I/We hereby declare that the statements and particulars given by me/us in this Proposal are true and complete and no material fact has been misrepresented, mis-read, suppressed or withheld.
I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company.

Dated. _____ Signature _____

This insurance will not be in force until the proposal has been accepted by the Company.