

Questionnaire and Proposal for Contractor's All Risks Insurance

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 (owner)

4. Name(s) and Address(es) of Contractor(s) ¹

5. Name(s) and Address(es) of Subcontractor(s) ¹

6. Name and Address of Consulting Engineer

7. Description of Contract Work ²
(Please give detailed technical information. ¹)

Dimensions (length, height, depth, spans, number of floors)

Type of foundation and level
Of deepest excavation

Construction Method	
8. Is the Contractor experienced In this type of work or construction method?	<input type="checkbox"/> yes <input type="checkbox"/> no
9. Period of Insurance	Commencement of work <hr/> Duration of construction <hr/> Date of completion <hr/> Maintenance period <hr/>
10. What work will be done by subcontractors?	<hr/> <hr/> <hr/>
11. Special Risks	Fire, Explosion? <input type="checkbox"/> <hr/> Flood, Inundation? <input type="checkbox"/> <hr/> Landslide, Storm, Cyclone? <input type="checkbox"/> <hr/> Blasting Work <input type="checkbox"/> <hr/> Other Risks <input type="checkbox"/> <hr/> Volcanism, Tsunami? <input type="checkbox"/> <hr/> Have Earthquakes observed in this area <input type="checkbox"/> <hr/> If so, please state intensity (Mercalli) <input type="checkbox"/> <hr/> Is the design of the structure to be insured based On regulations for earthquake-resistant structures? <input type="checkbox"/> <hr/> Is the design standard higher than that stipulated In the relevant regulations? <input type="checkbox"/>
12. Details of Subsoil	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground <hr/> Other Subsoil conditions <hr/> Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> no

20 State hereunder the amounts you wish to insured and the limits of indemnity required (see policy wording, Section I, Memo I, and Section II)

Section I
Material Damage

		Currency
Items to be Insured		Sums to be Insured
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)		
1.1 Contract price		
1.2 Materials or items supplied By the prinipal(s)		
2. Construction plant and equipment		
3. Construction machinery (please attach list)		
4. Clearance of Debris		
Total Sum to be Insured under Section I		
Special Risk to be Insured		Limit of Indemnity ³
Earthquake, Volcanism, Tsunami		
Storm, Cyclone, Flood, Inundation, Landslide		
Section II Third Party Liability		
Item to be Insured		Limit if Indemnity ⁴
1. Bodily Injury		
1.1 Any one person		
1.2 Total		
2. Property Damage		
Total Limit 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 event.

⁴ Limit of indemnity in respect of any one accident or series of accidents arising out of one event

We hereby declare that the statement 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 what ever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at

Date

Signature

Date :

Signature of the proposer

*In case of any requirements or clarification, kindly contact our FGA Department Tel: 2477200
 Ext. 189-190-191-192, Administration Department Fax: 2477100 , Technical Departments Fax:
 2476174 , E-mail Address: info@aintakaful.com*