



## CONTRACTOR'S ALL RISKS INSURANCE APPLICATION FORM

1. Title of Contract (if project consists of several sections, specify section(s) to be insured)	_____
2. Site	_____
3. Name & Address of Principal	_____
4. Name and Address of Main Contractor	_____
5. Name(s) and Address(es) of subcontractors	_____
6. Name(s) and Address(es) of Firm(s) supervising contracts	_____
7. Applicant	Please indicate which of the parties Nos. 3 to 6 above is the Proposer of the Insurance and which parties are to be declared as Insured in the Policy. _____
8. Description of contract work. (please give detailed technical information, if necessary using separate sheet) Type of foundations and level of deepest excavation Construction method Construction materials	Dimensions (length, height, depth) spans and number of floors _____ _____ _____
9. Is the contractor experienced in this type of work or construction methods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Period of Insurance: Commencement of Insurance _____ Duration of pre-storage _____ Months prior to beginning of contract Commencement of work _____ Duration of construction _____ Months. Date of completion _____ Maintenance period _____ Months. Type of maintenance cover required _____	
11. What work will be done by Sub-contractors? Please give value of Sub-contracts	
	Fire, explosion Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is there any aggravated risk of the perils detailed opposite?	_____
If YES, please give details:	Flood, inundation Yes <input type="checkbox"/> No <input type="checkbox"/> _____



## CONTRACTOR'S ALL RISKS INSURANCE APPLICATION FORM

Landslide, storm, cyclone Yes  No

Blasting work Yes  No

Volcanic eruption, Tsunami Yes  No

Have earthquake occurred in this area? Yes  No

Is the design of the structure(s) to be insured based on the regulations for earthquake resistant structures? Yes  No

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

**For question 13 – 16: Please answer up to the knowledge otherwise mention "NOT KNOWN"**

13. Details of subsoil

Rock  Gravel  Sand  Clay  Filled ground

Other subsoil conditions \_\_\_\_\_

Do geological faults exist in the area? Yes  No

14. Ground water level below ground Meter \_\_\_\_\_ Feet \_\_\_\_\_

15. Nearest wadi, water canal, sea etc. Name \_\_\_\_\_ Distance from site \_\_\_\_\_

Details of their highest recorded water levels in relation to site \_\_\_\_\_

Levels in relation to site \_\_\_\_\_

16. Do you wish the cover to include extra charges (in case of loss) for: Express freight, Yes  No



## CONTRACTOR'S ALL RISKS INSURANCE APPLICATION FORM

overtime, and night work, work on public holidays?	If YES, state limit of liability <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>																		
17. Are there any previous losses (If yes please provide loss history details)	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
18. Details of existing building or surrounding property possibly affected by the contract work (excavating, under printing, piling, vibrating, ground water lowering etc.	<hr/> <hr/> <hr/> <hr/>																		
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(s), to be insured against loss or damage arising as a direct or indirect consequence of the contract work? State limit under No. 22.5	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/> <hr/>																		
20. Is coverage of construction plant and equipment required?  Please give brief description and state new replacement value under No. 22.2	Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>																		
21. Is coverage of construction machinery (excavators, cranes etc.) required?  Please attach list of major machinery showing individual new replacement values and state total value Under No. 22.3	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
22. Please state hereunder the sums to be Insured and the limits of indemnity required																			
<b>SECTION I          MATERIAL          DAMAGE</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Items to be Insured:</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>Sum Insured(SR)</u></th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">1. Contract Works (permanent and temporary works, including all materials to be incorporated therein)</td> <td></td> </tr> <tr> <td style="padding-left: 40px;">1.1 Contract Price</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 40px;">1.2 Materials or items supplied by the Principal</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 20px;">2. Construction Plant &amp; Equipment</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 20px;">3. Construction Machinery (Please attach list)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 20px;">4. Clearance or Debris</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 20px;">5. Existing building and/or structure on or adjacent to the site, owned by or held in care, custody or control of Contractor(s) or Principal(s)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="text-align: right; padding-top: 10px;">(limit of indemnity any one loss)</td> </tr> </tbody> </table>	<u>Items to be Insured:</u>	<u>Sum Insured(SR)</u>	1. Contract Works (permanent and temporary works, including all materials to be incorporated therein)		1.1 Contract Price		1.2 Materials or items supplied by the Principal		2. Construction Plant & Equipment		3. Construction Machinery (Please attach list)		4. Clearance or Debris		5. Existing building and/or structure on or adjacent to the site, owned by or held in care, custody or control of Contractor(s) or Principal(s)			(limit of indemnity any one loss)
<u>Items to be Insured:</u>	<u>Sum Insured(SR)</u>																		
1. Contract Works (permanent and temporary works, including all materials to be incorporated therein)																			
1.1 Contract Price																			
1.2 Materials or items supplied by the Principal																			
2. Construction Plant & Equipment																			
3. Construction Machinery (Please attach list)																			
4. Clearance or Debris																			
5. Existing building and/or structure on or adjacent to the site, owned by or held in care, custody or control of Contractor(s) or Principal(s)																			
	(limit of indemnity any one loss)																		



## CONTRACTOR'S ALL RISKS INSURANCE APPLICATION FORM

TOTAL SUM TO BE INSURED UNDER SECTION I \_\_\_\_\_

Please state the maximum Limit of Indemnity (any one loss series of losses arising out of one event)

Items to be Insured		Limits of indemnity any one accidents or series of accidents arising of one event
<b>SECTION II THIRD PARTY LIABILITY</b>	1. Body Injury	_____
	1.1 Any one person	_____
	1.2 Total	_____
	2. Property Damage	_____
	2.11 Underground cables, pipes, facilities	_____
<b>TOTAL SUM TO BE INSURED UNDER SECTION II</b>		_____
<b>SECTION III ADVANCE LOSS FOR PROFIT</b>	Gross Profit & Increase Cost of Working	_____
	Annual Sum Insured	_____
	Sum Insured for Maximum Indemnity Period	_____
	Time Excess	_____

### DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind to complete the insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued.

Applicant's Signature &  
 Company stamp: \_\_\_\_\_

Date: \_\_\_\_\_